



DEBABRATA RAY,784-2000-3817580-6 ⓘ

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

at Qatar Insurance Company

Required Treatment is OutPatient

Reference No: R-000000211704145

Request Date: 05-Nov-2023 11:16:19

More Member Information



Eligible

🔒 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 , Visior
for : 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.

Adult Vaccinations - Mandatory, Breast Cancer Screening, Child
Vaccinations - Mandatory, Diabetic Consumables, Diagnostics NEC,

📎 Attachments



Applicable procedure



Exclusions



Consultation / Claim Form



Prescription Form

☑️ Ask for Authorization

📄 Referral Document