Galligan & Villa, D.D.S.
4143 Richmond Avenue
Staten Island New York 10312
718-984-7700

Application for In House Dental Plan

Patient Information

Name_____ E-Mail_____

Address_____

City_____ State_____ Zip_____

Spouse's Information

Name_____E-Mail_____

Address_____

City_____ State_____ Zip_____

Children's Information

Name_____ M/F Date of Birth_____

Name_____ M/F Date of Birth_____

Name_____ M/F Date of Birth_____

Plan Costs
Adult individual plan,$395- _____
Spouse, $370 - _____
Children, $345- _____
Total-_____

I have received , accepted and agreed to the Terms and Limitations that have been provided for the " In House Dental Plan".

Applicant Signature_____ Date_____