

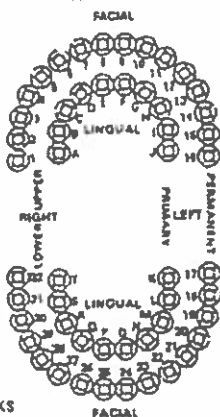
**RETURN THIS FORM TO:**

### Actual Charges

**American Benefit**  
**9200 US Route 60**  
**Ona, WV 25545**

**TO BE COMPLETED BY THE DENTIST**

Indicate Missing Teeth  
With an X

[illegible]

**\*PLEASE NOTE:** Pre-Determination of Benefits does not guarantee payment. The estimate of benefits has been calculated based on current available benefits and employee eligibility. This estimate is subject to modification based upon remaining benefits available and eligibility which applies at the time services are completed and claim is submitted for payment.

Total	
Total Covered	
Total	
Plan Pays	
Patient Pays	