

[Member Login](#)[PROVIDER Login](#)[EMPLOYER Login](#)[BROKER Login](#)

Member Login

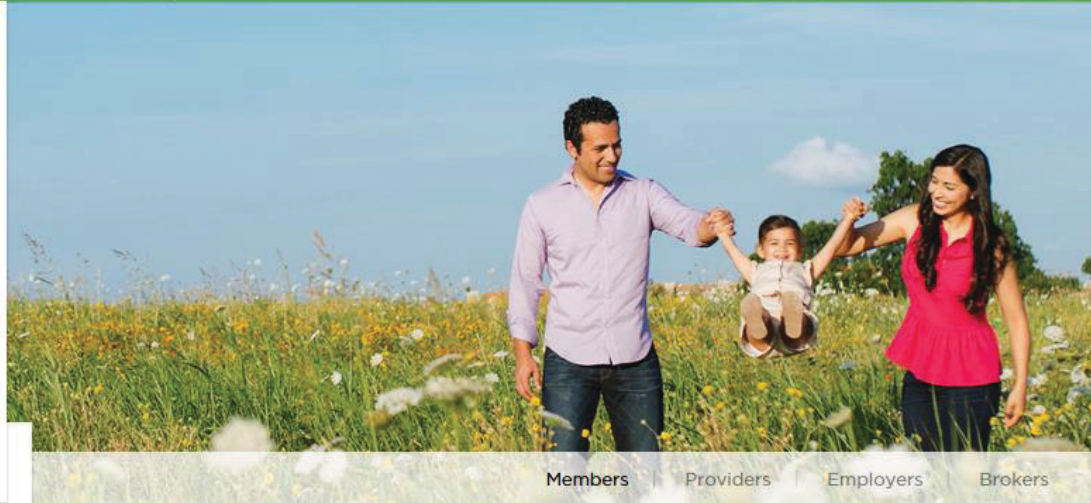
Username

Password

☐ Remember Me[Sign In](#)[New Users Register Here](#)Did you forget your [username](#) or [password](#)?If you need any help using our website, download this [quick training guide](#).

We recommend using Chrome or Firefox with this website. If you are using Internet Explorer and it is not displaying correctly, go to the menu bar, click on Tools, and make sure that Compatibility View is unchecked.

Please make sure that you are logging in under the correct tab: Member, Provider, Employer, or Broker. If you log in under the wrong tab, you will get an error message.

[Members](#)[Providers](#)[Employers](#)[Brokers](#)

Message to Providers: Important Information About Your Secure Log In

A recent system upgrade now requires an authorization code to log in. Upon logging in to your account, you'll be redirected to the national DDPA website and prompted to enter your authorization code. Please contact Delta Dental of Colorado at 303-889-8677 or 1-800-610-0201 to obtain your authorization code. Upon receipt of your authorization code, you can log in to your account to access national Electronic Remittance Advice.

Welcome to Delta Dental of Colorado

A nonprofit improving the oral health of the communities we serve.



Word of Mouth

Read why regular dental care is so important.



Choosing a Dental Plan

Find coverage for individuals.



Want Your Benefits on the Go?

Download our mobile app today.



Welcome, [REDACTED]
[Logout](#)
[Edit Account Information](#)



Delta Dental PPO

Group Name DELTA DENTAL
Group Number 000000012-00000010-0000
Subscriber Name [REDACTED]
ID# [REDACTED]
Effective Date 10/01/2013
BENEFIT SERVICES: 800-610-0201

[Print ID Card](#)

Find A Dentist

Search by Zip or Dentist Name

[Search](#)

Dentists Near You [View All](#)

Jennifer Rankin 0 miles away
(303) 690-4000 [Directions](#)

Michael Mingle 0 miles away
(303) 690-4000 [Directions](#)

Kimberly York 0 miles away
(303) 680-6000 [Directions](#)

Christopher Mehlhoff 0 miles away
(303) 680-6000 [Directions](#)

Michael Miller 0 miles away
(720) 870-0401 [Directions](#)

Dentists You've Visited

Steven Aragon 3 miles away
(303) 773-8228 [Directions](#)

Jean Link 4 miles away
(303) 773-8262 [Directions](#)

*This search tool is used to find network dentists only. It will only locate dentists connected to network plans.

