



Building Leadership in Aging

Senior Low Income Dental Program

INSTRUCTIONS TO APPLY FOR A SENIOR ANSWERS AND SERVICES DENTAL GRANT

PLEASE READ BEFORE FILLING OUT THE ENCLOSED FORM

Call 303-333-3482 or 1-855-293-6911 or 1-855-880-4777 (Spanish) if you have questions.

Download application at <https://www.senioranswers.org/programs/dental-grants/>

FAX COMPLETED FORM TO 303-333-9112

Older adults age 60 and over who live in Adams, Arapahoe, Broomfield, Clear Creek, Delta, Denver, Douglas, Eagle, Garfield, Gilpin, Jefferson, La Plata, Mesa, Montrose, or Summit. county may apply for a grant for partial assistance with dental care (including covers exams, x-rays, extractions, fillings, full and partial dentures, relines and cleanings. The program will not cover crowns, root canals, fixed bridges, and implants. Priority is given to older adults who are in the greatest economic and social need.

HOW TO APPLY FOR A GRANT:

1. Complete the attached Application.
2. Select a dentist. You may select a dentist from the list or you may use your own dentist, but your dentist must be willing to accept the grant as payment in full.
3. Contact the dentist and ask if they will accept you as a patient on the Senior Answers and Services Dental Program.
4. Submit the completed Application to Senior Answers and Services, Dental Program, 1129 Pennsylvania St, Denver CO 80203 (Be sure to sign the Application Form and the HIPPA - Disclosure Form) **INCOMPLETE FORMS WILL BE RETURNED.**
5. You will be placed on the waiting list.

WHEN YOU ARE SELECTED TO RECEIVE A GRANT:

1. When funding is available, you will receive an Initial Grant Award Letter to make an appoint for an exam.
2. After your exam, a treatment plan will be submitted by your dentist for a grant to cover the necessary dental services.
3. When you receive the Final Grant Award Letter, make another appointment with the dentist to get your dental work completed. You will have 60 days to complete the work.
4. The dentist will request payment from Senior Answers.
5. **ANY CHARGES OVER THE AMOUNT APPROVED ARE THE PATIENT'S RESPONSIBILITY.**
6. The Low Income Senior Dental Program is not able to meet emergency needs.

THINGS TO KNOW:

1. The Senior Answers program is not insurance.
2. **ALL WORK THAT IS NOT COMPLETED BY JUNE 30, 2020 WILL NOT BE PAID BY THE GRANT.**
3. Grants are for a limited time. All work must be completed within 60 days.
4. There is no guarantee of a grant, as grants are dependent on funding availability.



Senior Low Income Dental Program

Required Documentation

Please include ALL of the following documents:

1. Copy of your driver's license, Colorado ID, legal alien card and/or passport with current address
2. Copy of your letter from the Department of Human Services if you receive Medicaid
3. Copy of your health insurance card (front and back)
4. Copy of your dental insurance card, if applicable ((front and back)
5. Copy of your dental discount card, if applicable (front and back)

Failure to provide these documents will delay processing your application.

Please sign ALL of the following pages:

1. Sign the Application Form on Page 5
2. Sign the HIPPA Authorization Form on Page 6
3. Sign the Affidavit of Lawful Presence on Page 7

NOTE:

IF YOU ARE CURRENTLY RECEIVING MEDICAID OR HAVE DENTAL INSURANCE, WE WILL NOT BE ABLE TO ASSIST YOU THROUGH THE SENIOR LOW INCOME DENTAL PROGRAM. YOU MAY APPLY, BUT YOU WILL RECEIVE A DENIAL LETTER.

Return the Signed Application and Attachments To:

**Colorado Gerontological Society
Senior Answers and Services Division
1129 Pennsylvania St
Denver, Colorado 80203
303-333-3482 • 303-333-9112 (fax)
www.senioranswers.org
FAX APPLICATION TO 303-333-9112**

This program is funded through the Colorado Department of Health Care Policy and Financing and private donations.



