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**TO PLAN SUBSCRIBER:** Please present this identification card to your dentist whenever you or your eligible dependents receive care.

**TO DENTIST:** Please include all identification numbers when submitting a claim. Payment of benefits will be based on patient's eligibility at the time services are received.

**SUBMIT CLAIMS TO:**  
Delta Dental Plan of Oklahoma  
P.O. Box 548809  
Oklahoma City, OK 73154-8809  
- OR -  
Facsimile @ 405-607-2192  
For electronic claim filing, use the Oklahoma Payor I.D. No. www.deltadentalok.org  
800-522-0188

**Customer Service:**  
*Participating Dentist*  
405-607-2189 (Okla. City - local)  
800-990-7337  
*Subscribers and Groups*  
405-607-2100 (Okla. City - local)

\* THIS CARD IS NOT A GUARANTEE OF COVERAGE.

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**HELP FIGHT INSURANCE FRAUD!** For security purposes, please **DO NOT** print your name or social security number on this card.

**NOTE:** When attending the dentist, please provide the name and social security number of the employee covered under this plan, not those of the covered dependents.