

**INSTRUCTIONS**

1. Complete upper portion of form with employee information.
2. Have your dentist complete section labeled "Attending Dentist's Report". If your dentist uses a standard claim form, complete the employee's portion of this form and attach the dentist's standard claim form.
3. Sign in the appropriate box if you wish payment made directly to the dentist.
4. Make a final check to see that all sections of the claim form are complete.
5. Fold and place appropriate postage and mail. (You may also mail in an envelope.)
6. Claims must be submitted within 90 days from date of service.

Please refer to your Benefit Booklet for an explanation of Covered Expenses and Limitations.

If you have any questions, please contact the Claims Administrator.

**NOTE:** Any misrepresentation of information supplied on this form may result in denial of benefits and any liability on this claim.

FOLD HERE FIRST



MAKE SECOND FOLD HERE



Return Address:

Place  
Stamp  
Here

**Employee Benefit Management Services, Inc.  
P.O. Box 21367  
Billings, MT 59104-1367**