



HANIFA ALI MOHAMMAD,784-1993-7203272-4 ⓘ

Effective from : 01-Mar-2024to 28-Feb-2025

at Qatar Insurance Company

Required Treatment is Dental

Reference No: R-000000279128227

Request Date: 14-Jan-2025 14:42:42



Eligible

**+** Premium Network [Applicable Tariff: Comprehensive Network]

Copayment : 10%

> Referral required **No referral required for specialist consultation**

**✓** Approval Requirements

Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Endodontics Treatment, Periodontics Treatment, Preventive Treatment, Prosthodontics Treatment, Restorative Treatments, Routine Dental

**📎** Attachments



Pre-Auth protocols



Overseas Pre-Auth protocols



Consultation / Claim Form



Prescription Form

Ask for Authorization

Referral Document