



Delta Dental Premier

OKLAHOMA CITY FIRE FIGHTERS VEBA TRUST

Group No: 8567



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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 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

Customer Service:
 Participating Dentist
 405-607-2189 (Metro)
 800-990-7337
 Subscribers and Groups
 405-607-2100 (Metro)
 800-522-0188

* 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.