

BEDFORD SCHOOLS

HOW TO REQUEST BENEFITS

1. COMPLETE ITEMS 1 THROUGH 9 UNDER THE PATIENT INFORMATION SECTION. IF YOU ARE MARRIED, OR HAVE OTHER HEALTH BENEFITS, ITEMS 13,14, AND 15 MUST BE COMPLETED. IF ANY INFORMATION IS MISSING, IT WILL DELAY THE PAYMENT OF YOUR CLAIM.
2. HAVE YOUR DENTIST COMPLETE THE DENTIST'S INFORMATION SECTION, OR SUBMIT COMPLETELY ITEMIZED BILLS. AN ITEMIZED BILL MUST CONTAIN: PATIENT'S NAME, RELATIONSHIP, DATE OF SERVICE, TYPE OF SERVICE RENDERED, NATURE OF CONDITION BEING TREATED. IF THIS INFORMATION IS MISSING, YOU MAY WRITE IT ON THE BILL, AND SIGN YOUR NAME.
3. IF YOU WANT BENEFITS PAID TO YOUR DENTIST, OR PROVIDER DIRECTLY BE SURE TO SIGN THE APPROPRIATE AREA.
4. COMPLETE A SEPARATE CLAIM FORM FOR EACH FAMILY MEMBER.
5. THE COMPLETED CLAIM FORM SHOULD BE RETURNED TO:

POMCO
P.O. BOX 6329
SYRACUSE, NY 13217

TOLL FREE NUMBER 1-800-234-9862

DENTIST: PREDETERMINATION INSTRUCTIONS

1. ALL TREATMENT PLANS OF \$200.00 OR MORE SHOULD BE SUBMITTED FOR PREDETERMINATION. PLEASE INCLUDE PRETREATMENT RADIOGRAPHS AND SEND TO POMCO, 2425 JAMES ST., SYRACUSE, NY 13206.
2. YOU WILL BE PROMPTLY NOTIFIED OF THE ALLOWABLE BENEFITS UNDER THIS PROGRAM.

EMPLOYEE:

THE PREDETERMINATION OF BENEFITS WILL BE RETURNED TO YOUR DENTIST, AND HE WILL DISCUSS THE TREATMENT AND ALLOWABLE BENEFITS UNDER THE PLAN WITH YOU.

IMPORTANT REMINDER:
PLEASE BE SURE THE EMPLOYEE'S SOCIAL SECURITY NUMBER HAS BEEN PROVIDED.

POMCO®