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Website: **phsaddp.com**

Member Name \_\_\_\_\_

Member SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Group Number: **2000-2001**

Group Name: United States Public Health Service  
Active Duty Dental Program

PHSADDP ID #102978 (11/16)

Front

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This card is for identification purposes only and is not a guarantee of coverage under the United States Public Health Service Active Duty Dental Program.

**Submit claims to:** Delta Dental of California  
PHSADDP  
P.O. Box 537007  
Sacramento, CA 95853-7007

**Customer Service toll-free:** 855-343-2337

**International Callers — dial direct:** 916-858-4803

For assistance with international dialing instructions, please visit [www.usa.att.com/traveler/index.jsp](http://www.usa.att.com/traveler/index.jsp)

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