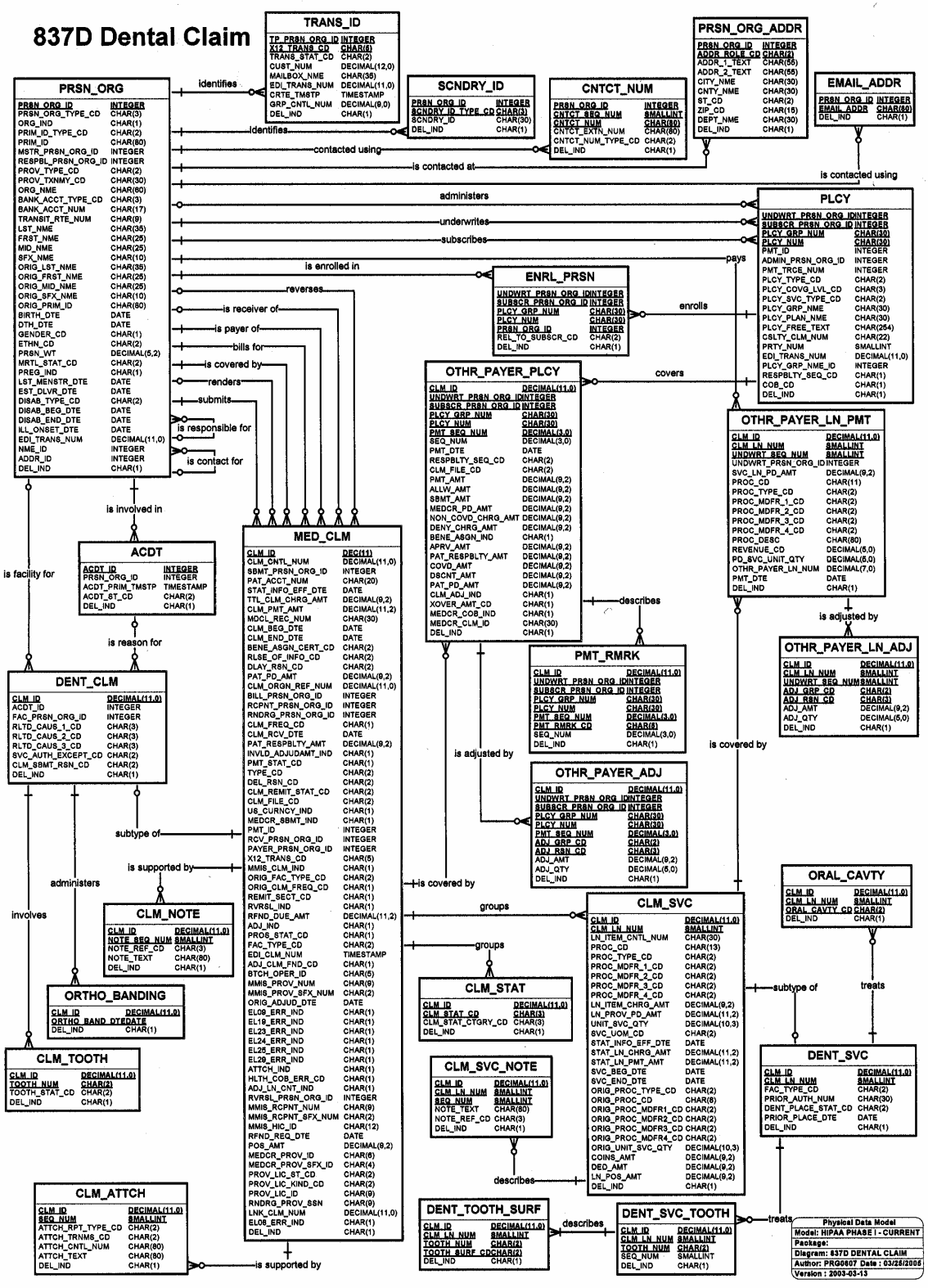837D Dental Claim