

NAME:
REGARDING:

SS#:

SCHOOL CAFETERIA EMPLOYEES UNITEHERE LOCAL No. 634 HEALTH & WELFARE FUND

CLASSIFICATION: Cafeteria Workers
DATE OF HIRE: December 5, 2011

STATUS: Active

ISSUE: Dental – Late Claim Filing #D26/100-3451

FUND RULE:

“ARTICLE XIII – CLAIM PROCEDURES

Claim Filing Deadline

In order for a claim to be considered for payment, the claim must be submitted within a certain time frame. Read the following information carefully to determine the specific claim filing deadline for each benefit. **If you file a claim after the deadline, it will not be paid by the Fund.** This ‘Claims Procedures’ section describes the time period within which the claim must be approved or denied by the Fund and the procedures that you must follow to appeal any denial of the claim.

- **Dental Benefits – Claims must be filed no later than 1 year from the date of service. [...]**”

(School Cafeteria Employees UNITEHERE Local No. 634 Health & Welfare Fund SPD, August 2022, Page 34) (emphasis added)

SUMMARY:

Date(s) of Service:	February 5, 2024 and August 27, 2024
Claim(s) Received:	February 23, 2026 through March 3, 2026
Claim(s) Denied:	February 26, 2026 through March 6, 2026
Appeal Received:	May 26, 2026

The **participant** is appealing for payment of dental claims for her dependent daughter that were denied for untimely filing. The participant states, in summary, “Since receiving notice of the issue, I have been in consistent communication with the dental provider’s office in an attempt to ensure that all required documentation and claim submissions were properly processed. Unfortunately, despite these efforts, delays occurred that were outside of my control. As a parent, I made every reasonable attempt to follow up and facilitate resolution, trusting that the provider and administrative processes would handle the claim appropriately. The denial based solely on a time lapse does not reflect the continuous efforts made to address the matter in a timely and responsible manner.”

Records indicate that the participant called the Fund Office on July 22, 2025, regarding a dental bill for her daughter. The participant was given the Fund Office’s address and fax number for claim submissions at that time. The Fund Office received a call from a provider, Penn Dental Medicine, the following day on July 23, 2025, at which time the provider was given the claims filing address and fax number. The Fund Office did not receive any dental claims at that time. Several months later, the Fund Office received calls from Penn Dental Medicine on January 28, 2026 and February 2, 2026, at which time the provider indicated they would fax claims for processing.

The Fund Office received two claims from Penn Dental Medicine for services rendered on February 5, 2024. The claims forms were dated February 12, 2026 and February 19, 2026, and were first received by the Fund Office between February 23, 2026 and March 3, 2026. The provider noted on the claim form, “*Subscriber stated she was unaware of new insurance provider.*” Penn Dental Medicine also submitted a claim for services rendered on August 27, 2024. That claim form was dated February 12, 2026, and was first received by the Fund Office on February 23, 2026. The claims were denied because they were received later than one year from the respective dates of service.

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After the appeal was received, the Fund Office mailed letters to the participant and Penn Dental Medicine on June 2, 2026 and June 17, 2026 requesting complete billing notes, including a record of all submissions, and asking if the participant was billed. To date, there has been no response to these requests.

ACTION:

Approved

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Denied

☐

Tabled

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COMMENTS: