



BENJAMIN BAILEY,8E2K-KJE2-C2CK-ICDE ⓘ
Effective from : 01-Oct-2024to 30-Sep-2025
at Qatar Insurance Company
Required Treatment is Dental
Reference No: R-000000284980711
Request Date: 14-Feb-2025 12:39:00



Eligible



Comprehensive Network [Applicable Tariff:
Comprehensive Network]

- > Referral required **No referral required for specialist consultation**
- > Copay 20% applicable for : Consultation / Evaluation and Management, Anesthesia, Acute Drugs, Operating Theatre, Routine Dental, Periodontics Treatment, Preventive Treatment, Chronic Drugs
- > 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