ROMELYN PANGILINAN,784-1985-6847281-9
Effective from : **01-Nov-2023**to **31-Oct-2024**
at Qatar Insurance Company
Required Treatment is OutPatient
Reference No: R-000000210978334
Request Date: 01-Nov-2023 09:24:39

Eligible

Exceptional Case Selected : **Yes**

Value Network [Applicable Tariff: Value Network]

Referral required :	**Specialist Visit Subject to GP Referral Only**
Referral required :	**Specialist Visit Subject to GP Referral Only**
Copay 20% Max 25.00 AED applicable for :	Consultation / Evaluation and Management
Copay 20% applicable for :	Dental Emergency, Hearing Test , Vision Test

Approval Requirements

Approval required for all treatment related to:
Acute Drugs, C.T Scan, Chronic Drugs, Endoscopy, Immunomodulators, M.R.I, PET Scan, Physiotherapy, Vitamins

Encounter has aggregate net amount AED 100.00 or above for all other services excluding consultation requires approval.

Attachments

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

Ask for Authorization

Referral Document