

CLAIM FOR DENTAL BENEFITS OPSEU PENSION TRUST - PENSIONERS LEGACY PLAN POLICY#169494 Please print





PART 1 DENTIST													UN	UNIQUE NO. SPEC.				PATIENT'S OFFICE ACCOUNT NO.			I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM TO THE			
P LAST NAME GIVEN NAME I																						NAMED DENTIST AND AUTHORIZE PAYMENT DIRECTLY TO THE DENTIST.		
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													CH	CHARGED TO ME FOR SERVICES RENDERED. I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING										
													CC	COMPANY/PLAN ADMINISTRATOR. I ALSO AUTHORIZE THE COMMUNICATION OF INFORMATION RELATED TO THE COVERAGE OF SERVICES DESCRIBED IN THIS FORM TO THE NAMED DENTIST.										
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