DELTA PATIENT DIRECT®
Discount Dental Program

For Broker Use Only:
Do Not Submit to
Delta Dental of Oklahoma

DeltaPatient Direct Enrollment Sheet:

Select Plan Type:

Individual: ☐ $60.00

Family: ☐ $84.00

Client User Name & Password *(Case sensitive/Must not match)*

User Name:

Password:

Client Name:

First

Last

Client Address:

Street

City

State O K Zip

Client Contact Information:

Day Phone - -

Evening Phone - -

Fax - -

E-Mail

Client Member Information:

SSN - -

Date of Birth - - *(Example: 01/01/2004)*

Client Payment Method:

Note: Checking or Savings Drafts require 2-3 days for processing and I.D. cards are mailed within 7-10 business days. With Credit Card purchases, benefits and I.D. cards are available immediately.

Client Bank Account Information:

Account Type: ☐ Checking ☐ Savings

Account Number:

Bank Routing Number:

Bank Name:

Client Credit Card Billing Information:

Information as it appears on Credit Card: *In order to validate your credit card please fill in the following fields exactly as they appear on your credit card billing statement.*

Card Type: Visa ☐ Mastercard ☐

Card Number:

* Expiration Date: - *(Example: (01/2004)*

First Name

Street

Last Name

City

State

Zip

Fax: 405-793-0070

Mail: SeatonInsurance.com
10600 S Penn Ave Ste 16 #104
Oklahoma City OK 73170

For help call 405-793-7892 or toll free 866-473-2866