SENECA - CAYUGA NATION

Welfare Committee | PO Box 453220 | Grove, OK 74345
Phone: 918-791-6025 | Fax: 918-786-9245 | Email: gheatherly@sctribe.com

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 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

Date _____

Name _____ Roll # _____

Address _____ City/State _____ Zip Code _____

Phone Number _____ Cell Number _____ Work Number _____

Email Address _____

Amount Applying for Dental $ _____

Printed Name of Applicant or Guardian _____ Date _____

Signature of Applicant or Guardian _____ Date _____

The following documents Must be Submitted with this Application

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

**********FOR CLAIMS COMMITTEE USE ONLY**********

Date: _____ Action Taken: Approved _____ Hold_____

Reason: _____ Remitted To: _____

Check #: _____ Amount: _____ Balance: _____

Approval: JQ _____ PA _____ SWV_____