Great-West Life

STANDARD DENTAL CLAIM FORM Please print





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T ADDRESS APT										Dr. Conny Athanasopoulos 12 Main Street South									
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						Ι		1								П		about claims with the plan member and a person acting his or her behalf when necessary to confirm eligibility are	
		Q.						FE	毛	,					2;	25	00	mutually manage the claims.	
																		Have your dentist complete Part 1. Employee completes Parts 2 and 3.	
																		If you wish benefits to be paid directly to the dentist, sig assignment portion of Part 1 above. Assignment of ber	
						1	*	0	K	_								is irrevocable. Great-West Life may discuss details of	
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