

**SOUTHERN CALIFORNIA PIPE TRADES HEALTH AND WELFARE FUND - ACTIVE PLAN
DENTAL CLAIM FORM**

Southern California Pipe Trades
501 Shatto Place - 5th Floor
Los Angeles, CA 90020
Telephone: 213 385 6161

Important:
Member: Please complete this portion of the Dental Claim Form in Full
Dentist: Please complete the reverse side of this form or attach a universal billing form.

Member Complete in Full:

Member Name _____ Social Security No. _____

Patient Name _____ Social Security No. _____

Relationship _____ Patient's Date of Birth _____

Member's Address _____

Patient's Address if different _____

Is patient eligible for other dental coverage or benefits? Yes _____ No _____

Patient or Spouse's Employer _____

Other Insurance or Plan _____

Insurance Group or Plan No. _____ I.D. No. _____

MEMBER SIGNATURE REQUIRED

I hereby certify that the foregoing statements, are true, correct and complete to the best of my knowledge. I hereby authorize my attending dentist furnish and disclose to the SCPTAC all records or knowledge, I further authorize the Fund to use or disclose the information contained in its claims files in whatever manner necessary for the purpose of determining the reasonableness of the expenses submitted herewith or the propriety of this claim.

Members Signature _____ Date _____

Spouse's Signature _____ Date _____

I authorize payment of whatever benefits may be due the undersigned by check drawn to the order of dentist extent of the charges itemized above.

Member or Spouse's Signature _____ Date _____