#### 1) GO TO DELTADENTAL.COM AND REGISTER.





### Register - step 1 of 3

 $\bigcirc$  I am either a dentist or associated with a dentist

O I am a member or adult dependent and have coverage with Delta Dental

○ I am a DeltaCare® facility

Proceed to step 2

#### 2) Your member ID is your social security number.

Find your Delta Dental

Sign in/Register

### Member registration - step 2 of 3

Please enter your information in the registration form below. Required fields are indicated with an asterisk (\*). <u>Contact us</u> if you are having difficulty registering.

(*Note:* Registration of a spouse or adult dependent is not currently supported for all states. Please check with the local Delta Dental company that handles your dental policy before registering.)

First name*	Last name*
Rhonda	Amorganos
Member ID* @	Date of birth [mm/dd/yyyy]*
	01/24/1967
ZIP code*	
44483	

## 3) You will be directed to Validate your Membership.

First Name	
Rhonda	
Last Name	
Amorganos Social Security Number	r Member ID of Subscriber
Amorganos Social Security Number	r Member ID of Subscriber
Amorganos Social Security Number Date of Birth 01/24/1967	r Member ID of Subscriber
Amorganos Social Security Number Date of Birth 01/24/1967 Select Member Type	r Member ID of Subscriber

# 4) And then to Create your account.

Create a Username 🕛		
ramorganos		
Email		
baldwinrhon@gmail.com		
330-647-7742		
Confirm Password		
Security Question 1		
Select a Question		
This field is required		

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5) Once registered, you can ORDER a new card and/or view and print your ID card.

△ DELTA DENTAL	номе	COVERAGE	CLAIMS	PROVIDERS	HELP	A RAMORGANOS124		LOGOUT
Welcome, RHOND/	A AMORGAN					DELTA DENTAL		
Account Overview						Member: RHONDA AMORGANOS Group: 1232 Electronic Payor ID: DDPOH Effective Date: 01/01/2023	Member ID: Subgroup: 0016 Benefit Period: 01/01/	<b>2</b> 023 - 12/31/2023
Contact Information	Account Overvi		EMBER ID CARD					
Privacy & Security	Primary Contact In	formation		Ρ	aperle	ss Preferences		
Logout	Home Address WARREN OH 44483 Resident				Check this (EOB). We documents EOBs. By cl	oox to opt-in to paperless delivery of your will stop sending paper copies, and instead become available to view in your portal ac tecking, you garee that you have read and	Explanation of Benef I send an email notifi count. Uncheck the b agree to the	its statements cation when new sox to receive paper
Primary Email Address baldwinrhon@gmail.com Primary				Ρ	Paperless T	erms and Conditions & Security		
	Primary Phone Number EDIT CONTACT INFORMATI	0 N			EDIT PR	IVACY & SECURITY		
	Survey Communica	tion Prefere	ences					

**Communication Methods**