



wellness **[initiative]**. application

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State & Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_

I certify that that above information to be the best of my knowledge. I understand this **[initiative]** is not insurance and it not protected by Ohio Life & Health Guarantee Association. Hudec Dental is not responsible for your dental bills.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please return this application via mail, fax or email to the information below.

**Hudec Dental, Attn: Tara Tonsetic**  
3329 Broadview Road  
Cleveland, Ohio 44109

**phone** | 216.485.5788, ext. 209

**fax** | 216.485.1257

**email** | [ttonsetic@hudecdental.com](mailto:ttonsetic@hudecdental.com)