[Close Window] [Print]



Enrollee Name: KAMILA AIBEDULLOVA

Enrollee ID: 118494297001

TRADER JOE'S

Group Number: 02437-00010

Delta Dental PPO

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.

HIPAA Notice of Privacy Practices | Web Site Privacy Notice | © 2008 Delta Dental