



P.O. Box 453220 Grove, Oklahoma 74345

Phone: 918-786-5576

Fax: 918-786-9245

CHECK THIS BOX IF YOU ARE A 1ST. TIME APPLICANT

Social Services Claims Application for Optical
Submit to the above Address - "Attention: Welfare Committee"
Please Print

APPLICATIONS MUST BE COMPLETE OTHERWISE THEY WILL NOT BE PROCESSED

All applications will be processed according to the date the claim is received in our office. Your claim must show the amount paid by your insurance company, if applicable

The Following Documents Must be Submitted with this Application

- 1. A copy of the tribal card for the member applying for services.
2. The invoice or statement from the doctor's office showing the dollar amount. Note: If bill was paid by the Tribal Member or parent, a statement showing a zero balance must be provided by the doctor in order to be reimbursed.
3. Signed application by the Tribal Member. (Parent or guardian if a minor).
4. W-9 Tax Form from the doctor's office. Bills will be paid directly to their office.

Date

Name

Roll #

Address

City/State

Zip Code

Phone Number

Cell Number

Work Number

Email Address

Amount Applying for Optical \$

The maximum amount paid per Tribal Member during one (1) full calendar year for Optical is \$500.00

Printed Name of Applicant or Guardian

Date

Signature of Applicant or Guardian

Date

If you have any questions regarding your claim, contact the Welfare Department at the number listed at the top of this page

FOR WELFARE COMMITTEE USE ONLY

Date: Action Taken By: Approved Hold

Reason: Remitted To:

Check #: Amount: Balance:

Approval: CD PA SWV