Senior Low Income Dental Program Application

Name: (Please Print)

First: _____ Middle: _____ Last: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (H) _____ (C) _____ Email _____

Date of Birth: _____ Social Security Number : _____

Gender: ☐ Male ☐ FemaleMarital Status: ☐ Single ☐ MarriedDo you live in an Assisted Living? ☐ Yes ☐ NoDo you live in a Nursing Home? ☐ Yes ☐ No**Alternate Contact:**

Name: _____ Phone: _____ Relationship: _____

Health Insurance:**ATTACH A COPY OF YOUR MEDICARE CARD, INSURANCE CARD AND/OR DENTAL INSURANCE CARD**Do you currently have Medicare? ☐ Yes ☐ No If so, what is your Medicare number? _____Do you currently have Medicaid? ☐ Yes ☐ No If so, what is your case number? _____Do you currently have Health Insurance? ☐ Yes ☐ No

Name of Health Insurance Company _____

Policy Number: _____

Do you currently have Dental Insurance? ☐ Yes ☐ No

Name of Dental Health Insurance Company _____

Policy Number: _____ Group: _____

Are you a veteran? ☐ Yes ☐ No If so, do you receive healthcare through the VA? ☐ Yes ☐ No**Monthly GROSS INCOME from ALL sources is:****SINGLE**

- ☐ Less than \$1011
- ☐ Between \$1012 and \$1300
- ☐ Between \$1301 and \$1871
- ☐ Between \$1872 and \$2657
- ☐ More than \$2658

MARRIED

- ☐ Less than \$1371
- ☐ Between \$1372 and \$1700
- ☐ Between \$1701 and \$2537
- ☐ Between \$2538 and \$3590
- ☐ More than \$3591

Language Ability: [Check all that apply]

- ☐ I have difficulty reading English, and require help to do so.
- ☐ I have difficulty writing English.
- ☐ I do NOT SPEAK enough English to talk to someone who only speaks English and have them understand.
- ☐ I do NOT UNDERSTAND enough English to speak to an English speaking person without the aid of an interpreter.

Race and/or Ethnicity: [Please Check]

- ☐ American Indian Alaska Native ☐ Black/African-American ☐ Hispanic/Latino ☐ Asian ☐ White
- ☐ Native Hawaiian/Other Pacific Islander ☐ Other (please specify) _____



Please list **ALL** sources of income and the monthly amount of income from each source:

- | | | |
|---|--|--|
| <input type="checkbox"/> Spouse's Income \$ _____ | <input type="checkbox"/> Employment \$ _____ | <input type="checkbox"/> Other not listed \$ _____ |
| <input type="checkbox"/> Social Security \$ _____ | <input type="checkbox"/> Social Security Disability \$ _____ | <input type="checkbox"/> Supplemental Security Income \$ _____ |
| <input type="checkbox"/> Old Age Pension \$ _____ | <input type="checkbox"/> Private Pension \$ _____ | <input type="checkbox"/> Veterans Pension \$ _____ |
| <input type="checkbox"/> Dividends \$ _____ | <input type="checkbox"/> Minerals/Royalties \$ _____ | <input type="checkbox"/> Farm/Rental Income \$ _____ |
| <input type="checkbox"/> Stocks/Bonds \$ _____ | <input type="checkbox"/> Interest \$ _____ | <input type="checkbox"/> Mutual Funds/Annuities \$ _____ |

NET WORTH - List ALL additional resources and amounts:

- | | |
|--|--|
| <input type="checkbox"/> Checking Account Balance(s) \$ _____ | <input type="checkbox"/> Savings Account Balance(s) \$ _____ |
| <input type="checkbox"/> Money Market(s) Balance(s) _____ | <input type="checkbox"/> IRA's Balance(s) \$ _____ |
| <input type="checkbox"/> Mutual Fund/Annuities Balance(s) \$ _____ | <input type="checkbox"/> Roth IRA's Balance(s) \$ _____ |
| <input type="checkbox"/> Farm Income/Rental Income (Annual) \$ _____ | |
| <input type="checkbox"/> Stocks (Market Value) \$ _____ | <input type="checkbox"/> Bonds (Market Value) \$ _____ |
| <input type="checkbox"/> Oil and Gas Income (Annual) \$ _____ | <input type="checkbox"/> _____ |

Check ALL benefits you currently receive:

