

SOCIAL SERVICES APPLICATION

Seneca-Cayuga Tribal Claims Committee

23701 South 655 Road (Hwy 10)
Grove, Oklahoma 74344



Tel: (918) 786-5576
Fax: (918) 786-9245
*DO NOT Mail if
Faxing Application

Date: _____ Roll #: _____ Phone #: _____

Member Name: _____

Address: _____

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

Please mark service and amount that you are applying for.

OPTICAL _____ DENTAL _____ HEARING _____

Maximum amount paid per Tribal Member, during one (1) full calendar year.

Optical - \$500; **Dental** - \$500 Basic, \$1,000 Major; **Hearing** - \$500 per ear for hearing aides.

A one-time payment of \$1,000 for Braces and Dentures is available. Braces will be allowed for school age children only.

Items that must be included with your application are:

1. Tribal Card for member applying for Social Services.
2. Doctor/Dentist invoice or statement;
 - A: Statement showing amount due to Doctor/Dentist.
 - B: If bill was paid by the Tribal Member or parent, a statement showing a zero balance must be provided from the Doctor/Dentist in order to reimburse.
3. Signed application by the tribal member (parent or guardian if a minor).

Signature of Applicant or Guardian (Guardian, please include printed name) **Date**

All applications will be processed according to the date the claim is received in our office. Your claim must show the amount paid by your insurance company, if applicable, before submitting to our office. If you have any questions regarding your claim, Please contact the Claims Committee.

***** FOR CLAIMS COMMITTEE USE ONLY *****

Date: _____ Action Taken: Approved _____ Denied _____ Hold _____

Remitted To: _____

Check #: _____ Amount: _____

Approval: SL _____ RB _____ LS _____ SWO _____ PB _____