

SENECA - CAYUGA NATION

Welfare Committee 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 1ST
TIME
APPLICANT**

Social Services Claims Application for Optical

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 during one (1) full calendar year for Optical is \$500.00.

Date		
Name	Roll #	
Address	City/State	Zip Code
Phone Number	Cell Number	Work Number
Email Address		
Amount Applying for Optical \$ _____		
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
The 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 _____