

Your ID card



Primary member

Joseph Mahoney V

CDPHP Medicaid™ | GROUP

CDPHP Medicaid-Select Plan|CDPHP

Member ID

DHK72550X00

Group number

19295-00001

Provided by Delta Dental Insurance Company

Bring your ID card with you to the dentist for every visit. Do not let someone else use your ID card. To find a dentist, go to: deltadentalins.com/allsmiles-ny

This card is for informational purposes only.

deltadentalins.com/allsmiles-ny

For additional information, please call 800-542-9782

Claims

Delta Dental dentists file claims for you. You only need to file a claim if you've seen an out-of-network dentist. If your dentist asks for a claims address, please provide the following:

Mail claims to:

Delta Dental Insurance Company
PO Box 1830
Alpharetta, GA 30023-1830

Or, they can log in to Provider Tools at deltadentalins.com/allsmiles-ny

For questions about claims, contact us at 800-542-9782

Disclaimers

This card is for informational purposes only and is not a guarantee of coverage. Please contact Delta Dental Insurance Company to confirm coverage at the time of your appointment.