

NAMRATA KHILNANI, FJKG-AJE2-C2CK-1CDE [\(i\)](#)

Effective from : 25-Sep-2024 to 24-Sep-2025

at Qatar Insurance Company

Required Treatment is Dental

Reference No: R-000000292658719

Request Date: 28-Mar-2025 18:04:09



Eligible

Restricted Network [Applicable Tariff: Restricted Network]

Copayment : 20%

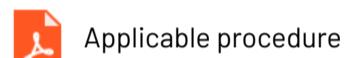
> Referral required **No referral required for specialist consultation**
:
> Work Injury : Covered

Approval Requirements

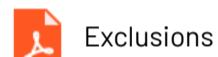
Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Endodontics Treatment, Orthodontics Treatment, Periodontics Treatment, Preventive Treatment, Prosthodontics Treatment, Routine Dental

Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

 Ask for Authorization Referral Document