



# 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:

**CIRCLE PLAN TYPE BELOW**

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

*Make checks payable to Foothills Family Dental.*

	Total Annual Cost
<b>Single</b>	<b>\$295.00</b>
<b>Dual</b>	<b>\$575.00</b>
<b>Family</b>	<b>\$865.00</b>

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