

Please attach this form to the claim form from your dental provider for faster claims service.

INSTRUCTIONS FOR THE EMPLOYEE

- If you want us to pay benefits directly to the dentist, sign and date the authorization on the dentist's claim form. If authorized, we will make payment directly to your dentist and send a copy of the payment to you for your records.
- Sign and date the authorization to release information on the dentist's claim form.

THE GUARDIAN
DENTALGUARD PREFERRED
P O BOX 2459
SPOKANE WA 99210-2459

For DentalGuard Customer Service,
call 800-541-7846

DAEMEN COLLEGE



PLAN NO. G- 324707