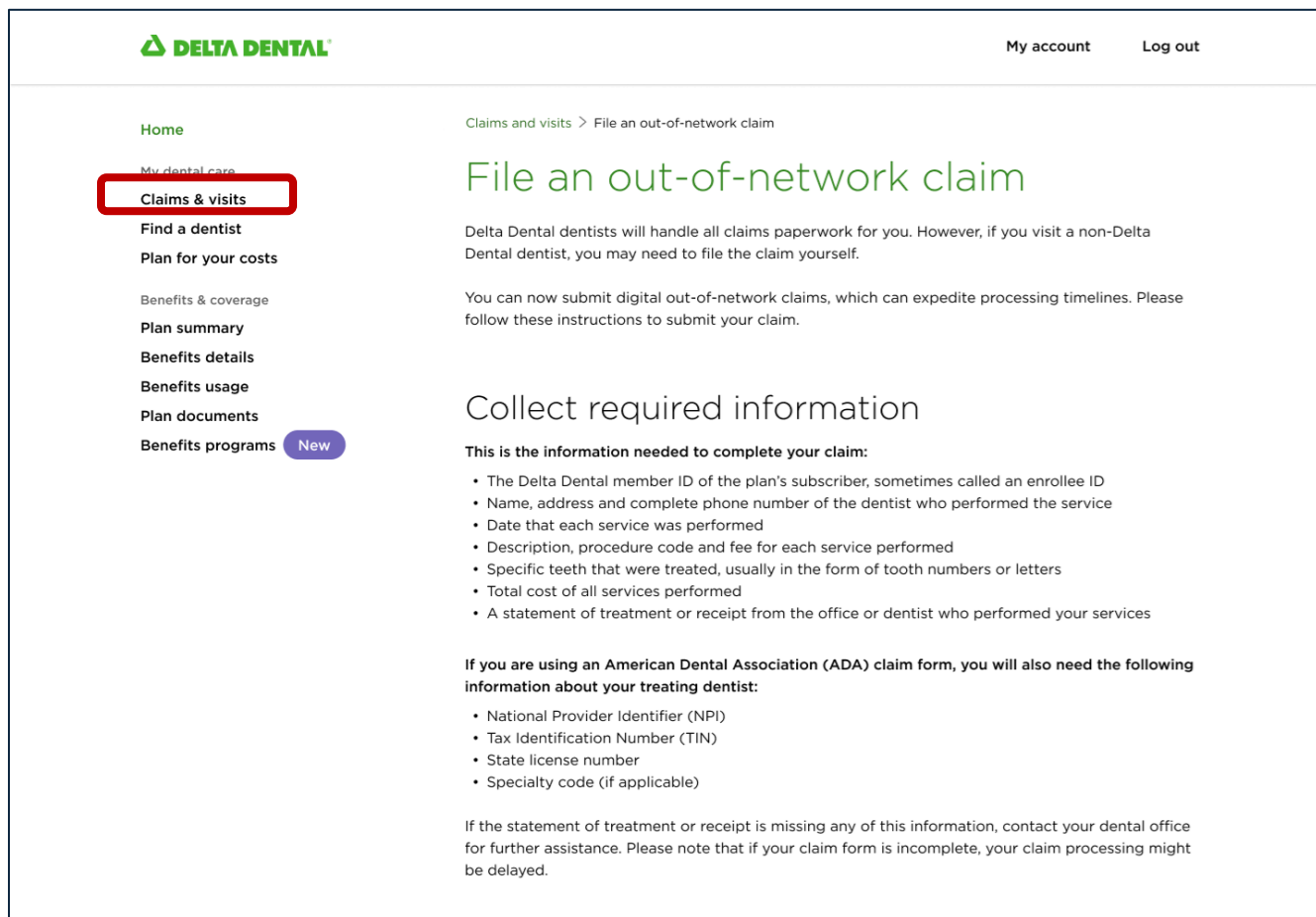


Delta Dental Out of Network Claim Submission How-to-guide

Login to your Delta Dental [account](#)

Click on Claims & visits > File an out-of-network claim

Review the required information needed to file the claim



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Claims and visits > File an out-of-network claim

File an out-of-network claim

Delta Dental dentists will handle all claims paperwork for you. However, if you visit a non-Delta Dental dentist, you may need to file the claim yourself.

You can now submit digital out-of-network claims, which can expedite processing timelines. Please follow these instructions to submit your claim.

Collect required information

This is the information needed to complete your claim:

- The Delta Dental member ID of the plan's subscriber, sometimes called an enrollee ID
- Name, address and complete phone number of the dentist who performed the service
- Date that each service was performed
- Description, procedure code and fee for each service performed
- Specific teeth that were treated, usually in the form of tooth numbers or letters
- Total cost of all services performed
- A statement of treatment or receipt from the office or dentist who performed your services

If you are using an American Dental Association (ADA) claim form, you will also need the following information about your treating dentist:

- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- State license number
- Specialty code (if applicable)

If the statement of treatment or receipt is missing any of this information, contact your dental office for further assistance. Please note that if your claim form is incomplete, your claim processing might be delayed.

