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 □ Female Marital Status: □ Single □ Married

Do you live in an Assisted Living? □ Yes □ No Do 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:

- □ Spouse’s Income $ ___________
- □ Employment $ ___________
- □ Other not listed $ ___________
- □ Social Security $ ___________
- □ Social Security Disability $ ___________
- □ Supplemental Security Income $ ___________
- □ Old Age Pension $ ___________
- □ Private Pension $ ___________
- □ Veterans Pension $ ___________
- □ Dividends $ ___________
- □ Minerals/Royalties $ ___________
- □ Farm/Rental Income $ ___________
- □ Stocks/Bonds $ ___________
- □ Interest $ ___________
- □ Mutual Funds/Annuities $ ___________

**NET WORTH - List ALL additional resources and amounts:**

- □ Checking Account Balance(s) $ ___________
- □ Savings Account Balance(s) $ ___________
- □ Money Market(s) Balance(s) ___________
- □ IRA’s Balance(s) $ ___________
- □ Roth IRA’s Balance(s) $ ___________
- □ Mutual Fund/Annuities Balance(s) $ ___________
- □ Farm Income/Rental Income (Annual) $ ___________
- □ Stocks (Market Value) $ ___________
- □ Bonds (Market Value) $ ___________
- □ Oil and Gas Income (Annual) $ ___________

