

# Your ID card



Primary Enrollee

Rostom Mbarek

DeltaCare® USA

Provided by Alpha Dental Programs, Inc

Administered by Delta Dental Insurance Company

Enrollee ID

**122777273901**

Group number

**76987-00001**

## 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:**

ALPHA DENTAL PROGRAMS **MD - 04**  
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:**

800-422-4234

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 ALPHA DENTAL PROGRAMS to confirm coverage at the time of your appointment.