



Primary Enrollee

Quin Parker

Delta Dental PPO™

Provided by Delta Dental of California

Enrollee ID

273966479201

Group number

75645-00001

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 of California
PO Box 997330
Sacramento, CA 95899-7330

Or, they can log in to Provider Tools at:

deltadentalins.com

For questions about claims, contact us at:

800-422-4234

Learn more about [how to file a claim](#).

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.