



FARANGIZ MAHKAMOVA, 784-1992-3863173-5 ⓘ
Effective from : 01-Feb-2024 to 31-Jan-2025
at Qatar Insurance Company
Required Treatment is OutPatient
Reference No: R-000000265189252
Request Date: 21-Oct-2024 15:08:44



Eligible



Restricted Network [Applicable Tariff: 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 : Acute Drugs, Chronic Drugs, Immunomodulators

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, Prostate Cancer Screening ... [See More](#)
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

☒ Ask for Authorization

Referral Document