



NIKITA HEGDE, 784-1992-9706516-3 [\(i\)](#)
Effective from : 09-Oct-2024 to 19-Apr-2025
at Qatar Insurance Company
Required Treatment is Dental
Reference No: R-000000290338774
Request Date: 14-Mar-2025 19:10:40



Eligible

Comprehensive Network [Applicable Tariff: Comprehensive Network]

Copayment : 20%

- › Referral required **No referral required for specialist consultation**
- › Covered: Work Injury

Approval Requirements

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

Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

Ask for Authorization

Referral Document