

cancellation to any third party properly designated by a covered person having a Cognitive Impairment or Functional Incapacity. Such notice shall contain all information required by law and shall be at least twenty-one (21) days prior to the expiration of the payment grace period.

If a request for reinstatement of coverage is Denied, notice shall be provided to the subscriber, to any designated third party, and to the person making the request. The denial shall include notification of a thirty (30) day period once the denial is received during which a hearing before the Superintendent may be requested.

Assignment of Benefits.

Benefits will be paid directly to a Participating Dentist. If the Dentist or Other Dental Provider does not participate with Delta Dental, payment will be made to the Subscriber unless the state in which the services were provided requires that assignment of benefits be honored. Delta Dental must receive written notice of an assignment on the claim form before payment for benefits is made.

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1-800-832-5700
TTY/Hearing Impaired

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603-223-1000
1-800-537-1715
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SAMPLE