



MARYAM MOHAMAMD ALI Y ZAHDI,784-2010-4691725-4 ⓘ
Effective from : 01-Mar-2025to 28-Feb-2026
at Qatar Insurance Company
Required Treatment is Dental
Reference No: R-000000308611885
Request Date: 20-Jun-2025 10:53:35



Eligible



Premium Network [Applicable Tariff:
Comprehensive Network]

Copayment : 10%

- > Referral required **No referral required for specialist consultation**
- > Work Injury : Covered > Road and Traffic Accident: Covered

Approval Requirements

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

Attachments



Pre-Auth protocols



Overseas Pre-Auth protocols



Consultation / Claim Form



Prescription Form

☒ Ask for Authorization