



Group # _____

Name _____

Claim forms should be mailed to:

Delta Dental of Illinois

P.O. Box 5402

Lisle, IL 60532

Delta Dental of Illinois



Access to your claim and benefits information and a network dentist is only a click away at www.deltadentalil.com.

To find a network dentist, simply click Dentist Search in the Subscriber section of our home page.

To access eligibility, benefit and claim information anytime, anywhere, register on the Subscriber Connection (in the Subscriber section of our home page). You can also access claim information through our automated phone system at **800-323-1743**.

Also on www.deltadentalil.com, you can access the following key information and materials:

- Claim forms
- Claims appeal process
- Frequently asked questions (FAQS)
- Oral health information and tips, as well as recent news