

Welcome to the growing number of people who enjoy dental coverage through Delta Dental of Iowa. The following reference card is being provided for your convenience. The card indicates how you and your provider can access information about your dental benefits and file claims to us for services that have been provided.



**Delta Dental Premier
National Coverage**

For inquiries about your dental benefits, or to find a participating dentist,
Customer Service: **1-800-258-1415** Hearing Impaired: **1-888-287-7312**
Visit our website: www.deltadentalia.com
When calling Customer Service, please have the subscriber's Social Security Number ready to help us serve you better.

Mail claims to: **Delta Dental of Iowa
P O Box 9000
Johnston, IA 50131-9000**

This card is for reference purposes only and is not a guarantee that coverage is in force.

You will need to provide your name and date of birth, as well as the following, to your provider in order for claims to be filed correctly:

Subscriber Name:

Subscriber Social Security Number or Identification Number:

You are not required to display your name or identification number on your reference card, but if you choose to, please ensure you keep your card in a safe place.

IMPORTANT – THESE ARE YOUR IDENTIFICATION CARDS

FRONT of CARD

BACK of CARD