



MOHAMED ALAAELDIN ZAKRIA AHMED,784-1995-6572438-4 ⓘ

Effective from : 01-Jan-2025to 31-Dec-2025

at Qatar Insurance Company

Required Treatment is Dental

Reference No: R-000000279880054

Request Date: 18-Jan-2025 18:07:28



Eligible

+ Restricted Network [Applicable Tariff: Restricted Network]

Copayment : 20%

- > Referral required **No referral required for specialist consultation**
- > Work injury and Road Traffic Accident covered.

☑ Approval Requirements

Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Endodontics Treatment, Routine Dental

📎 Attachments

- Applicable procedure
- Exclusions
- Consultation / Claim Form
- Prescription Form

Ask for Authorization

Referral Document