



SERHII KOVAL,1937-727A-2ACD-9AAA ⓘ
 Effective from : 01-Jan-2024to 31-Dec-2024
 at Qatar Insurance Company
 Required Treatment is Dental
 Reference No: R-000000275519677
 Request Date: 23-Dec-2024 12:06:17



Eligible

+ General Network [Applicable Tariff: General Network]

Copayment : 20%

- > Referral required **No referral required for specialist consultation**
- > Gulfcare - Nil deductible applicable to follow up visits within 10 days, full consultation amount to be billed under insurance
- > For all Oncology related services, please contact the provider line for the patient share information.
- > Copay 50% applicable for :Prosthodontics Treatment

Approval Requirements

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

Attachments

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

Ask for Authorization

Referral Document