

# DENTAL CLAIM FORM

## KCDRB Form 11

### LEOFF-I Police and Firefighters Dental Expense Form

(To be completed by LEOFF-1 member)

To request approval of reimbursement of dental expenses incurred or to seek pre-approval of future treatment, complete KCDRB Form 11 and attach an invoice for services completed or an estimate of planned work. If you carry dental insurance, your invoice must be submitted to that insurance first. **Only amounts not covered by insurance can be claimed.** Submit all paperwork to your LEOFF-1 employer for direct reimbursement. If necessary, your LEOFF-1 employer may choose to forward your claim to the King County Disability Retirement Board for final approval. If you have questions, call the King County Disability Retirement Board at 206-263-6394.

Patient's name: \_\_\_\_\_

Dentist's name: \_\_\_\_\_

Dentist's phone: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Service Date	ADA Code	Description	Amount
<b>TOTAL CLAIMED</b>			

I hereby attest that dental services rendered were solely for non-cosmetic reasons.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
LEOFF-I member/patient

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Dentist

**The King County Disability Retirement Board for LEOFF-1 will only accept original signed and dated claim forms. If you are concerned about privacy, do not e-mail personal information or a copy of this completed form to the Board - your privacy over the Internet cannot be guaranteed.**