

INSTRUCTIONS TO THE EMPLOYEE
(Use this form for both Employee and Dependent Claims)

1. Complete Questions 1 through 15 on the reverse side. Have Patient's Dentist complete Questions 16 through 31.
2. If you want benefits paid directly to the dentist, complete the Authorization to Pay on the reverse side following **Question 15**.
3. If charges exceed **\$200.00**, a treatment plan should be submitted prior to continuation of treatment.

INSTRUCTIONS TO THE DENTIST

FOR CHARGES LESS THAN \$200.00

1. Show the date the work was completed for each service and the corresponding fee.
2. Return the completed form to the Group Administrators, Ltd. address given below.

FOR CHARGES EXCEEDING \$200.00

1. Prior to the continuation of treatment describe procedures necessary to fully complete the treatment plan. State you fees, enclose x-rays (these will be returned to you)*and return the form to Group Administrators, Ltd. (address below).
2. The amount payable per procedure will be pre-determined and you will be advised of the benefits payable for the procedures indicated.
3. After the work is completed, enter the dates that the service was completed and return the pre-treatment estimate form to the Group Administrators, Ltd. address given below

NOTICE!!

THE PRE-DETERMINED BENEFITS APPLY ONLY TO EXPENSES INCURRED WHILE EMPLOYEE'S COVERAGE IS IN FORCE.

*** X-RAYS WILL BE RETURNED ONLY IF A SELF-ADDRESSED, STAMPED ENVELOPE IS INCLUDED WITH THE SUBMISSION OF YOUR CLAIM!!**

PLEASE MAIL COMPLETED FORM TO:

**GROUP ADMINISTRATORS, LTD.
915 NATIONAL PARKWAY, SUITE F
SCHAUMBURG, IL 60173
847-519-1880
Fax: 847-519-1979**