



COMPREHENSIVE DENTAL PLAN

ApplicationNew Renewal

Referred by: _____

Please print clearly in blue or black ink, and answer all questions or indicate "not applicable."

YOUR PROFILE

| | | | |
|---|--------------|--------------|---|
| Name | Sex | M | F |
| Social Security # -or- Driver's License # | | | |
| Address (not a P.O. Box) | | | |
| City | State | ZIP | |
| Email Address | | | |
| Home Phone # | Work Phone # | Cell Phone # | |

YOUR SPOUSE PROFILE

| | | | |
|---|--------------|--------------|---|
| Name | Sex | M | F |
| Social Security # -or- Driver's License # | | | |
| Address (not a P.O. Box) | | | |
| City | State | ZIP | |
| Email Address | | | |
| Home Phone # | Work Phone # | Cell Phone # | |

YOUR CHILDREN

| | | | | | |
|------|-----|---|---|-----|-------------------|
| Name | Sex | M | F | Age | Social Security # |
| Name | Sex | M | F | Age | Social Security # |
| Name | Sex | M | F | Age | Social Security # |
| Name | Sex | M | F | Age | Social Security # |
| Name | Sex | M | F | Age | Social Security # |

Member Signature

Date

Please mail this completed application with appropriate payment (check or credit card) to:

Foothills Family Dental
605 S. College Ave. #100
Fort Collins, CO 80524

Make checks payable to *Foothills Family Dental*.

INDICATE PLAN TYPE(s) BELOW

| | Total Annual Cost | Quantity |
|-----------------------------------|-------------------|----------|
| Adult | \$495.00 | |
| Children (under age 15) | \$395.00 | |
| TOTAL | | |

CREDIT CARD INFORMATION

| | |
|----------------------|------------------------|
| Credit Card # | Expiration Date: |
| Authorized Signature | Visa - or - Mastercard |