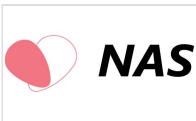




ZAHRA YOUSHEY,784-2011-7597404-3 ⓘ
Effective from : 15-Nov-2024to 14-Nov-2025
at Qatar Insurance Company
Required Treatment is Dental
Reference No: R-000000312874333
Request Date: 12-Jul-2025 14:20:26



Eligible



Comprehensive Network [Applicable Tariff:
Comprehensive Network]

Copayment : 20%

- > Referral required **No referral required for specialist consultation**
- > Covered: Road Traffic Accidents
- > Copay 50% applicable for : Orthodontics Treatment, Prosthodontics Treatment

Approval Requirements

Approval required for all treatment related to:
Acute Drugs, Chronic Drugs, Orthodontics Treatment, Periodontics Treatment, Preventive Treatment, Prosthodontics Treatment, Routine Dental

Attachments

- Applicable procedure
- Exclusions
- Consultation / Claim Form
- Prescription Form

☒ Ask for Authorization