



AHMAD ABDELHAMID,784-2008-9764651-7 ⓘ

Effective from : 01-Dec-2024 to 30-Nov-2025

at Qatar Insurance Company

Required Treatment is Dental

Reference No: R-000000282687475

Request Date: 02-Feb-2025 16:48:34



Eligible

+ 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

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

Ask for Authorization

Referral Document