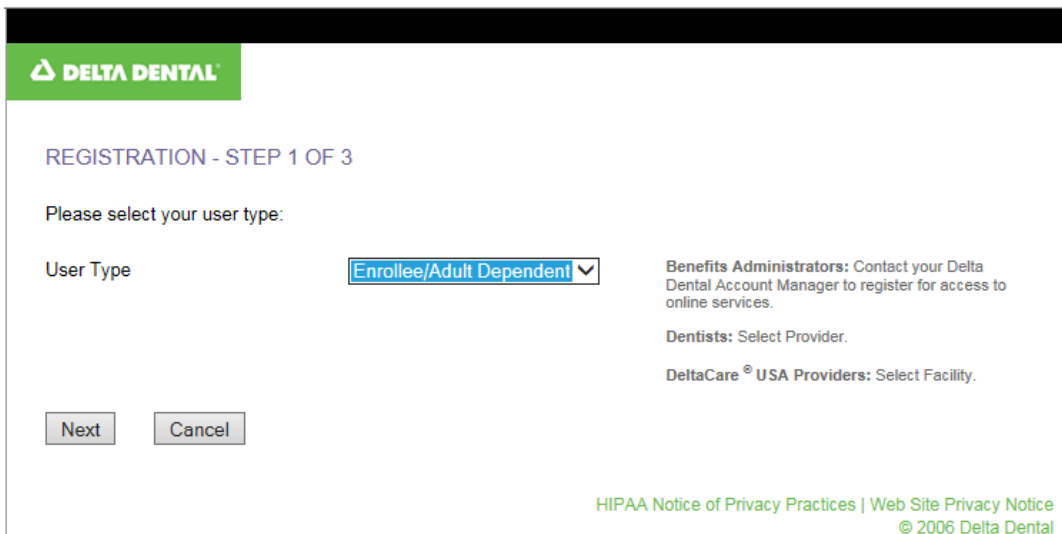


# Registration and log in

Using our website is easy. Once you complete our simple, 3-step registration process, just log in with your User ID and password to check on your claims, look up your benefits, print an ID card, find the average costs in your area for common dental procedures, and more!


## Step 1: Identify your user type



**DELTA DENTAL**

REGISTRATION - STEP 1 OF 3

Please select your user type:

User Type  

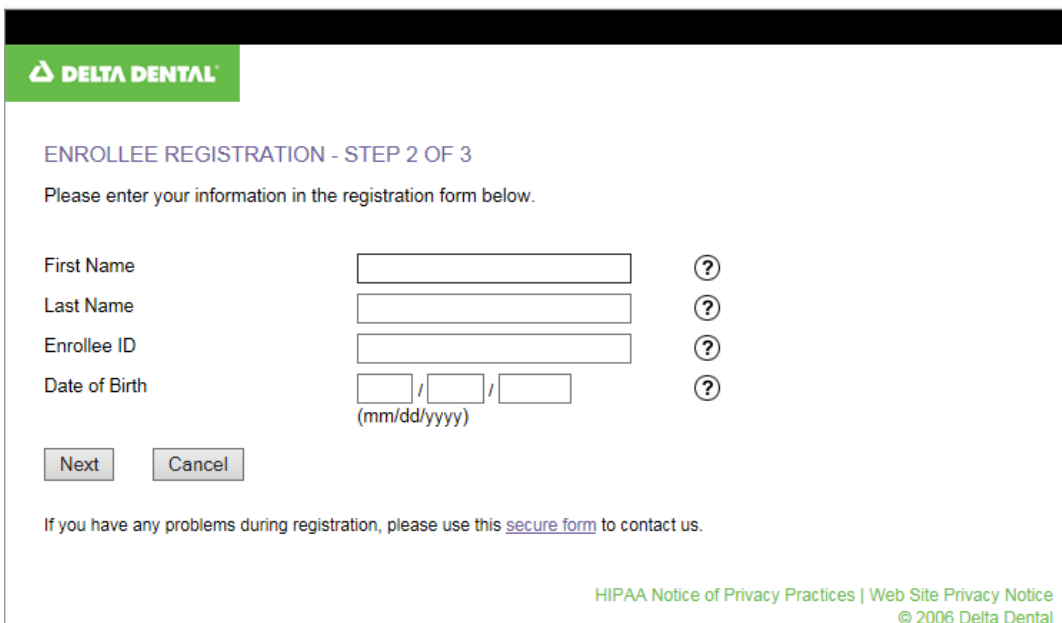
**Benefits Administrators:** Contact your Delta Dental Account Manager to register for access to online services.

**Dentists:** Select Provider.

**DeltaCare<sup>®</sup> USA Providers:** Select Facility.

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
## Step 2: Enter your personal information





**DELTA DENTAL**


ENROLLEE REGISTRATION - STEP 2 OF 3

Please enter your information in the registration form below.

First Name  

Last Name  

Enrollee ID  

Date of Birth  /  /    
(mm/dd/yyyy)

If you have any problems during registration, please use this [secure form](#) to contact us.

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Click on the "?" symbols to get help.

# Step 3: Create your user name and password

Choose a user name and password, and enter your email address. On this page, you will also be asked to choose a challenge question and answer, in case you forget your password. You may also be able to select electronic delivery of your claims statements.



## ENROLLEE REGISTRATION - STEP 3 OF 3

The following information has been validated and reflects what we have in our records.

First Name:  
Last Name:  
ID:  
Date of Birth:

Please enter the following information. Your user name and password will be used to sign you on to our system. Please record this information in a secure place.

Username	<input type="text"/>	?
Password (case-sensitive)	<input type="password"/>	?
Confirm Password	<input type="password"/>	?
E-mail Address	<input type="text"/>	?
Confirm E-mail	<input type="text"/>	?

Select a challenge question and enter an answer. If you forget your password, the system will prompt you with the challenge question. If you provide the answer entered below, you will be given a new password.

Challenge Question	<input type="text" value="Select:"/>	:
Challenge Answer	<input type="text"/>	?

### PREFERENCES

**Electronic Documents**  
Choose your statement delivery preference:  
 **Online with E-mail Alerts**  
Receive e-mail notifications when new statements can be viewed online (requires Adobe® Reader®).  
 **Mail**  
Receive statements by mail. No e-mail notifications.  
You may change this option at anytime or update the e-mail address where you will receive notice of electronic documents, by logging in and updating your profile.

I certify that I have read and agree to all [Terms and Conditions](#).

If you have any problems during registration, please use this [secure form](#) to contact us.