First Financial Administrators, Inc.
First in Service and Expertise

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) ○ 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 plan.

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.

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: 281-272-7656

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

See page 2 for claim filing guidelines.

First Financial Administrators, Inc.
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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 date of service 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.