

Saranac Lake Voluntary Health Association, Inc.
81 Main St, Ste 3
Saranac Lake, NY 12983
518-891-0910

Obligation to Utilize Insurance Benefit

1. I understand that the help I am receiving from the Saranac Lake Voluntary Health Association (VHA) is not government funded. All assistance I will be receiving is the result of private funding from charitable donations.
2. I accept that it is my responsibility to contact my Health Insurance Customer Service Department to clarify the extent, if any, of any dental benefits available to me through my Health Insurance Plan. I will furnish SLVHA specific details of said contact.
3. If my dental insurance requires care from a participating provider to receive maximum benefit I agree to make a reasonable effort to utilize a participating provider.
4. If I have dental insurance that will reimburse me for all or part of the cost of my dental work that is being paid for in part by VHA and my dentist does not accept insurance, I agree to file whatever paperwork is required with my dental insurance provider and attempt to obtain reimbursement.
5. If I obtain reimbursement, I agree to reimburse Saranac Lake Voluntary Health Association the amount of such reimbursement received from my insurance company up to the amount of the assistance I received from the VHA.

Applicant _____ Date _____

SLVHA DECAF _____ Date _____
COMMITTEE MEMBER