



# Supply Reorder Form

We are pleased to send the materials you requested. Please use this form for future supply orders.

Mail to: Marketing  
Northeast Delta Dental  
One Delta Drive  
PO Box 2002  
Concord, NH 03302-2002

For timely and accurate delivery of supplies, Northeast Delta Dental prefers receipt of forms either by mail or fax. You may fax your order to 603-223-1129, or call our supply line at 603-223-1372.

### All of the information listed below is required to expedite your order:

1. Group Number \_\_\_\_\_ Sublocation Number(s) \_\_\_\_\_

2. Group Name \_\_\_\_\_

3. Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Group Contact \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

| 5. Supplies Needed  | Quantity |
|---|----------|
| • Administrative Packet   | _____    |
| • Claim Form*   | _____    |
| • Dental/Summary Plan Description and Outline of Benefits                   | _____    |
| • Enrollment/Change Form*   | _____    |
| • EyeMed Vision Care Flyer  | _____    |
| • Guarantee Of Service Excellence <sup>SM</sup> (GOSE) Refund Request Form* | _____    |
| • Participating Dentist Directory   | _____    |
| • Termination Report*   | _____    |
| • Web Site Informational Flyer ("Just a Click Away")                        | _____    |
| • Other _____   | _____    |
| _____   | _____    |

\*For your convenience, the forms noted above (\*) may be downloaded from our Web site at [www.nedelta.com](http://www.nedelta.com)

**Please note:** The printed Participating Dentist Directory becomes outdated quickly; we encourage you and your employees to access the updated listing of participating dentists via our Web site.

I would prefer to have the convenience for my employees to have access to their Dental/Summary Plan Description booklet through my company intranet rather than having them mailed.

### Northeast Delta Dental Use Only

Date of Order: \_\_\_\_\_ Date Order Filled: \_\_\_\_\_