

## STANDARD DENTAL CLAIM FORM



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ΡL	AST N	AME									GIV	EN NAM										NAMED DENTIST AND AUTHORIZE PAYMENT DIRECTLY TO HIM/HER.
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FOR									AL INFORM	ATIO	N, DI	AGNOSIS	s, I UI	I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY								
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