

KOMAL TALDAR PRAKASH,784-1988-1971870-5 [\(i\)](#)

Effective from : 28-Apr-2024 to 27-Apr-2025

at Qatar Insurance Company

Required Treatment is Dental

Reference No: R-000000295782586

Request Date: 15-Apr-2025 17:13:15



Eligible

General Network [Applicable Tariff: General Network]

Copayment : 20%

› Referral required **No referral required for specialist consultation**

› Covered: Work Injury › Covered: Road Traffic Accidents

Approval Requirements

Approval required for all treatment related to:

Acute Drugs, Chronic Drugs, Endodontics Treatment, Preventive Treatment, Routine Dental

Attachments

Applicable procedure

Exclusions

Consultation / Claim Form

Prescription Form

 Ask for Authorization Referral Document