
Please submit forms to:

**UMC Dental Reimbursement Plan
309 North Slide Road
Lubbock, Texas 79416
(806) 775-8793
(806) 761-0897 Fax**

*Claims **must be filed** within **90 days** of services to be valid. Claims not received within 90 days will be rejected. If payment is not received within 30 days, please call The UMC Employee Plan at 806-775-8793*

DENTAL EXPENSE REIMBURSEMENT PROCEDURES

1. Take dental expense reimbursement form (available in the Human Resources Department) with you to your dental appointment.
2. After you have paid your dentist for services provided, request a receipt clearly indicating the amount paid.
3. Have the dentist complete and sign the appropriate area on the reimbursement form. Make sure services performed are described on the form. If the dentist does not complete this form, a paid receipt with a description of services is needed for proper processing of your claim.
4. Complete the employee area of the reimbursement form and sign the form indicating the questions were correctly answered.
5. Mail your bill, reimbursement form and proof of payment with description of services to:

**UMC Dental Reimbursement Plan
309 North Slide Road
Lubbock, Texas 79416
(806) 775-8793
(806) 761-0897 Fax**

6. Claims must be filed within ninety (90) days of the date the claim was paid. Claims received after ninety (90) days from the claim payment will not be reimbursed.