

2013 Dental Cleaning Completion Form

Personal Benefit Account (PBA)

City of Green Bay

This form is to be completed only if the **dental provider is NOT in the network**. Send completed form to City of Green Bay Wellness Coach (information at the bottom of the form). If you have any questions, please call the Wellness Coach at (920) 448-3101.

Please have this form filled out for each member covered under the City Insurance plan to receive the PBA dollars (maximum of 2 cleanings per year per individual).

Insurance Card Holder Name: _____ ee / retiree
(circle one)

Name of person who had service completed: _____ ee / retiree/ sp / dependent
(circle one)

Department of employee:

- DPW
- Fire
- Park/Rec/Forestry
- Police
- Transit
- Water
- All Other

Dental Exam Date of Service: ____/____/____

Provider Name: _____

Address: _____

Provider Signature: _____

OR

Attach your EOB (Explanation of Benefits form) to this form.

Participant's Signature: _____

Date: ____/____/____

*Return completed form to the City Wellness Coach:
City of Green Bay,
100 N. Jefferson St. Room 500. Green Bay, WI 54301-5006
Or fax to: 920-448-3128 ATTN: Wellness Coach
Please retain a copy of this form for your records.*

For Internal Use Only

Date entered on spreadsheet:

____/____/____