



A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION



Detach and retain this card.



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Website: **phsaddp.com**

Member Name _____

Member SSN _____ - _____ - _____

Group Number: **2000-2001**

Group Name: United States Public Health Service
Active Duty Dental Program

ID #72697 (4/13)

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This card is for identification purposes only and is not a guarantee of coverage under the United States Public Health Service Active Duty Dental Program.

Submit claims to: Delta Dental of California
PHS ADDP
P.O. Box 537009
Sacramento, CA 95853-7009

Customer Service toll-free: 855-343-2337

International Callers — dial direct: 916-858-4803

For assistance with international dialing instructions, please visit www.usa.att.com/traveler/index.jsp

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