- | | |
|---|---|
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Colorado Old Age Pension (OAP) | Medicare Savings Program (MSP) |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP/Food Stamps) | <input type="checkbox"/> Qualified Medicare Benefit (QMB) |
| <input type="checkbox"/> Low Income Energy Assistance Program (LEAP) | <input type="checkbox"/> Qualifying Individual 1 (QI-1) |
| <input type="checkbox"/> Rent Subsidy (Section 8 or HUD housing) | <input type="checkbox"/> Special Low-Income Medicare Benefit (SLIM-B) |
| <input type="checkbox"/> Colorado Property/Tax/Rent/Heat Rebate (PTC 104) | <input type="checkbox"/> Home and Community Based Services (HCBS) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Veterans Administration Benefits (VA Benefits) |
| <input type="checkbox"/> InnovAge (PACE Program) | <input type="checkbox"/> Tricare for Life/Military Benefits |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> A Health Maintenance Organization (HMO), Private Fee for Service (PFFS), Special Needs Plan (SNP) (please specify) |

Check ALL that apply:

ADLs (Activities of Daily Living)

- ☐ I can eat without help
- ☐ I can dress myself without help
- ☐ I can bathe myself without help
- ☐ I can use the toilet without help
- ☐ I can get in and out of bed/chairs without help
- ☐ I can get around inside my home without help

IADLs (Instrumental Activities of Daily Living)

- ☐ I can manage money without help
- ☐ I can take care of shopping without help
- ☐ I can take my medication without help
- ☐ I can prepare meals without help
- ☐ I can do ordinary housework without help
- ☐ I can use the telephone without help
- ☐ I can use transportation without help

Are you currently receiving assistance with ADLs and or IADLs? ☐ Yes ☐ No *If Yes, from whom:*

Name _____ Phone _____

Relationship _____



Dental Needs



Check ALL that apply

- ☐ I have difficulty chewing food
- ☐ Because of my dental problems, I have had to change the types of food that I eat
- ☐ My dental problems have caused me to gain or lose more than 10 pounds
- ☐ I am unwilling or embarrassed to smile because of the state of my teeth
- ☐ I have had ongoing problems with cavities, gum disease or another dental condition
- ☐ If other, please name condition(s) below

- ☐ I have an ongoing non-dental health problem that is impacting my oral health [please list condition(s) below]

Check ALL that apply

I may need dentures:

- ☐ My dentures are lost/broken or I have recently had all or some of my teeth removed.
- ☐ I have difficulty speaking because of my lack of teeth.
- ☐ I cannot eat solid food
- ☐ Even without smiling, I am ashamed to go out because of my appearance.

My existing denture(s) may need alteration:

- ☐ My current denture no longer works for me (improper fit, lack of anchor)
- ☐ My denture is causing sores in my mouth well after the adjustment period
- ☐ I am having trouble swallowing because of the poor fit of my denture/plate
- ☐ I am having trouble speaking because of the poor fit of my denture/plate

I may have other dental needs:

- ☐ I am frequently in noticeable pain
- ☐ I have teeth that are outwardly decayed or broken
- ☐ The pain in my mouth sometimes affects my ability to brush and floss my other teeth
- ☐ I have had infections in my mouth due to the current condition of my teeth

CHOOSE A DENTIST

1. Choose a dentist from the attached list (or ask your personal dentist if he/she will accept a grant from our program)
2. Call the dentist to ask if they will take you as a patient with Senior Answers and Services dental program.

Dentists Name: _____

Clinic/Office name: _____

Address: _____ City/Zip: _____

Phone: _____ Fax: _____

PLEASE SIGN

By signing and dating below, I certify that the above information on this application is true and to the best of my ability. Under penalty of perjury if I have falsified any of the above information, I understand that my grant will be terminated and that I will be responsible for paying any monies paid on my behalf to the Colorado Gerontological Society within 10 days in which the grant is terminated. I also understand that failure to pay may result in further legal action.

SIGNATURE _____ DATE ____/____/____

EMERGENCY CONTACT _____ PHONE _____



HIPPA Authorization to Disclose Information to the Colorado Gerontological Society

I voluntarily authorize and request disclosure to the Colorado Gerontological Society, Senior Answers and Services Division of such medical information as may be needed to provide the necessary care for me including through written, spoken and electronic communication.

