Eligibility Details

BALJINDER SINGH,784-1987-8715109-5
Effective from : **01-Nov-2022**to **31-Oct-2023**
at Qatar Insurance Company
Required Treatment is OutPatient
Reference No: R-000000197843338
Request Date: 12-Aug-2023 12:09:51

Eligible

Exceptional Case Selected : **Yes**

Value Lite-QIC-AUH & DXB [Applicable Tariff: Value Network [PE-WP : 180][CHRONIC-WP : 180]]

Copayment : 20%

- Referral required :**Specialist Visit Subject to GP Referral Only**
- Selected health plan pharmacy coverage is limited to DHA/Shifa Formulary medications , please make sure to select from the enlisted drug products to avoid further rejections
- Copay 30% applicable for : Acute Drugs, Chronic Drugs, Immunomodulators, Vitamins

Approval Requirements

Approval required for all treatment related to:
Acute Drugs, Adult Vaccinations - Mandatory, Breast Cancer Screening, C.T Scan, Child Vaccinations - Mandatory, Chronic Drugs, Diagnostics NEC, Endoscopy, Hearing Test , Immunomodulators, Laboratory, ... See More

Attachments

- Applicable procedure
- Exclusions
- Consultation / Claim Form
- Prescription Form

Ask for Authorization

Referral Document