Alerts



Today [x](#)

Coverage Summary For [REDACTED]

Subscriber
Spouse/Domestic
Partner

has: 0

Cleaning(s) Remaining and is
Allowed 2 in 12 Months

[DENTAL BENEFITS](#)

[COST ESTIMATOR](#)

[CLAIMS](#)

[FORMS](#)

Dental Benefits From 01/01/2018 Thru 12/31/2018

Benefit Deductible Information

Benefit	Type	Required			Met			Remaining		
		PPO Premier Non Par			PPO Premier Non Par			PPO Premier Non Par		
All Covered Classes Except D&P (and Ortho, if Covered)	Family coverage amount	\$150.00	\$150.00	NONE	\$0.00	\$0.00	NONE	\$150.00	\$150.00	NONE
All Covered Classes Except D&P (and Ortho, if Covered)	Individual coverage amount	\$50.00	\$50.00	NONE	\$0.00	\$0.00	NONE	\$50.00	\$50.00	NONE

In Network = (PPO) Out of Network = (Premier, Non Par)

Accumulation Combined by Status



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Delta Dental PPO

Group Name: DELTA DENTAL
Group Number: 00000012-00000010-0000
Subscriber Name: [REDACTED]
ID#: [REDACTED]
Effective Date: 10/01/2013
BENEFIT SERVICES: 800-610-0201

[Print ID Card](#)

Find A Dentist

Search by Zip or Dentist Name

[Search](#)

Dentists Near You [View All](#)

Jennifer Rankin (303) 690-4000	0 miles away Directions
Michael Mingle (303) 690-4000	0 miles away Directions
Kimberly York (303) 680-6000	0 miles away Directions
Christopher Mehlhoff (303) 680-6000	0 miles away Directions
Michael Miller (720) 870-0401	0 miles away Directions

Dentists You've Visited

Steven Aragon (303) 773-8228	3 miles away Directions
Jean Link (303) 773-8262	4 miles away Directions

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Alerts



Today [x](#)

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[COST ESTIMATOR](#)

[CLAIMS](#)

[FORMS](#)

Dental Care Cost Estimator

Our Dental Care Cost Estimator provides estimated cost ranges for common dental care needs. Our cost estimates reflect the range of fees charged by dentists in your area, both in and out of our dental networks.

*Zipcode:

Enter your ZIP code, or the ZIP code where you will seek dental care.

*Treatment Category:

Select the dental treatment or procedure needed.

Dentist Last Name:

Enter last name to search for a dentist.

[Get Cost Estimate](#)

[How are the Dental Care Cost Estimates calculated?](#)

[Does the Dental Care Cost Estimator account for my benefits plan in the estimate?](#)



Welcome, [REDACTED]
[Logout](#)
[Edit Account Information](#)

Delta Dental PPO

Group Name

DELTA DENTAL

Group Number

00000012-0000010-0000

Subscriber Name

[REDACTED]

ID#

[REDACTED]

Effective Date

10/01/2013

BENEFIT SERVICES: 800-810-0201

[Print ID Card](#)

Find A Dentist

Search by Zip or Dentist Name

[Search](#)

Dentists Near You [View All](#)

Jennifer Rankin
(303) 690-4000 0 miles away
[Directions](#)

Michael Mingle
(303) 690-4000 0 miles away
[Directions](#)

Kimberly York
(303) 680-6000 0 miles away
[Directions](#)

Christopher Mehlhoff
(303) 680-6000 0 miles away
[Directions](#)

Michael Miller
(720) 870-0401 0 miles away
[Directions](#)

Dentists You've Visited

Steven Aragon
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[Directions](#)

Jean Link
(303) 773-8262 4 miles away
[Directions](#)

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Alerts



Today [x](#)

Coverage Summary For [REDACTED]



Subscriber
Spouse/Domestic
Partner

[REDACTED] has: 0

Cleaning(s) Remaining and is
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[DENTAL BENEFITS](#)

[COST ESTIMATOR](#)

[CLAIMS](#)

[FORMS](#)

Claims from 01/01/2018 thru 12/31/2018

Show Claims for

From Thru [Go](#)

[View Summary Report](#)

[REDACTED] has \$0.00 in out of pocket expenses.
Entire Family has \$0.00 in out of pocket expenses.

SERVICE ON 02/14/2018

Claim [REDACTED] is Paid.
Pay Provider.
The Provider is Jean Link.

[View Claim](#)

Procedure	We Pay	You Pay
D0120 Periodic oral evaluation-established patient	\$46.00	\$0.00
D0274 Bitewings - four radiographic images	\$55.00	\$0.00
D1110 Prophylaxis-adult	\$84.00	\$0.00
Total	\$185.00	\$0.00



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DENTAL BENEFITS

COST ESTIMATOR

CLAIMS

FORMS

Forms

- [Claim Form](#)
- [Student Verification Form](#)
- [Release of Information - English](#)
- [Release of Information - Spanish](#)

Information

- [Guide to Your Explanation of Benefits \(EOB\)](#)