



MADINA TURAEVA,26N3-KH3F-LFL6-MLED ⓘ
Effective from : 01-Jan-2025to 31-Dec-2025
at Qatar Insurance Company
Required Treatment is Dental
Reference No: R-000000288251683
Request Date: 03-Mar-2025 12:21:27



Eligible



Restricted Network [Applicable Tariff: Restricted Network]

Copayment : 20%

- > Referral required **No referral required for specialist consultation**
- > Work injury and Road Traffic Accident 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