

# Off-Island Dental Claim

FORM



**StayWell Insurance** 520 Route 8 Maite, Guam 96910 • T: (671) 477-5091 ext. 3200 • F: (671) 477-2464  
**StayWell Insurance - Saipan** Springs Plaza Bldg. Chalan Laulau Village, Middle Road Saipan, MP 96950 • T: (670) 323-4260  
 F: (670) 323-4263

PATIENT COVERAGE INFORMATION				
Patient Name		Patient Birthdate		
Subscriber Name		Subscriber Birthdate		
Mailing Address		Subscriber SS No.		
Employer				
BILLING DENTIST				
Name of Billing Dentist		Address		
Dentist Phone Number		Fax Number		
TREATMENT/ACTUAL SERVICES				
TOOTH #	SURFACE	DESCRIPTION OF SERVICE	DATE OF SERVICE	FEE
Signed (Treating Dentist)		License Number	Date	