



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:

CIRCLE PLAN TYPE BELOW

**Foothills Family Dental**

ATTN: Jeannie  
523 Remington Street  
Fort Collins, CO 80524

Make checks payable to Foothills Family Dental.

Total Annual Cost

**Single** \$247.00

**Dual** \$487.00

**Family** \$768.00

CREDIT CARD INFORMATION

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