



## MIDDLEBURGH CENTRAL SCHOOL DISTRICT

### DENTAL REIMBURSEMENT CLAIM FORM

#### 1. Instructions: (incomplete claim forms will not be processed)

- \* Complete the Employee Information requested under Section 2.
- \* Complete Section 3 and attach an itemized bill from the Provider. (Note: Credit card receipts and cashed checks are not acceptable documentation.)

Note:

- Copies of all bills for reimbursement must be enclosed with this completed reimbursement form.
- Bills must include:
  - Name of person providing the service
  - Dates of service
  - Description of the service(s) rendered
  - The amount charged
  - The name of person receiving services
- Balance bill, cancelled checks, etc. are not acceptable.

\* Read the Employee Authorization carefully and sign under Section 4.

\* Keep complete copies of everything submitted for your records.

\* Completed Claim Forms should be sent to the District's Business Office

\* SEND COMPLETED FORMS TO THE MCS BUSINESS OFFICE

#### 2. Employer/Employee Information

New Address? Check box if so

Employer: Middleburgh Central School District

Building: \_\_\_\_\_

Employee Name \_\_\_\_\_

SSN (last 4 digits): \_\_\_\_\_

Employee Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 3. List of Eligible Expenses:

Name of Family Member	Relationship Spouse/Child	Date of Service	Description of Service	Amount Requested

> Enter the total amount requested for reimbursement on this line and attach receipts.

\$ \_\_\_\_\_

#### 4. Employee Authorization

I certify that I (and/or my eligible dependents) have incurred expenses for which reimbursement is sought under the MCS's Dental Self Insurance Program and that these expenses have been incurred during the Plan Year. Furthermore, I declare that I am solely responsible for the accuracy and veracity of all information relating to this claim. I authorize the Employer to reimburse the amount requested from my Dental Self Insurance Program.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

APPROVAL OF SCHOOL OFFICIAL ORIGINATING CLAIM: - I hereby certify that this bill has been rendered in accordance with the contract, agreement, or accepted estimate, and that the work has been completed and/or the materials delivered satisfactorily.

Date \_\_\_\_\_ 20\_\_\_\_

(Signature of Purchasing Official)