WHAT INFORMATION WILL BE DISCLOSED?

All records and other information regarding dental assessments, recommended treatments, dental work performed as well as not performed or declined, referrals to other dental providers, and complicating medical conditions or other impairments, as well as information about how my impairments affect my ability to complete the authorized treatment plan.

WHO MAY DISCLOSE INFORMATION ABOUT ME?

All dental and medical sources including but not limited to: dentists, oral surgeons, hospitals, clinics, labs, physicians, psychologists, mental health workers, correctional, addiction treatment, VA health care facilities, social workers, case managers, case workers, rehabilitation counselors, consulting dental providers, employers, and others who may know about my condition such as the person who helps me fill out this form, family, interpreters, friends, neighbors, and public officials.

TO WHOM MAY INFORMATION BE DISCLOSED?

To the Colorado Gerontological Society, Colorado Department of Health Care Policy and Financing, and other agencies or organizations that fund or finance this program, or which help to administer this dental program, program auditors, dental providers, and other medical professionals consulted.

THE PURPOSE OF THIS AUTHORIZATION IS

To determine the specific services for which this project will make a grant, to monitor the provision of services leading to successful completion of the authorized treatment plan, or terminate of treatments and the grant.

GENERAL PROVISIONS

This authorization is good for five years from the date signed (next to my signature below). I authorize the use of a photocopy, faxed copy, or other electronic copy of this form for the disclosure of the information described above. I may write to the Colorado Gerontological Society to revoke this authorization at any time. The Colorado Gerontological Society will give me a copy of this authorization if I request it by phone or in writing.

Complete and sign below if you agree to the above statements so we can share the information needed to serve you.

Name: _____ Date of Birth _____/_____/_____

Address: _____ City/Zip: _____

Phone: (H) _____ (C) _____ Email _____

State Medicaid ID Number (if applicable): _____ Social Security Number _____

I have carefully read, understand and agree to the above disclosures.

SIGNATURE: _____ DATE: _____/_____/_____



**AFFIDAVIT FOR LAWFUL PRESENCE
COLORADO INDIGENT CARE PROGRAM**

I, _____, swear of affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- ☐ I am a United States citizen.
- ☐ I am not a United States citizen but I am a Permanent Resident of the United States.
- ☐ I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a “state public benefit”, as that term is defined under section 24-76.5-102(3), C.R.S. (2016). I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this state public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under section 18-8-503 C.R.S. (2016), and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature: _____

Date: _____

FOR INTERNAL USE ONLY

Please mark the box that indicates which document was verified for lawful presence and keep a photocopy of the document present in the applicant’s file.

- ☐ A current, valid Colorado driver’s license or a Colorado identification card, issued pursuant to article 2 of title 42, C.R.S., unless that license or card states: “Not Valid for Federal Identification, Voting, or Public Benefit Purposes”, or
- ☐ Any out-of-state driver’s license or state-issued identification card if that state requires that the Applicant prove lawful presence prior to issuance of the license or identification card, or
- ☐ A United States military or a military dependent’s identification card, or
- ☐ A United States Coast Guard Merchant Mariner card, or
- ☐ A Native American tribal document, or
- ☐ Other documentation pulled from SAVE or found on a Federal list of acceptable documentation for establishing lawful presence (see 1 CCR 204-30 §§ 2.1.4 and 2.1.6)
Name of document accepted (include document number): _____
Date verified in SAVE (if applicable): _____

