



WILLIAMS FAMILY DENTAL

Keith E. Williams D.D.S., Inc.
Dr. Williams & Associates
2744 West Main Street • Visalia, CA 93291
559-734-6492
visaliasmiles.com

Application New Renewal

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

Your Profile

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

Your Spouse Profile

Name	Sex	M	F	E-Mail Address	
Social Security #	Driver's License #				
Address (not a P.O. Box)					
City				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 or fax this completed application with appropriate payment (check or credit card) to:

Williams Family Dental
Attn: Comprehensive Dental Plan
2744 West Main Street
Visalia, CA 93291
559-734-6492 • Fax 559-734-1653

Annual Fee - Circle One
Single Plan \$248.00
Dual Plan \$471.00
Dual Plan + \$100.00/Child

Make check payable to Williams Family Dental.

Credit Card Number: _____ Expiration Date: _____

Authorized Signature: _____ Visa _____ Master Card _____
Amex _____