RONALOU GUIA ALBANO,784-1985-7390985-4
Effective from : **01-May-2024** to **30-Apr-2025**
at Qatar Insurance Company
Required Treatment is OutPatient
Reference No: R-000000259989349
Request Date: 20-Sep-2024 01:57:24

Eligible

Super-Restricted Network [Applicable Tariff: Super-Restricted Network]

- Referral required : **No referral required for specialist consultation**
- Copay 20% Max 50.00 AED applicable for : Consultation / Evaluation and Management
- Copay 20% applicable for : Dental Emergency

Approval Requirements

Approval required for all treatment related to:
Acute Drugs, Breast Cancer Screening, C.T Scan, Chronic Drugs, Diabetic Consumables, Endoscopy, Hearing Test , Immunomodulators, M.R.I, PET Scan, Physiotherapy, Pre-Op Tests, Vision Test, Vitamins

Encounter has aggregate net amount AED 700.00 or above for all other services excluding consultation requires approval.

Attachments

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

Referral Document