

Application for In-House Dental Plan

Personal information:

Name _____ Email Address _____
Home Address _____ D.O.B _____
City _____ State _____ Zip _____
Home phone _____ Mobile _____ Work _____

Spouse's information:

Name _____ Email Address _____
Home Address _____ D.O.B _____
City _____ State _____ Zip _____
Home phone _____ Mobile _____ Work _____

Children's information:

Name _____	D.O.B _____	M / F _____
Name _____	D.O.B _____	M / F _____
Name _____	D.O.B _____	M / F _____
Name _____	D.O.B _____	M / F _____

Individual **\$450**

Each additional family member **\$400** X _____ = _____

Total (Annual Cost): _____

Applicant's signature _____ Date _____

Please make **check** payable to **McGann Family Dental**

Credit Card: AmEx Discover MC Visa

Card Number _____ Exp. Date _____ 3 or 4 digit CVV code _____

Cardholder's signature _____

Please mail or drop off completed application with corresponding payment to:

McGann Family Dental
8981 33rd St North
Lake Elmo, MN 55042

*****Please Note - This discount plan cannot be combined with any insurance.*****