

NDT Industry Health Benefit Plan
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Toll Free: 1-800-663-1356 www.ndtbenefits.org







PART 1 — DENTIST UNIQUE NO. SPEC. PATIENT'S OFFICE ACCOUNT NO. I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLATHEN AMED DENTIST AND AUTHORIZE PAYMENT DIRECT THE NAMED DENTIST AND AUTHORIZE PAYMENT DIRECT HIM/HER. I ADDRESS APT. T CITY PROV. POSTAL CODE FOR DENTIST'S USE ONLY — FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES, OR SPECIAL CONSIDERATION. I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXPENSION. I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXPENSION. I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXPENSION. I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXPENSION. I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXPENSION. I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXPENSION. ACCURATE AND HAS BEEN CHARGED TO ME FOR SERVICES RENDERED. I AUTHORIZE THE RE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO D.A. TOWNLED. PATIENTS TREATMENT. I ACKNOWLEDGE THAT THE FEES LISTED IN THIS CLAIM FORM TO D.A. TOWNLEDGE THAT THE FORMATION RELEASED THROUGH THIS AUTHORIZET THE REPORT OF THE INFORMATION RELEASED THROUGH THIS AUTHORIZET THE REPORT OF THE INFORMATION RELEASED THROUGH THIS AUTHORIZET THE REPORT OF THE INFORMATION RELEASED THROUGH THIS AUTHORIZET THE REPORT OF THE INFORMATION RELEASED THROUGH THIS AUTHORIZET THE REPORT OF THE INFORMATION RELEASED THROUGH THIS AUTHORIZET THE REPORT OF THE INFORMATION RELEASED THROUGH THIS AUTHORIZET THE REPORT OF THE INFORMATION RELEASED THROUGH THIS AUTHORIZET THE REPORT OF THE INFORMATION RELEASED THROUGH THIS AUTHORIZET THE REPORT OF THE INFORMATION RELEASED THROUGH THIS AUTHORIZET THE REPORT OF THE INFORMATION RELEASED THROUGH THIS AUTHORIZET THE REPORT OF THE INFORMATION RELEASED THROUGH THIS AUTHORIZET THE REPORT OF THE INFORMATION RELEASED THROUGH THIS AUTHORIZET THE REPORT OF THE INFORMATION RELEASED THROUGH THIS AUTHORIZET THE REPORT OF THE INFORMATION RELEASED TH
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