



THE UNIVERSITY OF MICHIGAN

Member: Paul Dille

Member ID: 78408798

Group: 5970

Subgroup: 3001

Electronic Payor ID: DDPMI

Benefit Period: 01/01/2021 - 12/31/2021

Submit Paper Claims: Delta Dental of Michigan, PO Box 9085,
Farmington Hills, MI 48333-9085
Submit Appeal Inquiries: Delta Dental of Michigan, PO Box 30416
Lansing, Michigan 48909-7916
Customer Service: 800-524-0149
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