



AMERICAN GENERAL

Attending Dentist's Statement

The United States Life Insurance Company in the City of New York

New York, New York

A member company of American International Group, Inc.

Return Claim to: P.O. Box 1581, Neptune, NJ 07754-1581

Check One:
 Dentist's pre-treatment estimate Dentist's statement of actual services

PATIENT SECTION

1. Patient name: First, M.I., Last
 2. Relationship to Employee: self child spouse other
 3. Sex: M, F
 4. Patient birthdate: MO, DAY, YR
 5. If full-time student: School, City

6. Employee/Subscriber name and mailing address
 7. Employee/Subscriber soc. sec. number
 8. Employee/Subscriber birthdate: MM, DD, YYYY
 9. Employer (Company) Name and Address
 10. Group Number

11. Is Patient covered by another plan of benefits?
 Dental _____
 Medical _____

12-A. Name and address of carrier(s)
 12-B. Group no.(s)
 13. Name and Address of employer

14-A. Employee/Subscriber name (if different than patient's)
 14-B. Employee/Subscriber Soc. sec. number
 14-C. Employee/Subscriber birthdate: MO, DAY, YR
 15. Relationship to Patient: self child spouse other

I have reviewed the following treatment plan. I authorize release of any information relating to this claim. I understand that I am responsible for all costs of dental treatment.
 Signed (Patient, or parent if minor) _____ Date _____

I hereby authorize payment directly to the below-named dentist of the group insurance benefits otherwise payable to me.
 Signed (Insured person) _____ Date _____

DENTIST SECTION

16. Dentist Name
 17. Mailing Address
 City, State, Zip
 18. Dentist Soc. Sec. or T.I.N. 19. Dentist License no. 20. Dentist Phone no.
 21. First visit date current series.
 22. Place of treatment: Office (Hosp., ECF, Other)
 23. Radiographs or models enclosed? No Yes How many?
 24. Is treatment result of occupational illness or or injury? No Yes If Yes, enter brief description and dates.
 25. Is treatment result of auto accident?
 26. Other accident?
 27. Are any services covered by another plan?
 28. If prosthesis Is this initial placement? (If no, reason for replacement)
 29. Date of prior placement
 30. Is treatment for orthodontics? If services already commenced, enter. Date appliances placed. Mos. treatment remaining?

Identify missing teeth with "x"		31. Examination and treatment plan — list in order from tooth no. 1 through tooth no. 32 — use charting system shown.					For administrative use only
Tooth # or letter	Surface	Description of service (Including x-rays, prophylaxis, materials used, etc.) Line No.	Date service performed mo. day year	Procedure number	Fee		
1			/ /				
2			/ /				
3			/ /				
4			/ /				
5			/ /				
6			/ /				
7			/ /				
8			/ /				
9			/ /				
10			/ /				
11			/ /				
12			/ /				
13			/ /				
14			/ /				
15			/ /				
16			/ /				
17			/ /				
18			/ /				
19			/ /				
20			/ /				

32. Remarks for unusual services

I hereby certify that the procedures as indicated by date have been completed and that the fees submitted are the actual fees I have charged and intend to collect for those procedures

Signed (Dentist) _____ Date: _____

Total Fee Charged	
Max. Allowable	
Deductible	
Carrier #	
Carrier pays	
Patient pays	



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Privacy Notice

AIG/American General understands that your privacy is important. You have received this notice in accordance with applicable state and federal laws and because you are a current or potential customer of one of our companies. This notice will help you understand what types of nonpublic personal information we may collect, how we use it and what we do to protect your privacy.

- Our employees, representatives, agents and selected third parties may collect nonpublic information about you, including:
 - Information provided to us, such as on applications or other forms
 - Information about transactions with us, our affiliates or third parties
 - Information from others, such as credit reporting agencies, employers, and federal and state agencies
- The types of nonpublic personal information that we collect vary according to the products provided and may include your name, address, Social Security number, account balances, income, assets, insurance premiums, coverage and beneficiaries, credit reports, marital status and payment history. We also may collect nonpublic personal health information, such as medical reports, to underwrite insurance policies, administer claims or perform other insurance or related functions.
- We restrict access to nonpublic personal information to those employees, agents, representatives or third parties who provide products or services to you and who have been trained to handle nonpublic personal information in conformity with this notice.
- We have policies and procedures that give directions to our employees, and to the agents and representatives acting on our behalf, regarding how to protect and use nonpublic personal information.
- We maintain physical, electronic and procedural safeguards designed to protect nonpublic personal information.
- We do not share nonpublic personal information about you except as permitted by law.

- We may disclose all types of nonpublic personal information that we collect, including information regarding your transactions or experiences with us, when needed, to:
 - (i) affiliated AIG/American General companies, including the American International Group family of companies, agents, employees, representatives and other third parties as permitted by law; or
 - (ii) other financial institutions with whom we have joint marketing agreements.
- Examples of the types of companies and individuals to whom we may disclose nonpublic personal information include banks, attorneys, trustees, third-party administrators, insurance agents, insurance companies, insurance support organizations, credit reporting agencies, registered broker-dealers, auditors, regulators and reinsurers.
- Unless authorized by you or by applicable law, we do not share your personally identifiable health information.
- Our privacy policy applies, to the extent required by law, to our agents and representatives when they are acting on behalf of AIG/American General.
- You will receive appropriate notice if our privacy policy changes.
- Our privacy policy applies to current and former customers.

This Privacy Notice is provided to you for informational purposes only. You do not need to call or take any action in response to this notice.

New Mexico and Vermont Residents Only:

Following the law of your state, we will not disclose nonpublic personal financial information about you to nonaffiliated third parties (other than as permitted by law) unless you authorize us to make that disclosure. Your authorization must be in writing. If you wish to authorize us to disclose your nonpublic personal financial information to nonaffiliated third parties, you may write to us at: American General Service Center, P.O. Box 4373, Houston, Texas 77210-4373.

This Privacy Notice is provided on behalf of the following companies:

AGC Life Insurance Company, AIG Life Insurance Company of Puerto Rico, AIG Life Insurance Company, AIG Life of Bermuda, Ltd., All American Life Insurance Company, American General Assurance Company, American General Indemnity Company, American General Life and Accident Insurance Company, American General Life Insurance Company of New York, American General Life Insurance Company of Pennsylvania, American General Life Insurance Company, American General Property Insurance Company of Florida, American General Property Insurance Company, American International Life Assurance Company of New York, Delaware American Life Insurance Company, North Central Life Insurance Company, Pacific Union Assurance Company, The American Franklin Life Insurance Company, The Franklin Life Insurance Company, The Old Line Life Insurance Company of America, The United States Life Insurance Company in the City of New York, USLIFE Credit Life Insurance Company of Arizona.