

DENTAL CLAIM FORM
KCDRB Form 11
LEOFF-I Police and Firefighters Dental Expense Form
 (To be completed by LEOFF-1 member)

To request approval of reimbursement of dental expenses incurred or to seek pre-approval of future treatment, complete KCDRB Form 11 and attach an invoice for services completed or an estimate of planned work. If you carry dental insurance, your invoice must be submitted to that insurance first. **Only amounts not covered by insurance can be claimed.** Submit all paperwork to your LEOFF-1 employer for direct reimbursement. If necessary, your LEOFF-1 employer may choose to forward your claim to the King County Disability Retirement Board for final approval. If you have questions, call the King County Disability Retirement Board at 206-263-6394, or 206-684-1556 (call center).

Patient's name: _____
 Dentist's name: _____
 Dentist's phone: _____ Tax ID: _____
 Street Address: _____
 City: _____ State: _____ ZIP: _____

Service Date	ADA Code	Description	Amount
TOTAL CLAIMED			

I hereby attest that dental services rendered were solely for non-cosmetic reasons.

Signed: _____ Date: _____
 LEOFF-I member/patient

Signed: _____ Date: _____
 Dentist

The King County Disability Retirement Board for LEOFF-1 will only accept original signed and dated claim forms. If you are concerned about privacy, do not e-mail personal information or a copy of this completed form to the Board - your privacy over the Internet cannot be guaranteed.