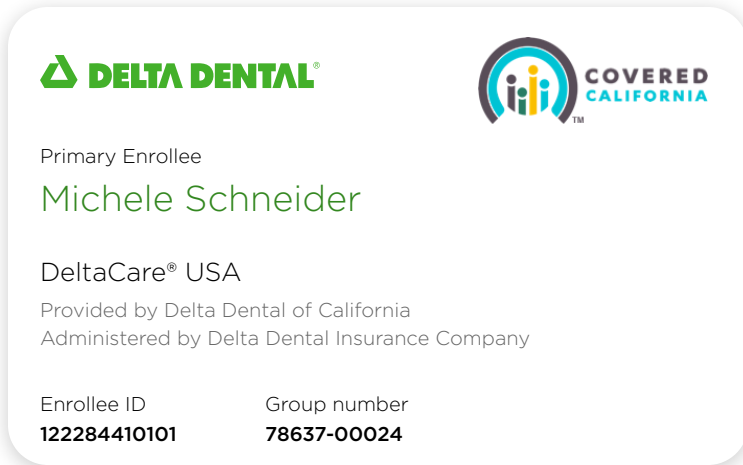


# Your ID card



## Claims

For **specialist referrals** and **emergencies**, contact your primary care facility.

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:**

Administered by Delta Dental Insurance Company  
PO Box 1803  
Alpharetta, GA 30023

**Or, they can log in to Provider Tools at:**

[deltadentalins.com](https://deltadentalins.com)

**For questions about claims, contact us at:**

800-471-7583

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.