

Delta Dental Claim **Superbill Reimbursement Instructions**

Complete and submit the Delta Dental Claim form

1. Complete in full – boxes 1 through 23
2. In the Record of Services Provided area, write “See Attached” and add an ITEMIZED invoice OR superbill that includes the following:
 - a. Procedure codes
 - b. Cost
 - c. Provider
 - d. Dental office location
 - e. License #
3. Sign box 36
4. Leave box 37 blank
5. Complete boxes 38 through 47
6. Leave the rest blank
7. Make a copy for your records.

Please contact Delta Dental directly for any follow up questions after you have submitted your claim.