**Check ALL benefits you currently receive:**

- □ Supplemental Security Income (SSI)
- □ Colorado Old Age Pension (OAP)
- □ Supplemental Nutrition Assistance Program (SNAP/Food Stamps)
- □ Low Income Energy Assistance Program (LEAP)
- □ Rent Subsidy (Section 8 or HUD housing)
- □ Colorado Property/Tax/Rent/Heat Rebate (PTC 104)
- □ Temporary Assistance for Needy Families (TANF)
- □ InnovAge (PACE Program)
- □ Medicaid
  - □ Medicare Savings Program (MSP)
    - □ Qualified Medicare Benefit (QMB)
    - □ Qualifying Individual 1 (QI-1)
    - □ Special Low-Income Medicare Benefit (SLIM-B)
- □ Home and Community Based Services (HCBS)
- □ Veterans Administration Benefits (VA Benefits)
- □ Tricare for Life/Military Benefits
- □ 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): ___________________________
<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Address</th>
<th>Clinic Name</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gregory</td>
<td>Schlagel, DDS</td>
<td>710 Eppinger Blvd</td>
<td>AAA Family Dental Center I</td>
<td>Thornton</td>
<td>CO</td>
<td>80229</td>
<td>(303) 289-3358</td>
</tr>
<tr>
<td>Eugene</td>
<td>Kang, DDS</td>
<td>724 Peoria St</td>
<td>Aurora Dental Group</td>
<td>Aurora</td>
<td>CO</td>
<td>80011</td>
<td>(303) 745-2052</td>
</tr>
<tr>
<td>Kathy</td>
<td>Tomlinson, DDS</td>
<td>724 Peoria St</td>
<td>Aurora Dental Group</td>
<td>Aurora</td>
<td>CO</td>
<td>80011</td>
<td>(303) 745-2052</td>
</tr>
<tr>
<td>Arnold</td>
<td>Cullum, DDS</td>
<td>1732 Blake St</td>
<td>Blake Street Dental P.C.</td>
<td>Denver</td>
<td>CO</td>
<td>80202</td>
<td>(303) 814-2200</td>
</tr>
<tr>
<td>Lonnie</td>
<td>Johnson, DDS</td>
<td>UCSDM 13065 E 17th Ave, MS F834</td>
<td>c/o Fabian Walker</td>
<td>Aurora</td>
<td>CO</td>
<td>80045</td>
<td>(303) 724-7047</td>
</tr>
<tr>
<td>Cameron</td>
<td>Auger, DDS</td>
<td>19245 E Smoky Hill Rd Unit B</td>
<td>Cameron Auger DDS, PC</td>
<td>Centennial</td>
<td>CO</td>
<td>80015</td>
<td>(303) 680-3308</td>
</tr>
<tr>
<td>Dwight</td>
<td>Bratton, DDS</td>
<td>2356 Meadows Blvd Ste 170-B</td>
<td>Castle Rock Dental Group PC</td>
<td>Castle Rock</td>
<td>CO</td>
<td>80109</td>
<td>(303) 663-6030</td>
</tr>
<tr>
<td>Chad</td>
<td>Carubia, DDS</td>
<td>2356 Meadows Blvd Ste 170-B</td>
<td>Castle Rock Dental Group PC</td>
<td>Castle Rock</td>
<td>CO</td>
<td>80109</td>
<td>(303) 663-6030</td>
</tr>
<tr>
<td>Michael</td>
<td>Miller, DDS</td>
<td>2356 Meadows Blvd Ste 170-B</td>
<td>Castle Rock Dental Group PC</td>
<td>Castle Rock</td>
<td>CO</td>
<td>80109</td>
<td>(303) 663-6030</td>
</tr>
<tr>
<td>Michael</td>
<td>Rowlette, DDS</td>
<td>2356 Meadows Blvd Ste 170-B</td>
<td>Castle Rock Dental Group, PC</td>
<td>Castle Rock</td>
<td>CO</td>
<td>80109</td>
<td>(303) 663-6030</td>
</tr>
<tr>
<td>Jana</td>
<td>Rausa, DDS</td>
<td>2161 S Chambers Rd</td>
<td>Chambers Court Dentistry</td>
<td>Aurora</td>
<td>CO</td>
<td>80014</td>
<td>(303) 369-7735</td>
</tr>
<tr>
<td>Constanza</td>
<td>Cubillos, DDS</td>
<td>7990 N Sheridan Blvd</td>
<td>Comfort Dental 80th &amp; Sheridan</td>
<td>Westminster</td>
<td>CO</td>
<td>80003</td>
<td>(303) 650-4101</td>
</tr>
<tr>
<td>Ian</td>
<td>Ferguson, DMD</td>
<td>7990 N Sheridan Blvd</td>
<td>Comfort Dental 80th &amp; Sheridan</td>
<td>Westminster</td>
<td>CO</td>
<td>80003</td>
<td>(303) 650-4101</td>
</tr>
<tr>
<td>Jason</td>
<td>Heintz, DDS</td>
<td>11625 W Belleview Ave</td>
<td>Comfort Dental Bellevue &amp; Simms</td>
<td>Littleton</td>
<td>CO</td>
<td>80127</td>
<td>(303) 972-8700</td>
</tr>
<tr>
<td>Katrina</td>
<td>Rojohn, DDS</td>
<td>11625 W Belleview Ave</td>
