



Enrollee Name: TRENISE SYKES

Enrollee ID: 120186722301

DELTA DENTAL OF CALIF.

Group Number: 00037-01015

Delta Dental PPOSM

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

Submit claims to:

Delta Dental of California

PO Box 997330

Sacramento, CA 95899-7330

Web Site: <http://deltadentalins.com>

For Additional Information Please Call: 888-335-8227

Detach and retain this card