

KAYWAN MALAYERI,2A1E-IK12-C2CJ-GCDE [\(i\)](#)

Effective from : 01-Jan-2025 to 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**
- › Gulicare - 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%** Orthodontics Treatment, Prosthodontics Treatment  
applicable for :

### 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