<td>Comfort Dental Bellevue &amp; Simms</td>
<td>Littleton</td>
<td>CO</td>
<td>80127</td>
<td>(303) 972-8700</td>
</tr>
<tr>
<td>Tam</td>
<td>Than, DDS</td>
<td>11625 W Belleview Ave</td>
<td>Comfort Dental Bellevue &amp; Simms</td>
<td>Littleton</td>
<td>CO</td>
<td>80127</td>
<td>(303) 972-8700</td>
</tr>
<tr>
<td>Dan</td>
<td>Anderson, DDS</td>
<td>315 E Bromley Ln</td>
<td>Comfort Dental Brighton</td>
<td>Brighton</td>
<td>CO</td>
<td>80601</td>
<td>(303) 659-1125</td>
</tr>
<tr>
<td>John</td>
<td>Bthers, DDS</td>
<td>315 E Bromley Ln</td>
<td>Comfort Dental Brighton</td>
<td>Brighton</td>
<td>CO</td>
<td>80601</td>
<td>(303) 659-1125</td>
</tr>
<tr>
<td>Dustin</td>
<td>Craven, DDS</td>
<td>315 E Bromley Ln</td>
<td>Comfort Dental Brighton</td>
<td>Brighton</td>
<td>CO</td>
<td>80601</td>
<td>(303) 659-1125</td>
</tr>
<tr>
<td>David</td>
<td>Dinsmore, DDS</td>
<td>201 University Blvd #101</td>
<td>Comfort Dental Cherry Creek</td>
<td>Denver</td>
<td>CO</td>
<td>80206</td>
<td>(303) 321-2233</td>
</tr>
<tr>
<td>Mark</td>
<td>Jolstad, DDS</td>
<td>201 University Blvd #101</td>
<td>Comfort Dental Cherry Creek</td>
<td>Denver</td>
<td>CO</td>
<td>80206</td>
<td>(303) 321-2233</td>
</tr>
<tr>
<td>Todd</td>
<td>Light, DDS</td>
<td>201 University Blvd #101</td>
<td>Comfort Dental Cherry Creek</td>
<td>Denver</td>
<td>CO</td>
<td>80206</td>
<td>(303) 321-2233</td>
</tr>
<tr>
<td>Braden</td>
<td>Robbins, DDS</td>
<td>201 University Blvd #101</td>
<td>Comfort Dental Cherry Creek</td>
<td>Denver</td>
<td>CO</td>
<td>80206</td>
<td>(303) 321-2233</td>
</tr>
<tr>
<td>Owen</td>
<td>Eames, DDS</td>
<td>7201 Monaco St</td>
<td>Comfort Dental Commerce City</td>
<td>Commerce City</td>
<td>CO</td>
<td>80022</td>
<td>(303) 287-2755</td>
</tr>
<tr>
<td>Rachel</td>
<td>O'Connor, DDS</td>
<td>7201 Monaco St</td>
<td>Comfort Dental Commerce City</td>
<td>Commerce City</td>
<td>CO</td>
<td>80022</td>
<td>(303) 287-2755</td>
</tr>
<tr>
<td>H Ramsey</td>
<td>Warner, DDS</td>
<td>7201 Monaco St</td>
<td>Comfort Dental Commerce City</td>
<td>Commerce City</td>
<td>CO</td>
<td>80022</td>
<td>(303) 287-2755</td>
</tr>
<tr>
<td>Teniel</td>
<td>Seifert, DDS</td>
<td>25597 Conifer Rd Unit 100</td>
<td>Comfort Dental Conifer</td>
<td>Conifer</td>
<td>CO</td>
<td>80433</td>
<td>(303) 838-2811</td>
</tr>
<tr>
<td>David</td>
<td>Garmire, DMD</td>
<td>4450 W 38th Ave Unit 110</td>
<td>Comfort Dental Denver</td>
<td>Denver</td>
<td>CO</td>
<td>80212</td>
<td>(303) 455-2273</td>
</tr>
<tr>
<td>Evan</td>
<td>Gaubatz, DMD</td>
<td>4450 W 38th Ave Unit 110</td>
<td>Comfort Dental Denver</td>
<td>Denver</td>
<td>CO</td>
<td>80212</td>
<td>(303) 455-2273</td>
</tr>
<tr>
<td>Lyda</td>
<td>Martinez, DDS</td>
<td>4450 W 38th Ave Unit 110</td>
<td>Comfort Dental Denver</td>
<td>Denver</td>
<td>CO</td>
<td>80212</td>
<td>(303) 455-2273</td>
</tr>
<tr>
<td>Gary</td>
<td>Saddler, DDS</td>
<td>4450 W 38th Ave Unit 110</td>
<td>Comfort Dental Denver</td>
<td>Denver</td>
<td>CO</td>
<td>80212</td>
<td>(303) 455-2273</td>
</tr>
<tr>
<td>Robert</td>
<td>Unrath, DDS</td>
<td>4450 W 38th Ave Unit 110</td>
<td>Comfort Dental Denver</td>
<td>Denver</td>
<td>CO</td>
<td>80212</td>
<td>(303) 455-2273</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1125 S Camino Del Rio #300C</td>
<td>Comfort Dental Durango</td>
<td>Durango</td>
<td>CO</td>
<td>81303</td>
<td>(970) 259-4324</td>
</tr>
<tr>
<td>Richard</td>
<td>Doerhoff, DDS</td>
<td>2131 S Chambers Rd</td>
<td>Comfort Dental East Aurora</td>
<td>Aurora</td>
<td>CO</td>
<td>80014</td>
<td>(303) 750-2273</td>
</tr>
</tbody>
</table>

