



Compare your dental ID card to the examples below

You have Dental from
Mutual of Omaha

FRONT

United of Omaha Life Insurance Company 
Member 

DANIEL MOLIS
Member Name

831809389 **G000BEA4-A001-0007**
Member Number Group Number

SIT TEST GROUP 103 JC
Group Name

Dental PPO
Plan Type


www.mutualofomaha.com/dental 1-877-999-2330

BACK

Dental Claims Submission

Electronic Claims: Payer ID# CX087

Mail: PO Box 6560
Sherwood, AR 72124



Please contact our Customer Service Department at:
1-877-999-2330

Possession of this card does not guarantee eligibility or coverage.

You have DentaBenefits
from United Concordia

FRONT

UNITED CONCORDIA
Exclusive Underwriter of DentaBenefits

JOHN A. SAMPLE
Cardholder's Name

N00 00 0000 **A99999999**
Identification Number Group Number

ABC COMPANY
Group Name

DENTABENEFITS
Type Coverage

Visit our web site at www.dentabenefits.com or contact
Dental Customer Service toll free at 1-866-454-3190.

BACK

UNITED CONCORDIA
Exclusive Underwriter of DentaBenefits

To the Cardholder: This is your United Concordia Companies, Inc. identification card identifying you as a subscriber and is valid as long as your coverage is in effect. If you or any eligible dependent(s) require services, present this card to the dental provider. For a complete list of covered services, please refer to your certificate/benefit booklet.

Important: When submitting inquiries concerning your coverage, always include your group number as shown on the face of this card and your complete identification number.

Submit all claims to: United Concordia Companies, Inc.
Dental Claims
P.O. Box 69416
Harrisburg, PA 17106-9416

