

SENECA - CAYUGA NATION

P.O. Box 453220 Grove, OK 74345

Phone: 918-786-5576

Fax: 918-786-9245

**CHECK THIS
BOX IF YOU
ARE A 1st
TIME
APPLICANT**

Social Services Claims Application for **Dental**

Submit to the above Address - "Attention: Welfare Committee"
Please Print & Sign

**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 dentist'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 dentist 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 dentist'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 Dental \$ _____

The maximum amount paid per Tribal Member for Dental Claims:

*Minor Treatment - \$500.00 Per Year

*Major Treatment - \$1,000.00 Per Year

*Braces - \$1,000.00 Per Lifetime

*Dentures - \$1,000.00 Per Lifetime

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 _____