



NI LUH SUDIARTINI,784-1989-6406386-5 ⓘ

Effective from : 01-Nov-2023to 31-Oct-2024

at Qatar Insurance Company

Required Treatment is OutPatient

Reference No: R-000000224360425

Request Date: 21-Jan-2024 10:29:04



🔒 Exceptional Case Selected : **Yes**

+ Value Network [Applicable Tariff: Value Network]

> Referral required :**Specialist Visit Subject to GP Referral Only**

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> Copay 20% Max 25.00 AED Consultation / Evaluation and
applicable for : Management

> Copay 20% applicable Dental Emergency, Hearing Test , Vision
for : Test

☑ Approval Requirement

Approval required for all treatment re

Acute Drugs, C.T Scan, Chronic Drug

Immunomodulators, M.R.I, PET Scan

Encounter has aggregate net amount

other services excluding consultation

Adult Vaccinations - Mandatory, Breas

Vaccinations - Mandatory, Diabetic C

📎 Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

☑ Ask for Authorization

📎 Referral Document