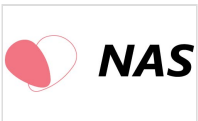




BAL KRISHEN, 784-1971-7625752-1 ⓘ
Effective from : 25-Sep-2024 to 24-Sep-2025
at Qatar Insurance Company
Required Treatment is Dental
Reference No: R-000000309602944
Request Date: 25-Jun-2025 12:44:42



Eligible



Restricted Network [Applicable Tariff: Restricted Network]

Copayment : 20%

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

Approval Requirements

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

Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

☒ Ask for Authorization