

# Your ID card



Primary Enrollee

Arun Goel

Delta Dental PPO™

Provided by Delta Dental of California

Enrollee ID

238962257301

Group number

00422-00001

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

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

888-335-8227

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 of California to confirm coverage at the time of your appointment.