



GROUP NAME: ARLINGTON COUNTY VIRGINIA (GOVERNMENT)
GROUP #: 6289-0098 PLAN TYPE: Premier
CATEGORY: EMPLOYEE EFFECTIVE DATE: 07/01/2000
SUBSCRIBER #: 223-13-1426
SUBSCRIBER NAME: MINH KHUC

DOB: Jan. 12, 89

BENEFIT SERVICES 800-237-6060

TO PLAN SUBSCRIBER:

Please carry this Delta Dental Plan of Virginia Identification card with you and present it whenever you or your eligible dependents receive dental services.

TO DENTIST:

Please be sure to include the Subscriber Identification number appearing on the back of this card when submitting a claim. Payment of benefits will be based on the patient's eligibility at the time of service.

FOR CLAIMS RELATED INFORMATION, PLEASE FORWARD TO:



Delta Dental Plan of Virginia

4818 Starkey Road, S.W.

Roanoke, VA 24014

Internet Address: www.deltadentalva.com

Địa chỉ của em:

7813 MARTHAS Lane

FALLS CHURCH, VA. 22043

Tel. (703) 560-0058

Fax (703) 204-0394

Chị Sáu,

Em gửi thông tin của em về
cấp độ nhớ chị Sáu check
điểm em. Cảm ơn chị Sáu, thăm
cả nhà và con Hai.

SENDING REPORT

Aug. 16 2000 11:51AM

NO.	OTHER FACSIMILE	START TIME	USAGE TIME	MODE	PAGES	RESULT
01	713 847 3318	Aug. 16 11:50AM	00'59	SND	01	OK

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SENDING REPORT

Aug. 01 2000 02:40PM

NO.	OTHER FACSIMILE	START TIME	USAGE TIME	MODE	PAGES	RESULT
01	7032710321	Aug. 01 02:39PM	00'53	SND	01	OK

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Phúc ơi!

Gửi chị Thảo

(703) 560-0058