



**When sending a claim for services performed by an out of country dentist, please include the following items:**

- ✓ Claim form-with member and patient information completed
- ✓ English translation
- ✓ A copy of the dated paid receipt from the dental office and method of payment. Please also include unit of currency used to make payment, for example: US dollars, Euros, Pesos, etc.
- ✓ A detailed explanation of the services rendered along with tooth numbers and surfaces if applicable.
- ✓ Each fee charged for each service
- ✓ Date of Service
- ✓ Dentists full name
- ✓ Dentists license number-if available
- ✓ Office address
- ✓ Member's phone number

Submit claims to:  
Delta Dental  
P.O. Box 9085  
Farmington Hills, MI 48333-9085

Email claims to:  
[internationalclaims@deltadentalmi.com](mailto:internationalclaims@deltadentalmi.com)

Once claims are submitted to us, we will reimburse you according to the terms and conditions of your existing Delta Dental coverage.