



Service Inquiry Form

Employee Benefits Center, LLC
58 Washington Street
Saratoga Springs, NY 12866
Tel: (518) 587-5252 | Fax: (518) 587-4713

Company Name:

Service Issue:

(Please check one.)

Claim Billing Membership/Enrollment Other

Client Name: Last, First

Date of Birth: MM/DD/YYYY

Social Security Number: ###-##-####

Subscriber Name/ Policy Holder (if different from above): Last, First

Date of Birth: MM/DD/YYYY

Social Security Number: ###-##-####

Brief Description:

Questioning the left over amount after the carrier paid. Can be reached at (518) 598-7777

Please submit all inquires to our fax: (518) 587-4713

OR

Mail to

Employee Benefits Center, LLC
58 Washington Street
Saratoga Springs, NY 12866