First Name	Last Name	Address	Clinic Name	City	State	Zip	Work Phone
Gregory	Schlagel, DDS	710 Eppinger Blvd	AAA Family Dental Center I	Thornton	CO	80229	(303) 289-3358
Eugene	Kang, DDS	724 Peoria St	Aurora Dental Group	Aurora	CO	80011	(303) 745-2052
Kathy	Tomlinson, DDS	724 Peoria St	Aurora Dental Group	Aurora	CO	80011	(303) 745-2052
Arnold	Cullum, DDS	1732 Blake St	Blake Street Dental P.C.	Denver	CO	80202	(303) 814-2200
Lonnie	Johnson, DDS	UCSDM 13065 E 17th Ave, MS F834	c/o Fabian Walker	Aurora	CO	80045	(303) 724-7047
Cameron	Auger, DDS	19245 E Smoky Hill Rd Unit B	Cameron Auger DDS, PC	Centennial	CO	80015	(303) 680-3308
Dwight	Bratton, DDS	2356 Meadows Blvd Ste 170-B	Castle Rock Dental Group PC	Castle Rock	CO	80109	(303) 663-6030
Chad	Carubia, DDS	2356 Meadows Blvd Ste 170-B	Castle Rock Dental Group PC	Castle Rock	CO	80109	(303) 663-6030
Michael	Miller, DDS	2356 Meadows Blvd Ste 170-B	Castle Rock Dental Group PC	Castle Rock	CO	80109	(303) 663-6030
Michael	Rowlette, DDS	2356 Meadows Blvd Ste 170-B	Castle Rock Dental Group, PC	Castle Rock	CO	80109	(303) 663-6030
Jana	Rausa, DDS	2161 S Chambers Rd	Chambers Court Dentistry	Aurora	CO	80014	(303) 369-7735
		101 Fawcett Rd. #170	Comfort Dental Avon	Avon	CO	81620	(970) 949-7911
Constanza	Cubillos, DDS	7990 N Sheridan Blvd	Comfort Dental 80th & Sheridan	Westminster	CO	80003	(303) 650-4101
Ian	Ferguson, DMD	7990 N Sheridan Blvd	Comfort Dental 80th & Sheridan	Westminster	CO	80003	(303) 650-4101
Jason	Heintz, DDS	11625 W Belleview Ave	Comfort Dental Belleview & Simms	Littleton	CO	80127	(303) 972-8700
Katrina	Rojohn, DDS	11625 W Belleview Ave	Comfort Dental Belleview & Simms	Littleton	CO	80127	(303) 972-8700
Tam	Than, DDS	11625 W Belleview Ave	Comfort Dental Belleview & Simms	Littleton	CO	80127	(303) 972-8700
Dan	Anderson, DDS	315 E Bromley Ln	Comfort Dental Brighton	Brighton	CO	80601	(303) 659-1125
John	Bethers, DDS	315 E Bromley Ln	Comfort Dental Brighton	Brighton	CO	80601	(303) 659-1125
Dustin	Craven, DDS	315 E Bromley Ln	Comfort Dental Brighton	Brighton	CO	80601	(303) 659-1125
David	Dinsmore, DDS	201 University Blvd #101	Comfort Dental Cherry Creek	Denver	CO	80206	(303) 321-2233
Mark	Jolstad, DDS	201 University Blvd #101	Comfort Dental Cherry Creek	Denver	CO	80206	(303) 321-2233
Todd	Light, DDS	201 University Blvd #101	Comfort Dental Cherry Creek	Denver	CO	80206	(303) 321-2233
Braden	Robbins, DDS	201 University Blvd #101	Comfort Dental Cherry Creek	Denver	CO	80206	(303) 321-2233
Owen	Eames, DDS	7201 Monaco St	Comfort Dental Commerce City	Commerce City	CO	80022	(303) 287-2755
Rachel	O'Connor, DDS	7201 Monaco St	Comfort Dental Commerce City	Commerce City	CO	80022	(303) 287-2755
H Ramsey	Warner, DDS	7201 Monaco St	Comfort Dental Commerce City	Commerce City	CO	80022	(303) 287-2755
Teniel	Seifert, DDS	25597 Conifer Rd Unit 100	Comfort Dental Conifer	Conifer	CO	80433	(303) 838-2811
David	Garmire, DMD	4450 W 38th Ave Unit 110	Comfort Dental Denver	Denver	CO	80212	(303) 455-2273
Evan	Gaubatz, DMD	4450 W 38th Ave Unit 110	Comfort Dental Denver	Denver	CO	80212	(303) 455-2273
Lyda	Martinez, DDS	4450 W 38th Ave Unit 110	Comfort Dental Denver	Denver	CO	80212	(303) 455-2273
Gary	Saddler, DDS	4450 W 38th Ave Unit 110	Comfort Dental Denver	Denver	CO	80212	(303) 455-2273
Robert	Unrath, DDS	4450 W 38th Ave Unit 110	Comfort Dental Denver	Denver	CO	80212	(303) 455-2273
		1125 S Camino Del Rio #300C	Comfort Dental Durango	Durango	CO	81303	(970) 259-4324
Richard	Doerhoff, DDS	2131 S Chambers Rd	Comfort Dental East Aurora	Aurora	CO	80014	(303) 750-2273

