

# 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: \_\_\_\_\_