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
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Street Address:
2001 Caldwell Drive
Goodlettsville, TN 37072-3589

DENTAL/VISION CLAIM FORM

Member Name: _____

Social Security#: _____

Patient Name: _____

Patient Date of Birth: _____

Patient's Relationship to Member: Self Spouse Child

Services: Please attach 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