

BENJAMIN BAILEY, 8E2K-KJE2-C2CK-ICDE [\(i\)](#)

Effective from : 01-Oct-2024 to 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]

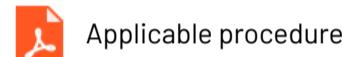
- > Referral required **No referral required for specialist consultation**
- > Copay Consultation / Evaluation and Management, 20% Anesthesia, Acute Drugs, Operating Theatre, Routine applicable Dental, Periodontics Treatment, Preventive for : Treatment, Chronic Drugs
- > Copay 50% Orthodontics Treatment, Prosthodontics applicable for : 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](#)