

SHISHIR SATHISH MOODBIDRI, 784-1993-3670434-3 [\(i\)](#)

Effective from : 06-Mar-2025 to 05-Mar-2026

at Qatar Insurance Company

Required Treatment is Dental

Reference No: R-000000320782873

Request Date: 23-Aug-2025 11:40:53



Eligible

Restricted Network [Applicable Tariff: Restricted Network]

- > Referral required **No referral required for specialist consultation**
- > Work Injury : Covered
- > Road and Traffic Accident: Covered
- > Copay Consultation / Evaluation and Management, 30% Anesthesia, Operating Theatre, Routine Dental, applicable Endodontics Treatment, Preventive Treatment for :

Approval Requirements

Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Endodontics Treatment, Preventive Treatment, Routine Dental

Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

 Ask for Authorization