Delta Dental
PO Box 828
Stevens Point, WI 54481-0828

SUSAN S SAMPLE
1234 MAIN ST
ANYWHERE, WI 12345

CITY OF MILWAUKEE - EPO PLAN
Group#: 01618-001-00000-00000 EPO
Effective Date: 01/01/2018
Coverage Type: SELF & FAMILY

Member#: 8000000000
Susan S Sample

To Submit Claims Electronically, use Payer # 39069

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DO NOT DISCARD - THESE ARE YOUR IDENTIFICATION CARDS

- Remember to show this card at each dentist appointment.
- This card is not a guarantee of coverage.
- To check the status of claims: **www.deltadentalwi.com**
- To find a dentist directory: **www.deltadentalwi.com**
- To contact by phone: **800-236-3712**
- To submit electronic claims: Use the payer number on the front of this card.
- To submit claims by mail: **Delta Dental of Wisconsin**
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