

## **Claims Filing Information**

All claims should be submitted within 12 months of the date of service.

If your dentist is a participating dentist, the claim form will be available at the dentist's office.

If your dentist is nonparticipating, claim forms are available by calling Delta Dental of Minnesota National Dedicated Service Center at (800) 448-3815. You can also obtain the form online at

[http://www.deltadentalmn.org/content/files/Subscribers/Forms\\_Publications/claim\\_form.pdf](http://www.deltadentalmn.org/content/files/Subscribers/Forms_Publications/claim_form.pdf)

The Plan also accepts the standard American Dental Association (ADA) claim form used by most dentists.

The dental office will file the claim form with the Plan; however, you may be required to assist in completing the patient information portion on the form (Items 1 through 14). The claim form should be mailed to:

Delta Dental of Minnesota  
National Dedicated Service Center  
PO Box 59238  
Minneapolis MN 55459-9238

During your first dental appointment, it is very important to advise your dentist of the following information:

- YOUR DELTA GROUP NUMBER: 537482
- YOUR EMPLOYER (GROUP NAME): North Dakota Public Employees Retirement System
- YOUR IDENTIFICATION NUMBER (your dependents must use **YOUR** identification number)
- YOUR BIRTHDAY AND THE BIRTH DATES OF YOUR SPOUSE AND DEPENDENT CHILDREN

*If you have any questions on the claims submission process, contact Delta Dental at (800) 448-3815.*