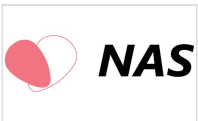




RISHAAN MANGLANI, 784-1991-2960717-4 ⓘ
Effective from : 01-Jul-2024 to 30-Jun-2025
at Qatar Insurance Company
Required Treatment is Dental
Reference No: R-000000299254195
Request Date: 02-May-2025 16:15:43



Eligible



General Network [Applicable Tariff: General 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, Dental Implants, Endodontics Treatment, Orthodontics Treatment, Periodontics Treatment, Preventive Treatment, Prosthodontics Treatment, Routine Dental, Vitamins

Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

☒ Ask for Authorization