



Please complete an Identification Card with your name. This is presented to you for your convenience when making dental visits. Another card has been included for your spouse. However, this should also be completed with **YOUR** name.

(Please cut on dotted lines)

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|  DELTA DENTAL ® Delta Dental Plan of Colorado Customer Service: (303) 741-9305 or (800) 610-0201 | Mail Claims to: P.O. Box 173803 Denver, Colorado 80217-3803 (303) 741-9300 |
| EPO IDENTIFICATION CARD | |
| CITY & COUNTY OF DENVER GROUP NAME | 6791 GROUP NUMBER |
| EMPLOYEE NAME CURRENT ELIGIBILITY SUBJECT TO DETERMINATION BY DDPG | |

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