

[[Close Window](#)] [[Print](#)]



Enrollee Name: SPANDANA SIDDARAMANAGOWD
VITALAPURA

Enrollee ID: Z22691

Zscaler, Inc.

Group Number: 22001-00001

Delta Dental PPOTM

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](#)