



NAMRATA KHILNANI,FJKG-AJE2-C2CK-1CDE ⓘ
Effective from : 25-Sep-2024to 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