



KAYWAN MALAYERI,2A1E-IK12-C2CJ-GCDE ⓘ  
Effective from : 01-Jan-2025to 31-Dec-2025  
at Qatar Insurance Company  
Required Treatment is Dental  
Reference No: R-000000293414323  
Request Date: 03-Apr-2025 18:21:22



Eligible



General Network [Applicable Tariff: General Network]

Copayment : 20%

- > Referral required **No referral required for specialist consultation**
- > Gulfcare - Nil deductible applicable to follow up visits within 10 days, full consultation amount to be billed under insurance
- > For all Oncology related services, please contact the provider line for the patient share information.
- > Work Injury and Road and Traffic Accident: Covered
- > Copay 50% applicable for : Orthodontics Treatment, Prosthodontics Treatment

Approval Requirements

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

Attachments

- Applicable procedure
- Exclusions
- Consultation / Claim Form
- Prescription Form

Ask for Authorization

Referral Document