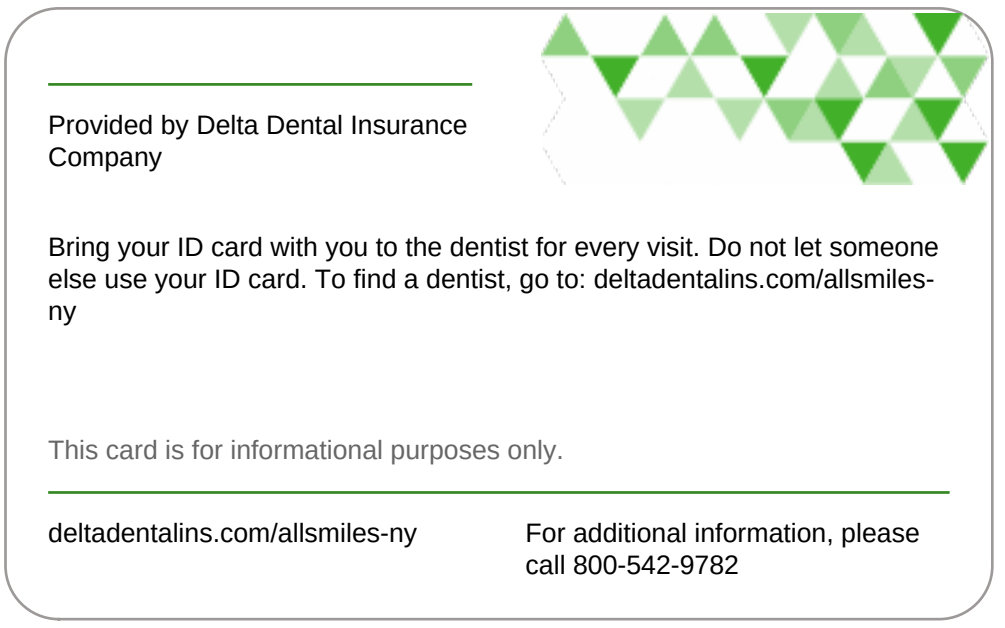
Your ID card



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.