



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%

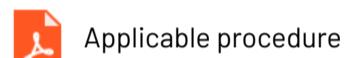
- › Referral required **No referral required for specialist consultation**
- › Work injury and Road Traffic Accident covered.

Approval Requirements

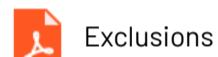
Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Endodontics Treatment, Routine Dental

Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

 Ask for Authorization Referral Document