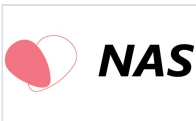




HAYA ABDALLA ABDELWANIS ABDELWAHED ZAHRA,
784-2013-5928248-6 ⓘ
Effective from : 15-Jan-2025to 14-Jan-2026
at Qatar Insurance Company
Required Treatment is Dental
Reference No: R-000000312851731
Request Date: 12-Jul-2025 12:33:30



Eligible



Restricted Network [Applicable Tariff: Restricted Network]

Copayment : 30%

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



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