Dr. Richard Murdoch, PC
501 S. Cherry Street Suite 230 Glendale, CO 80247
6979 S. Holly Circle Suite 185 Centennial, CO 80112
303-355-6340
www.murdochdds.com

Application Form for Freedom Dental Plan		
First Name:		**Last Name:**
Address:		
City, State, Zip:		
Email:		**Phone #** :
Social Security #		**DOB:**

List of Dependents to be covered by my plan:		
Name	**DOB**	**Relationship**

Credit Card Information:		
Credit card #	**Expiration Date**	**CVV**

I_____ authorize the office of Dr. Richard Murdoch to charge my credit card each year (up to one week before my anniversary date) the full annual cost to automatically renew my enrollment in the Freedom Dental Plan. Dr. Richard Murdoch's office will notify me when my payment for the next year has been successfully run.

If I choose to discontinue participating in the Freedom Dental Plan, I will notify their office in writing one month prior to my anniversary renewal date.

By signing below, I acknowledge that I have read and understand the Freedom Dental Plan, the benefits and limitations.

Member Signature:_____ Date:_____