Granbury ISD Dental Claim Form

First Financial Administrators, Inc.

##13T00873##########

EMPLOYEE INFORMATION (Please Print)

EMPLOYER	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	PATIENT SSN	RELATIONSHIP TO THE EMPLOYEE	AMOUNT OF EXPENSE
					$
					$
					$
					$
					$
			TOTAL AMOUNT REQUESTED		$

TO BE COMPLETED BY DENTIST

NAME OF DENTIST:		AMOUNT PAID	$
DESCRIPTION OF SERVICES:			

DENTAL PROCEDURES FOR THE ABOVE PATIENT(S) HAVE BEEN COMPLETED, OR ARE IN PROGRESS.

SIGNATURE OF DENTIST	DATE

EMPLOYEE SIGNATURE (REQUIRED)

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 health plan.
An itemized statement and original paid receipt or canceled check must be attached to certify the claim has been paid. I authorize the dental provider to release information relating to this claim on request from First Financial Administrators, Inc.
Claims must be received within ninety (90) days of the procedure/receipt to be valid. Claims not received within ninety (90) days of date of service will be rejected.

EMPLOYEE SIGNATURE:_____ DATE:_____

CONTACT US TODAY:

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

First Financial Group of America • PO Box 1629 • Spring, TX 77383

See page 2 for claim filing guidelines.

First Financial Administrators, Inc.
PO Box 1629, Spring, TX 77383
Phone: 866-853-3539, Option 4 · Fax: 281-272-7656

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 or previous balance 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 date of service will be rejected.

Mail Claim Forms to:

First Financial Administrators, Inc.
Attn: Dental Claims
PO Box 1629
Spring, TX 77383

Email Claim Forms to:

First_Financial_Receipts@Alegeus.com

Fax Claim Forms to:

281-272-7656

Fill out a claim form online:

https://benefits.ffga.com/graburyisd
Find this claim for on the Granbury ISD Employee Benefit Center under the Benefits/Dental section.