



MOHAMMAD ABDELHAMID,784-1974-3174024-6 ⓘ  
Effective from : 01-Dec-2024 to 30-Nov-2025  
at Qatar Insurance Company  
Required Treatment is Dental  
Reference No: R-000000285480538  
Request Date: 17-Feb-2025 11:39:37



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