Eligibility Details













at Qatar Insurance Company Required Treatment is Dental

Reference No: R-000000274252273 Request Date: 15-Dec-2024 14:33:40







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, Periodontics Treatment, Routine Dental

Attachments

Applicable procedure

Exclusions

Consultation / Claim Form

Prescription Form

✓ Ask for Authorization

1 Referral Document

