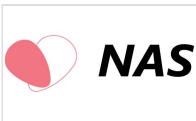




SAREH HOSSEINI, 784-1990-5971084-0 ⓘ
Effective from : 01-May-2025 to 30-Apr-2026
at Qatar Insurance Company
Required Treatment is Dental
Reference No: R-000000315347056
Request Date: 25-Jul-2025 16:48:25



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