< Eligibility Details



HUSNA NASER,784-1990-1593829-5 Effective from : 19-Jul-2024to 31-Dec-2024 at Qatar Insurance Company Required Treatment is Dental Reference No: R-000000267110539 Request Date: 02-Nov-2024 10:24:06





General Network [Applicable Tariff: General Network]

Copayment : 20%

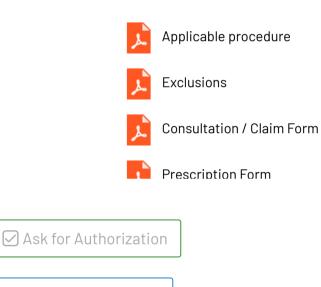
Referral required No referral required for specialist
consultation

Approval Requirements

Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Endodontics Treatment, Orthodontics Treatment, Periodontics Treatment, Prosthodontics Treatment, Restorative Treatments, Routine Dental

Attachments



🛈 Referral Document

🧔 The latest version of Google Chrome is recommended for the best experience on our Application

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