Eligibility Details













at Qatar Insurance Company
Required Treatment is Dental
Reference No. B. 000002826

Reference No: R-000000282685159 Request Date: 02-Feb-2025 16:36:35







Comprehensive Network [Applicable Tariff: Comprehensive Network]

Copayment: 20%

Referral required No referral required for specialistconsultation

> Work Injury : Covered

Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Endodontics Treatment, Routine Dental

Attachments

Applicable procedure

Exclusions

Consultation / Claim Form

Prescription Form

✓ Ask for Authorization

⚠ Referral Document

