Abril Ailen Gorozito Preus,784-1999-2733645-5
Effective from : **01-Nov-2023**to **31-Oct-2024**
at Qatar Insurance Company
Required Treatment is OutPatient
Reference No: R-000000223385185
Request Date: 14-Jan-2024 18:09:38

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 applicable for : Consultation / Evaluation and Management
- Copay 20% applicable for : Dental Emergency, Hearing Test , Visior 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