



# MIDDLEBURGH CENTRAL SCHOOL DISTRICT

## DENTAL REIMBURSEMENT CLAIM FORM

### 1. Instructions: (incomplete claim forms will not be processed)

- \* Complete the Employee Information requested under Section 2.
- \* Complete Section 3 and attach an itemized bill from the Provider. (Note: Credit card receipts and cashed checks are not acceptable documentation.)

**Note:**

- . Copies of all bills for reimbursement must be enclosed with this completed reimbursement form.
- . Bills must include:
  - Name of person providing the service
  - Dates of service
  - Description of the service(s) rendered
  - The amount charged
  - The name of person receiving services
- . Balance bill, cancelled checks, etc. are not acceptable.
- \* Read the Employee Authorization carefully and sign under Section 4.
- \* Keep complete copies of everything submitted for your records.
- \* Completed Claim Forms should be sent to the District's Business Office
- \* **SEND COMPLETED FORMS TO THE MCS BUSINESS OFFICE**

### 2. Employer/Employee Information

New Address? Check box if so!

Employer: Middleburgh Central School District

Building: \_\_\_\_\_

Employee Name \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_

Employee Address \_\_\_\_\_  
\_\_\_\_\_

### 3. List of Eligible Expenses:

Name of Family Member	Relationship Spouse/Child	Date of Service	Description of Service	Amount Requested

> Enter the total amount requested for reimbursement on this line and attach receipts. \$ \_\_\_\_\_

### 4. Employee Authorization

I certify that I (and/or my eligible dependents) have incurred expenses for which reimbursement is sought under the MCS's Dental Self Insurance Program and that these expenses have been incurred during the Plan Year. Furthermore, I declare that I am solely responsible for the accuracy and veracity of all information relating to this claim. I authorize the Employer to reimburse the amount requested from my Dental Self Insurance Program.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**APPROVAL OF SCHOOL OFFICIAL ORIGINATING CLAIM:** - I hereby certify that this bill has been rendered in accordance with the contract, agreement, or accepted estimate, and that the work has been completed and/or the materials delivered satisfactorily.

Date \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature of Purchasing Official)