

# SENECA - CAYUGA NATION

<b>Welfare Committee</b> Phone: 918-791-6025	PO Box 453220 Fax: 918-786-9245	Grove, OK 74345 Email: gheatherly@sctribe.com
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**CHECK THIS  
BOX IF YOU  
ARE A 1<sup>ST</sup>  
TIME  
APPLICANT**

## Social Services Claims Application for **Hearing**

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 Hearing Aids is \$700.00 per ear.**

Date		
Name	Roll #	
Address	City/State	Zip Code
Phone Number	Cell Number	Work Number
Email Address		
Amount Applying for Hearing \$ _____		
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 doctor's office showing the amount  
*Note: If the bill was paid by the Tribal Member or parent, a statement showing amount must be provided by the doctor's office in order to be reimbursed*
  - Signed application by the Tribal Member. (parent or guardian if a minor)
  - W-9 Tax Form from the doctor'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 _____