

MOHAMMAD ABDELHAMID, 784-1974-3174024-6 [i](#)

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 Referral Document