

Arizona Pipe Trades Health & Welfare Fund

Retiree Dental or Vision Reimbursement Claim Form

P.O. Box 4660
Troy, MI 48099-4660
Phone: (877) 429-7473 Fax#: (248) 556-2597

- ✓ **What is reimbursable? Dental and/or Vision charges**
- ✓ **Who is eligible? Early (non-Medicare) Retirees and their eligible spouse**

- Please submit the itemized bill or receipt for dental or vision charges (must include a description of the expenses, dates of service and procedure codes).
- The Vision/Dental benefits are not available to Dependent Children
- Expenses associated with any Vision and/or Dental care are payable to a combined maximum of \$300.00 per person per calendar year
- The Retiree Dental/Vision reimbursement is available to Early Retirees and their eligible spouse who have elected to make self-payments including medical and dental.

Member's Name: _____

Member's DOB: _____ Alt ID or Last 4 SSN: _____

Address: _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

Patient Name: _____ Patient's DOB: _____

Provider's Name: _____ Tax Id: _____

Provider's Address: _____

Provider's Phone #: _____

Date of Service	Provider	Billed Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Member's Signature: _____ Date: _____