



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
Single	\$399.00
Dual	\$756.00
Family	\$1129.00

CREDIT CARD INFORMATION

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