PLEASE INDICATE
1 PRETREATMENT ESTIMATE (SERVICES IN EXCESS OF $200)

2 ACTUAL CHARGES

PUTNAM COUNTY BOARD OF EDUCATION DENTAL CLAIM FORM

RETURN THIS FORM TO

AMERICAN BENEFIT CORP
P.O. BOX 2648
HUNTINGTON, WV 25726
525-0331

TO BE COMPLETED BY EMPLOYEE

NAME OF EMPLOYEE | ☐ MARRIED ☐ SINGLE | SEX ___ AGE ___ | SOCIAL SECURITY NO | TELEPHONE

ADDRESS | NUMBER AND STREET | CITY | STATE | ZIP CODE

CLAIM IS FOR (CIRCLE ONE) SELF SPOUSE CHILD | DEPENDENT'S NAME | DEPENDENT'S DATE OF BIRTH

IS THE PERSON FOR WHOM THIS CLAIM IS BEING MADE COVERED BY ANY OTHER GROUP PLAN? ☐ YES ☐ NO

NAME OF GROUP _____ POLICY NO. _____

NAME OF INSURANCE CO. _____ ADDRESS _____

I AUTHORIZE RELEASE TO OR BY PUTNAM COUNTY BOARD OF EDUCATION BENEFIT PLAN OF ANY DENTAL OR INSURANCE INFORMATION REQUIRED TO PROCESS MY CLAIM. A PHOTOCOPY OF THIS AUTHORIZATION MAY BE HONORED.

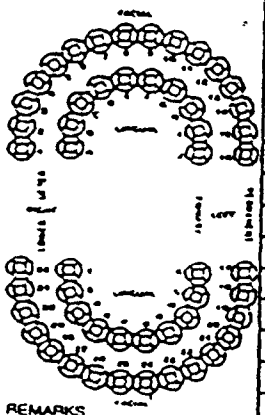
EMPLOYEE SIGNATURE: _____

EMPLOYEE SIGNATURE: _____

TO BE COMPLETED BY THE DENTIST

DENTIST NAME		NO / YES	IF YES, ENTER BRIEF DESCRIPTION AND DATES
ADDRESS			
CITY, STATE, ZIP			
DENTIST LICENSE NO	DENTIST PHONE NO		(IF NO, REASON FOR REPLACEMENT)
FIRST VISIT DATE	PLACE OF TREATMENT: OFFICE / HOSP / EDT / OTHER	RADIOGRAPHS OR MODELS ENCLOSED	ALREADY COMMENCED ENTER / DATE APPLIANCES PLACED

INDICATE MISSING TEETH WITH AN X



100th # OR LETTER	SURFACE	DESCRIPTION OF SERVICES INCLUDING BRAND, FORMULARS, MATERIALS USED, ETC	DATE SERVICE PERFORMED	PROCEDURE NUMBER	FEE	FOR OFFICE USE ONLY 100%	80%	50%	REMARKS CODE

☐ Usual & Customary

REMARKS

I HEREBY CERTIFY THAT THE SERVICES LISTED ABOVE HAVE BEEN PERFORMED ON THE DATES INDICATED

DENTIST'S SIGNATURE DATE

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE BELOW NAMED DENTIST FOR THE SERVICES DESCRIBED ABOVE

EMPLOYEE'S SIGNATURE DATE

TOTAL			
TOTAL COVERED			
TOTAL			
PLAN PAYS			
PATIENT PAYS			

PLEASE NOTE: PRE-DETERMINATION OF BENEFITS DOES NOT GUARANTEE PAYMENT
This estimate of benefits has been calculated based on current available benefits and employee eligibility. This estimate is subject to modification based upon remaining benefits available and eligibility which applies at the time services are completed and claim is submitted for payment