



Dental or Vision Claim Form

Participants of the Idaho Lawyer Benefit Plan should use the following form to submit Dental and / or Vision claims. Please complete the following steps:

1. Complete the form below
2. Attach a copy of the dental or vision service you received
3. Submit the information above using one of the following methods:
 - a. Fax to: (406) 523 - 3111
 - b. Mail to: Allegiance Benefit Plan Management, Inc.
PO Box 3018
Missoula, MT 59806-3018

Section 1: POLICY INFORMATION			
Employee Name	Employer Name	Policy Number / Group ID	
Claim Type:	DENTAL	or	VISION

If you have questions about the status of your claim please contact the Customer Service department at **1-800-877-1122**. You may also go online at www.idaholawyerbenefit.com to access information regarding your health plan. Follow these steps to register. Please note that you cannot create a login until after you are effective on the plan.

1. Log onto www.idaholawyerbenefit.com
2. Next click on "Employee and Employer Login"
3. Next click on "Register New User." You will then be required to verify some personal information. For privacy and security purposes we will mail you your password within one business day after registration.