



Comprehensive Dental Plan

Application New Renewal

Print clearly in black ink, and answer all questions or indicate "not applicable."

Preferred Dental Office Location: _____ Referred by _____

Your Profile

Name Sex M F E-Mail Address
Social Security # or Driver's License #
Address (not a P.O. Box)
City County State Zip
Home phone number Work phone number Cellphone number

Your Spouse Profile

Name Sex M F E-Mail Address
Social Security # or Driver's License #
Address (not a P.O. Box)
City County State Zip
Home phone number Work phone number Cellphone number

Your Children

Name Sex M F Age Social Security Number
Name Sex M F Age Social Security Number
Name Sex M F Age Social Security Number
Name Sex M F Age Social Security Number
Name Sex M F Age Social Security Number

Member Signature _____ Date _____

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

Mortenson Family Dental

Attn: Kathy Goodman
P.O. Box 43193
Louisville, KY 40253
(502) 376-4092

Circle One
Single \$227.00
Dual \$439.00
Family \$698.00

Make checks payable to Mortenson Family Dental.

Credit Card Number: _____ Expiration Date: _____

Authorized Signature: _____ Visa Master Card