

**LOS ALAMOS NATIONAL****Delta Dental PPO****Group #: 4000-0001****MICHAEL LEITCH 101000002318051**

This card is for informational purposes and is not a guarantee of coverage. Please contact Delta Dental at the listing on the reverse to confirm eligibility at the time of your appointment.

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When arriving at your appointment, give your dentist your group number shown on the reverse of this card and the primary enrollee's name and identification number.

Submit claims to:

Delta Dental of California
P.O. Box 997330
Sacramento, CA 95899-7330

Toll-free: (800) 765-6003**E-mail: cms@delta.org****Web site: www.deltadentalins.com**