

✂ Cut around edge of card and fold in center.

**Policyholder**

- Remember to show this card at each dentist appointment.
- This card is not a guarantee of coverage.
- To check history of claims or find a dentist visit:  
[www.deltadentalcoversme.com](http://www.deltadentalcoversme.com)
- To reach us by phone: 888-899-3734

**Dental Office**

- To check patient benefits, eligibility and claims status visit:  
[www.deltadental.com](http://www.deltadental.com)
- To submit claims, use the Payer ID or address on the front of this card.
- To reach us by phone: 888-899-3734

Underwritten by Delta Dental of Washington



Delta Dental  
P. O. Box 103  
Stevens Point, WI 54481-0103

**Policyholder:** EZRA KIM  
**ID:** 07729164282

**Payer ID:** WDENC

**Delta Dental Ascent Plan**

**Covered Members:**  
EZRA KIM

**Effective Date:**  
10/01/2024

Delta Dental PPO Plus Premier™