



ANA PAULA,784-1991-8497342-0 ⓘ
Effective from : 01-Nov-2024to 31-Oct-2025
at Qatar Insurance Company
Required Treatment is OutPatient
Reference No: R-000000280202743
Request Date: 20-Jan-2025 16:24:59



Eligible



Exceptional Case Selected : **Yes**



Value Network [Applicable Tariff: Value Network]

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



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