

BAL KRISHEN,784-1971-7625752-1 [i](#)

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 Referral Document