



NIKITA HEGDE, I8IK-IJE2-C2C8-KCDE ⓘ
Effective from : 09-Oct-2024 to 19-Apr-2025
at Qatar Insurance Company
Required Treatment is Dental
Reference No: R-000000291534886
Request Date: 21-Mar-2025 17:23:17



Eligible



Comprehensive Network [Applicable Tariff:
Comprehensive Network]

Copayment : 20%

- > Referral required **No referral required for specialist consultation**
- > Covered: Work Injury

Approval Requirements

Approval required for all treatment related to:
Acute Drugs, Chronic Drugs, Endodontics Treatment, Periodontics
Treatment, Preventive Treatment, Routine Dental

Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

☒ Ask for Authorization