

When you receive checks from your dental insurance company, please do the following:

1. Call Fantastic Family Dental at 408-819-3443 and pay the amount displayed on the check over the phone with your credit card number. Once payment is made over the phone, please deposit the check.


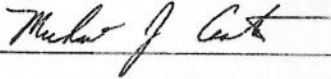
OR

2. Please write on the back of the check where it says ENDORSE "pay to the order of Doris J Lin DDS INC" and sign your signature. Scan front and back side of the check and email them to drlin@fantasticfamilydental.com

OR

3. Please write on the back of the check where it says ENDORSE "pay to the order of Doris J Lin DDS INC" and sign your signature. Drop off the check at our office during our office hours.

DO NOT ACCEPT THIS CHECK UNLESS YOU CAN VERIFY THE ULTRAVIOLET INK SIMULATED WATERMARK ON BACK AND PINK LOCK AND KEY ICON THAT FADES WHEN WARMED

 DELTA DENTAL [®]	P.O. Box 997330 Sacramento CA 95899-7330	WELLS FARGO BANK	CHECK NUMBER
		255 2ND AVE SOUTH MINNEAPOLIS, MN 55479	0057355152 0011-002471210
		DATE	AMOUNT
		03/07/2019	\$*****
PAY EXACTLY THREE HUNDRED FORTY-ONE AND 80/100 DOLLARS			
TO THE ORDER OF		DELTA DENTAL OF CALIFORNIA	
			
CHECK VALID FOR 365 DAYS			

THIS CHECK CONTAINS OVERT AND COVERT SECURITY FEATURES
ARTIFICIAL WATERMARK, THERMOCHROMATIC INK,
EXPLICIT WARNING STATEMENT, CHEMICAL REACTIVITY,
FLUORESCENT INK, AND MICROPRINTING

Endorse Here
X Pay to the order of Doris J. Lin DDS INC
(SIGN HERE)