

Benefit/Claim Assistance Request

We at Provident Financial Group take pride in the personal relationships we have with our clients. So, if you have a benefit or claim issue, please contact us at 770 499 2040 or simply fax this form to 770 499 9882. Or if you prefer, email us at customerservice@providentgroup.com.

Employer: _____

Insured's Name: _____

Patient's Name (if other than Insured): _____

Date of Service: _____

Comments: _____

Under the provisions of the HIPAA Privacy Rule, I authorize Provident Financial Group and its agents to use or disclose my Protected Health Information (PHI) for the purposes of resolving the medical/dental claim detailed in this form.

Signature

Date

How To Contact Me:

Phone: _____ **Fax:** _____

Email: _____