First Name	Last Name	Address	Clinic Name	City	State	Zip	Work Phone
Richard	Heideman, DDS	2131 S Chambers Rd	Comfort Dental East Aurora	Aurora	CO	80014	(303) 750-2273
Sofie	Magaril, DDS	2131 S Chambers Rd	Comfort Dental East Aurora	Aurora	CO	80014	(303) 750-2273
Matt	Tobkin, DDS	2131 S Chambers Rd	Comfort Dental East Aurora	Aurora	CO	80014	(303) 750-2273
Jeff	Varner, DMD	2131 S Chambers Rd	Comfort Dental East Aurora	Aurora	CO	80014	(303) 750-2273
Matt	Carlston, DDS	2725 S Colorado Blvd	Comfort Dental Englewood	Denver	CO	80222	(303) 783-0100
Heath	Colledge, DMD	17531 S Golden Rd	Comfort Dental Golden	Golden	CO	80401	(303) 278-6953
Todd	Holman, DDS	17531 S Golden Rd	Comfort Dental Golden	Golden	CO	80401	(303) 278-6953
Stuart	Long, DDS	17531 S Golden Rd	Comfort Dental Golden	Golden	CO	80401	(303) 278-6953
Paulette	Porzio-Dilizia, DDS	17531 S Golden Rd	Comfort Dental Golden	Golden	CO	80401	(303) 278-6953
Tyson	Black, DDS	2650 North Ave Ste 101	Comfort Dental Grand Junction	Grand Junction	CO	81501	(970) 255-1222
James	Bradley, DDS	2650 North Ave Ste 101	Comfort Dental Grand Junction	Grand Junction	CO	81501	(970) 255-1222
Scott	Stoddard, DDS	2650 North Ave Ste 101	Comfort Dental Grand Junction	Grand Junction	CO	81501	(970) 255-1222
Eric	Boucher, DDS	6800 W Alameda Ave	Comfort Dental Lakewood	Lakewood	CO	80226	(303) 727-9100
Benjamin	Butler, DDS	6800 W Alameda Ave	Comfort Dental Lakewood	Lakewood	CO	80226	(303) 727-9100
Nathan	Eames, DDS	6800 W Alameda Ave	Comfort Dental Lakewood	Lakewood	CO	80226	(303) 727-9100
Patrick	Flood, DDS	6800 W Alameda Ave	Comfort Dental Lakewood	Lakewood	CO	80226	(303) 727-9100
Mike	Love, DDS	6800 W Alameda Ave	Comfort Dental Lakewood	Lakewood	CO	80226	(303) 727-9100
David	Kim DDS	881 N Federal Blvd	Comfort Dental Mile High	Denver	CO	80204	(303) 825-0013
Jim	Parfitt, DDS	881 N Federal Blvd	Comfort Dental Mile High	Denver	CO	80204	(303) 825-0013
Timothy S	Heward, DDS	1807 S Townsend Ave	Comfort Dental Montrose	Montrose	CO	81401	(970) 744-4887
Ryan	Mangrum, DMD	1807 S Townsend Ave	Comfort Dental Montrose	Montrose	CO	81401	(970) 744-4887
John	Wood, DDS	1807 S Townsend Ave	Comfort Dental Montrose	Montrose	CO	81401	(970) 744-4887
Bridger	Jensen, DDS	8700 W 101st Ave	Comfort Dental Oral Surgery	Westminster	CO	80021	(303) 865-7550
Trevor	Johnson DMD	8700 W 101st Ave Ste 300	Comfort Dental Oral Surgery	Westminster	CO	80021	(303) 865-7550
Matt	Carlston, DDS	354 Blue River Parkway	Comfort Dental Summit County	Silverthorne	CO	80498	(970)262-2273
Andrei	Baskakov, DDS	16981 E Quincy Ave #D1-D3	Comfort Dental Quincy & Buckley	Aurora	CO	80015	(303) 617-8400
Trevor	Maxwell, DDS	16981 E Quincy Ave #D1-D3	Comfort Dental Quincy & Buckley	Aurora	CO	80015	(303) 617-8400
Neil	Zimmet, DDS	12380 W 64th Av	Comfort Dental West Arvada	Arvada	CO	80004	(303) 421-7000
Cory	Higginbotham, DDS	10350 N Federal Blvd Ste 300	Comfort Dental Westminster	Denver	CO	80260	(303) 427-2722
Hiba	Kellow, DDS	10350 N Federal Blvd Ste 300	Comfort Dental Westminster	Federal Heights	CO	80260	(303) 427-2722
Mike	Mierzejewski, DDS	10350 N Federal Blvd Ste 300	Comfort Dental Westminster	Federal Heights	CO	80260	(303) 427-2722
Helen	Stella, DDS	10350 N Federal Blvd Ste 300	Comfort Dental Westminster	Federal Heights	CO	80260	(303) 427-2722
Darlyne	Loper, DMD	1279 W Littleton Blvd	Darlyne Loper DMD	Littleton	CO	80120	(303) 794-3969
Denver Health Dental Clinic		301 W 6th Ave MC 3250	Denver Health Dental Clinic	Denver	CO	80204	(303) 602-8237
Star	Leva, DDS	10005 W 17th Pl	Dr. Star Leva DDS	Lakewood	CO	80215	(303) 238-3331

