



DENTAL CARE EXPENSE CLAIM FORM

18002 Cowan, Irvine, CA 92614

TO BE COMPLETED BY EMPLOYEE

Employee information section including patient name, relationship, sex, birthdate, employee name, address, and group details.

TO BE COMPLETED BY DENTIST

Dentist information section including dentist name, mailing address, license number, phone number, and treatment details.

Table for dental examination and treatment plan with columns for tooth number, surface, description of services, date performed, procedure number, fee, and administrative use only.

Assignment of benefits, dental unit use, and examiner information section including signatures, dates, and fee details.