

# CLAIMS FILING INFORMATION

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

## Participating Delta Dental Dentist

If your dentist is a participating Delta Dental dentist, the dental office is responsible for submitting your claims to Delta Dental of Minnesota.

## Nonparticipating Delta Dental Dentist

If your dentist is nonparticipating, claim forms are often available at your dental office. You can also obtain the form by logging into the online portal at

<https://www.deltadentalmn.org/members>.

The dental office may help to submit 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 next 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 of Minnesota at (800) 448-3815.*