

SOUTHERN PAINTERS WELFARE FUND

Administered by Southern Benefit Administrators, Incorporated



Mailing Address: P.O. Box 1449 Goodlettsville, TN 37070-1449 Telephone: (615) 859-0131 Toll-Free (800) 831-4914 Fax: (615) 859-4699 Street Address: 2001 Caldwell Drive Goodlettsville, TN 37072-3589

DENTAL/VISION CLAIM FORM

Member Name:					
Social Security#:				_	
Patient Name:				_	
Patient Date of Bi	rth:				
Patient's Relation	Self	Spouse	Child		
Services: Please a	ttach itemized bill	of services.			
Date of Service	Procedure Code	Explanation		Charges	
				Total	Amount Requested

This form is for member reimbursement only.

If you prefer payment be issued directly to the provider of services, the provider should file the claim on your behalf. Vision claims are to be submitted on a HCFA 1500 and all dental claims should be submitted on the standardized ADA Dental Claim Form.

Si le interesa leer esta correspondencia en español por favor contacta la Oficina del Fondo. Servicios para miembros en español a 1-800-831-4914