

SAREH HOSSEINI, 784-1990-5971084-0 [i](#)

Effective from : 01-May-2025 to 30-Apr-2026

at Qatar Insurance Company

Required Treatment is Dental

Reference No: R-000000315347056

Request Date: 25-Jul-2025 16:48:25



Eligible

Restricted Network [Applicable Tariff: Restricted Network]

Copayment : 10%

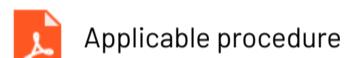
› Referral required **No referral required for specialist consultation**
:
› Road and Traffic Accident: Covered

Approval Requirements

Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Endodontics Treatment, Orthodontics Treatment, Preventive Treatment, Prosthodontics Treatment, Routine Dental, Vitamins

Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

 Ask for Authorization Referral Document