## < Eligibility Details





AHMAD ABDELHAMID,784-2008-9764651-7 Effective from : 01-Dec-2024to 30-Nov-2025 at Qatar Insurance Company Required Treatment is Dental Reference No: R-000000282687475 Request Date: 02-Feb-2025 16:48:34

NAS



Comprehensive Network [Applicable Tariff: Comprehensive Network]

Copayment : 20%

> Referral required No referral required for specialist

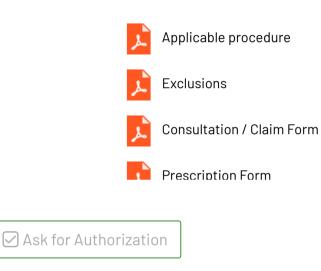
consultation

> Work Injury : Covered

## Approval Requirements

Approval required for all treatment related to: Acute Drugs, Chronic Drugs, Endodontics Treatment, Routine Dental

## Attachments



🛈 Referral Document

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

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