

# Materials for Members: ID Card



(800) 764-5393 TTY: (877) 855-8039  
www.libertydentalplan.com/kp-cova



DentalGuard Preferred  
Select Network

**NAME** JOHN Q. SAMPLE  
**ID#** 9999999999-01  
**PLAN** DENTAL CHOICE PPO  
**EFF DATE** 1/1/2024  
**GRP#** 123456789  
**DEPENDENTS** JANE SAMPLE 1/1/1970

Providers, please contact **LIBERTY Dental Plan** using one of the following options:

**Eligibility:** Toll Free (800) 764-5393  
www.libertydentalplan.com

EDI Payer ID: CX083

Members/Providers, please submit claims to:

Mail: LIBERTY Dental Plan  
Attention: Claims  
P.O. Box 15149  
Tampa, FL 33684-5149

Email: claims@libertydentalplan.com

THIS CARD DOES NOT GUARANTEE ELIGIBILITY