



REHAM SYED SAMEER,2A9C-323F-EF55-5FAD ⓘ

Effective from : 15-Nov-2023to 14-Nov-2024

at Qatar Insurance Company

Required Treatment is Dental

Reference No: R-000000269273839

Request Date: 14-Nov-2024 18:13:36



Eligible

+ Comprehensive Network [Applicable Tariff: Comprehensive Network]

Copayment : 20%

> Referral required **No referral required for specialist consultation**

> Copay 50% applicable for : Orthodontics Treatment, Prosthodontics Treatment

☑ Approval Requirements

Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Orthodontics Treatment, Periodontics Treatment, Preventive Treatment, Prosthodontics Treatment, Routine Dental

📎 Attachments

📄 Applicable procedure

📄 Exclusions

📄 Consultation / Claim Form

📄 Prescription Form

Ask for Authorization

Referral Document