First Name	Last Name	Address	Clinic Name	City	State	Zip	Work Phone
Thomas	Losacco, DDS	801 6th St	Family Dental Center III PC	Georgetown	CO	80444	(303) 569-3141
Chelsea	Freiberg, DDS	255 Union Blvd Ste 495	Freiberg Family Dentistry	Lakewood	CO	80228	(303) 989-1423
Nathaniel	Cejka, DDS	18551 E Mainstreet Unit 1-C	Front Range Smiles	Parker	CO	80134	(720) 851-5020
John	Burchfield, DDS	2007 Jackson St	Golden Dental Care	Golden	CO	80401	(303) 279-3992
Michael	Riggs, DDS	7586 W Jewell Ave #303	Green Gables Dental LLC	Lakewood	CO	80232	(720) 442-8256
Ronald	Dorsey, DDS	1570 E Colfax Ave	Happy Teeth	Denver	CO	80218	(303) 495-2535
Anastasia	Petkova, DDS	1570 E Colfax Ave	Happy Teeth	Denver	CO	80218	(303) 495-2535
J Craig	Armstrong, DDS	2480 S Downing St Ste 200	J Craig Armstrong, DDS	Denver	CO	80210	(303) 777-6202
Jennifer	Lee, DDS	10815 W Jewell Ave Ste L	Lakewood Smiles	Lakewood	CO	80232	(303) 988-6860
Arnold	Cullum, DDS	251 E Fountain Blvd Unit 100	Lowell District Dental	Colorado Springs	CO	80903	(719) 591-2004
Angelica	Damian, DDS	6169 S Balsam Way #330	Red Rocks Family Dentistry	Littleton	CO	80123	(303) 933-8230
Chelsea	Freiberg, DDS	6169 S Balsam Way #330	Red Rocks Family Dentistry	Littleton	CO	80123	(303) 933-8230
Lan Phuong	Nguyen, DDS	805 S Federal Blvd	South Federal Dentistry	Denver	CO	80219	(303) 935-2353
Kitae	Kim DDS	271 S Downing St	Washington Park Dental Center	Denver	CO	80209	(303) 778-7707
Douglas	Koch DDS	271 S Downing St	Washington Park Dental Center	Denver	CO	80209	(303) 778-7707
Steven J	Zapien, DDS	4331 Harlan St	Wheat Ridge Family Dentistry	Wheat Ridge	CO	80033	(303) 423-0584