

EMPLOYER:

CLAIM NUMBER

Mail completed form to:
ISLAND GROUP ADMINISTRATION, INC.
3 TOILSOME LANE, EAST HAMPTON, NY 11937
631-324-2306 • 1-800-926-2306

CHECK ONE

- DENTIST'S PRE-TREATMENT ESTIMATE
DENTIST'S STATEMENT OF ACTUAL SERVICES

Subscriber Completes section containing items 1-15, including patient name, relationship, sex, birthdate, and insurance details.

Dentist Completes section containing items 16-30, including dentist name, address, license, and treatment authorization.

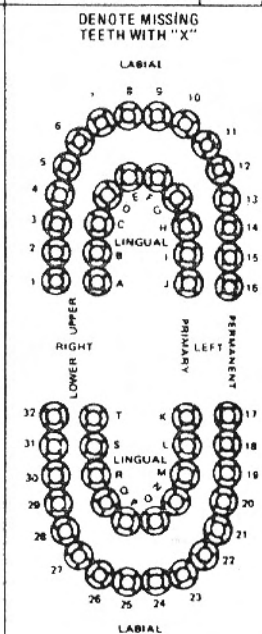


Table for examination and treatment plan (items 31-32) with columns for tooth number, surface, description of service, date performed, procedure number, fee, and office use only.

Final summary section including remarks, total fee charged, and signature lines for dentist and office.

