



Granbury ISD Dental Claim Form

First Financial Administrators, Inc.

EMPLOYEE INFORMATION (Please Print)					
FIRST NAME	MI		LAST NAME		
ADDRESS		CITY	STATE	ZIP	
PHONE (Between Hours of 8am-5pm)		SSN	EMAIL ADDRESS		
DENTAL EXPENSE CLAIMS					
DATE OF SERVICE	TYPE OF SERVICE (EXAMS, FILMS, ORTHO, ETC.)	NAME OF PATIENT	SSN OF PATIENT	RELATIONSHIP TO THE EMPLOYEE	AMOUNT OF EXPENSE
					\$
					\$
					\$
					\$
			TOTAL AMOUNT REQUESTED		\$ 0

TO BE COMPLETED BY DENTIST			
NAME OF DENTIST:			AMOUNT PAID: \$
DESCRIPTION OF SERVICES:			
DENTAL PROCEDURES FOR THE ABOVE PATIENT(S) <input type="radio"/> HAVE BEEN COMPLETED, OR <input type="radio"/> ARE IN PROGRESS.			
SIGNATURE OF DENTIST		DATE	

EMPLOYEE SIGNATURE (REQUIRED)
<p>I certify that all expenses listed above are eligible for reimbursement in accordance with my Plan and were incurred during a period while I was covered by my employers plan. These expenses have not and are not reimbursable under any other plan.</p> <p>An itemized statement and original paid receipt or canceled check must be attached to certify that claim has been paid. I authorize the dental provider to release information relating to this claim on request from First Financial Administrators, Inc.</p> <p>Claims must be received within ninety (90) days of the procedure/receipt to be valid. Claims not received within ninety (90) days of payment will be rejected.</p>
EMPLOYEE SIGNATURE: _____ DATE: _____

CONTACT US TODAY:

Online: www.ffga.com | Phone: 866-853-FLEX | Fax: 281-272-7656

First Financial Group of America • FSA Department • PO Box 670329 • Houston, TX 77267-0329

SUBMISSION GUIDELINES

Please follow these guidelines to ensure that your claims are reimbursed quickly. Failure to attach the proper documentation may result in claim denial.

Acceptable Documentation:

- Itemized receipt that shows the date of service, type of service received, provider name, patient name, and amount owed.
- Explanation of Benefits (EOB) from insurance company

Unacceptable Documentation:

- Canceled checks
- Debit card or credit card receipts
- Balance forward statements
- Paid on account statements

Claims for future services are not eligible for reimbursement.

Claims must be received within ninety (90) days of the procedure/receipt to be valid. Claims not received within ninety (90) days of payment will be rejected.

Mail Claim Forms to:

First Financial Group of America
Attn: Dental Claims
PO Box 670329
Houston, TX 77267-0329

Email Claim Forms to:

First_Financial_Receipts@Alegeus.com

Fax Claim Forms to:

281-272-7656

Fill out a claim form online:

<http://benefits.ffga.com/granburyisd>

Find this claim form on the Granbury ISD Employee Benefit Center under the Benefits/Dental tab.