



# FOOTHILLS FAMILY DENTAL

www.foothillsdentalfc.com | Phone: 970.482.6841

## COMPREHENSIVE DENTAL PLAN

### Application

New ☐

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	<b>\$495.00</b>	
Children (under age 15)	<b>\$395.00</b>	
<b>TOTAL</b>		

#### CREDIT CARD INFORMATION

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