



Comprehensive Dental Plan Application

New Renewal Practice Location: _____

Your Profile

Name _____ Sex: M F DOB: _____
Last Four Digits of SSN _____
Address (not a P.O. Box) _____
City _____ State _____ Zip _____
Home phone number _____ Work phone number _____ Cell phone number _____

Your Spouse Profile (If Applicable)

Name _____ Sex: M F DOB: _____
Last Four Digits of SSN _____
Address (not a P.O. Box) _____
City _____ State _____ Zip _____
Home phone number _____ Work phone number _____ Cell phone number _____

Your Children (If Applicable)

Name _____	Sex: M F	Age _____	Last Four Digits of SSN _____
Name _____	Sex: M F	Age _____	Last Four Digits of SSN _____
Name _____	Sex: M F	Age _____	Last Four Digits of SSN _____
Name _____	Sex: M F	Age _____	Last Four Digits of SSN _____
Name _____	Sex: M F	Age _____	Last Four Digits of SSN _____

Member Signature _____ Date _____

Coverage Type (Please Check One)

Single \$227.00
For 1 Adult or 1 Child

Dual \$439.00
For Parent/Child, Husband/Wife or
Child/Child

Family \$698.00
Includes children enrolled full-time in
college until age 26, or children not
enrolled full-time in college until age 18

Payment Type

Cash: Amount: _____ Check: No: _____ **Make checks payable to Mortenson Family Dental**

Credit Card #: _____ CVV: _____ Exp Date: _____
(Three Digit Code)

Authorized Signature: _____ **Visa MasterCard**

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

Mortenson Family Dental
Attn: Comprehensive Plan
P.O. Box 3082
Sioux City, IA 51102

For questions or concerns please call: (502)254-8535