After gathering all required information and documents, click on *Start a digital claim*

Submit your claim

The submission form requires you to:

- Indicate whether the service was performed in or out of the country. In country refers to all 50 United States and U.S. territories.
- Upload a claim form and statement of treatment or receipt from the office or dentist who performed the service
- Upload x-rays if applicable

Digital submission

For in-country claims

We provide a downloadable American Dental Association (ADA) claim form that can be filled in electronically if using a laptop or desktop. Enter your information in the form fields and attach a completed copy to your claim along with your invoice or receipt. Alternatively, you can print and fill in the ADA form manually, then upload a copy. When filling out the ADA form, please follow these [instructions](#).

For out-of-country claims

Please provide a completed claim form from the country where you received treatment, as well as your statement of treatment or receipt.

Single-Click to
START



Start a digital claim

Mail submission

To submit a paper claim, whether domestic or international, mail the original copies of a correctly-completed claim form and statement of treatment or receipt to this Delta Dental address: **P.O. Box 997330, Sacramento, CA 95899-7330**.

Before mailing, please make copies of both your claim form and receipt for your own records. Please note that mailed paper claims will take significantly longer to process than digital submissions.

What happens next?

Digitally-submitted claims with a correctly-completed ADA form are usually processed within 2-4 days. If we need more information, we'll reach out to you or your provider.

Out-of-country claims, or claims not using an ADA form, are usually processed within 4 weeks. If additional information is needed to process your claim, we will contact you. You may be required to contact the dentist who treated you for further details.

Provide details: subscriber information, treatment location, and required documents

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Claims and visits > File an out-of-network claim > Out-of-network claim submission

Out-of-network claim submission

If you visit a non-Delta Dental dentist or receive dental services outside of the United States, you must submit a claim form to receive reimbursement for out-of-pocket costs. Use this page to complete and expedite your digital out-of-network claim.

Please note that incomplete or missing information may delay processing and possible reimbursements.

Plan subscriber information

The plan's subscriber information is automatically drawn from your plan's information. This information is required, even if this claim is for a dependent.

Subscriber member ID

12345678

First name

John

Last name

Smith

Email address

john.smith@gmail.com

If we need additional details for your claim, we may reach out to you via email. If you need to update your email address, visit [My account](#) and update your information.

Where were your services performed?

Indicate whether your dental services for this claim were performed within the United States or outside of the country.

☐ In country ☐ Out of country

Required documents

Claim form

For in-country claims: Download, complete and attach a copy of the [American Dental Association \(ADA\) dental claim form](#).

Choose a file

Allowed file types: PDF, JPG, PNG
Maximum file size: 5MB
Maximum file count: 1 file

Selected files

Document file name 1 X

Statement of treatment

Your statement of treatment or receipt must show the full itemized cost of your services. If you have other supporting documents, please attach them here.

Choose a file

No file selected
Allowed file types: PDF, JPG, PNG
Maximum file size: 5MB
Maximum file count: 3 files

Does your claim include X-rays?

Indicate if your dentist took and provided x-rays as part of your services.

☒ Yes ☐ No

Choose a file

No file selected
Allowed file types: PDF, JPG, PNG
Maximum file size: 5MB
Maximum file count: 3 files

Submit claim

After submission, the confirmation page will display the Reference Number – In-Country

The screenshot shows the Delta Dental website's confirmation page for an in-country claim submission. The page features a green header with the Delta Dental logo and navigation links for 'My account' and 'Log out'. A left sidebar contains a menu of options: Home, My dental care, Claims & visits, Find a dentist, Plan for your costs, Benefits & coverage, Plan summary, Benefits details, Benefits usage, Plan documents, and Benefits programs (marked as 'New'). The main content area has a green heading 'You have submitted your claim' and a subheading 'Submission summary'. The summary box displays the reference number 12345678912345, the submission date of September 15, 2025, the service location as 'In country', and a list of submitted documents: 'Screenshot 2024-01-05 at 11 PM.png', 'ADA form.pdf', and 'x-rays_JohnSmith.jpeg'. A green button at the bottom of the summary box says 'Back to homepage'.

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You have submitted your claim

Thank you for submitting your digital claim. Based on your submission's information, **processing usually takes 2-4 days**.

If additional information is needed to process your claim, we will contact you or your provider. Once your claim has been processed, you will be able to view visit and cost details in [Claims and visits](#).

For any further assistance, please contact us at (888) 643-3139 and have your reference number ready.

Submission summary

Reference number
12345678912345

Date submitted
September 15, 2025

Service location
In country

Submitted documents
Screenshot 2024-01-05 at 11 PM.png
ADA form.pdf
x-rays_JohnSmith.jpeg

[Back to homepage](#)

Confirmation Page with Reference Number – Out of Country

This screenshot shows the Delta Dental website's confirmation page for an out-of-country claim submission. The layout is identical to the in-country page, but the 'Service location' in the submission summary is 'Out of Country'. The processing time is also different, stated as 'usually takes 2-4 weeks'. The rest of the page, including the navigation menu, header, and document list, remains the same.

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Benefits programs **New**

You have submitted your claim

Thank you for submitting your digital claim. Based on your submission's information, **processing usually takes 2-4 weeks**.

If additional information is needed to process your claim, we will contact you. If additional information is needed to process your claim, we will contact you. You may be required to contact the dentist who treated you for further details.

Once your claim has been processed, you will be able to view visit or cost details in [Claims and visits](#).

For any further assistance, please contact us at (888) 643-3139 and have your reference number ready.

Submission summary

Reference number
12345678912345

Date submitted
September 15, 2025

Service location
Out of Country

Submitted documents
Screenshot 2024-01-05 at 11 PM.png
ADA form.pdf
x-rays_JohnSmith.jpeg

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