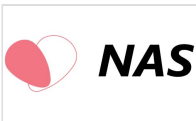




EHSON RAHMATI RAHMATI, JAE1-K2F2-C2CJ-ICDE ⓘ
Effective from : 01-Jan-2025 to 31-Dec-2025
at Qatar Insurance Company
Required Treatment is Dental
Reference No: R-000000314763628
Request Date: 22-Jul-2025 16:22:50



Eligible



Restricted Network [Applicable Tariff: Restricted Network]

Copayment : 20%

- > Referral required **No referral required for specialist consultation**
- > Work injury and Road Traffic Accident covered.

Approval Requirements

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