



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

SUSAN S SAMPLE
1234 MAIN ST
ANYWHERE, WI 12345



CITY OF MILWAUKEE - PPO PLAN
Group#: 01318-001-00000-00000 PPO
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

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- 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
P.O. Box 828
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