



MADINA TURAEVA,26N3-KH3F-LFL6-MLED [\(i\)](#)

Effective from : 01-Jan-2025 to 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