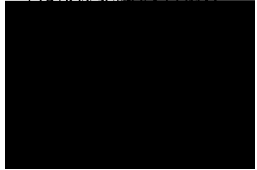


# Dental Claim Form

MAIL COMPLETED FORM TO:

CLATION@SUFFOLK.COM



1. Type of Transaction (Mark all applicable boxes)

- Statement of Actual Services
- Request for Predetermination/Preauthorization
- EPSDT / Title XIX

2. Predetermination/Preauthorization Number

fold

fold

fold

fold

PRE-AUTHORIZATION BY THE FUND'S DENTAL CONSULTANT IS REQUIRED FOR ANY PROPOSED COURSE OF

