



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)