**Participating Dentists under Colorado Gerontological Society/Senior Answers and Services Senior Low Income Dental Grant**
<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Address</th>
<th>Clinic Name</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard</td>
<td>Heideman, DDS</td>
<td>2131 S Chambers Rd</td>
<td>Comfort Dental East Aurora</td>
<td>Aurora</td>
<td>CO</td>
<td>80014</td>
<td>(303) 750-2273</td>
</tr>
<tr>
<td>Sofie</td>
<td>Magaril, DDS</td>
<td>2131 S Chambers Rd</td>
<td>Comfort Dental East Aurora</td>
<td>Aurora</td>
<td>CO</td>
<td>80014</td>
<td>(303) 750-2273</td>
</tr>
<tr>
<td>Matt</td>
<td>Tobkin, DDS</td>
<td>2131 S Chambers Rd</td>
<td>Comfort Dental East Aurora</td>
<td>Aurora</td>
<td>CO</td>
<td>80014</td>
<td>(303) 750-2273</td>
</tr>
<tr>
<td>Jeff</td>
<td>Varner, DMD</td>
<td>2131 S Chambers Rd</td>
<td>Comfort Dental East Aurora</td>
<td>Aurora</td>
<td>CO</td>
<td>80014</td>
<td>(303) 750-2273</td>
</tr>
<tr>
<td>Matt</td>
<td>Carlston, DDS</td>
<td>2725 S Colorado Blvd</td>
<td>Comfort Dental Englewood</td>
<td>Denver</td>
<td>CO</td>
<td>80222</td>
<td>(303) 783-0100</td>
</tr>
<tr>
<td>Heath</td>
<td>Colledge, DMD</td>
<td>17531 S Golden Rd</td>
<td>Comfort Dental Golden</td>
<td>Golden</td>
<td>CO</td>
<td>80401</td>
<td>(303) 278-6953</td>
</tr>
<tr>
<td>Todd</td>
<td>Holman, DDS</td>
<td>17531 S Golden Rd</td>
<td>Comfort Dental Golden</td>
<td>Golden</td>
<td>CO</td>
<td>80401</td>
<td>(303) 278-6953</td>
</tr>
<tr>
<td>Stuart</td>
<td>Long, DDS</td>
<td>17531 S Golden Rd</td>
<td>Comfort Dental Golden</td>
<td>Golden</td>
<td>CO</td>
<td>80401</td>
<td>(303) 278-6953</td>
</tr>
<tr>
<td>Paulette</td>
<td>Porzio-Dilizia, DDS</td>
<td>17531 S Golden Rd</td>
<td>Comfort Dental Golden</td>
<td>Golden</td>
<td>CO</td>
<td>80401</td>
<td>(303) 278-6953</td>
</tr>
<tr>
<td>Tyson</td>
<td>Black, DDS</td>
<td>2650 North Ave Ste 101</td>
<td>Comfort Dental Grand Junction</td>
<td>Grand Junction</td>
<td>CO</td>
<td>81501</td>
<td>(970) 255-1222</td>
</tr>
<tr>
<td>James</td>
<td>Bradley, DDS</td>
<td>2650 North Ave Ste 101</td>
<td>Comfort Dental Grand Junction</td>
<td>Grand Junction</td>
<td>CO</td>
<td>81501</td>
<td>(970) 255-1222</td>
</tr>
<tr>
<td>Scott</td>
<td>Stoddard, DDS</td>
<td>2650 North Ave Ste 101</td>
<td>Comfort Dental Grand Junction</td>
<td>Grand Junction</td>
<td>CO</td>
<td>81501</td>
<td>(970) 255-1222</td>
</tr>
<tr>
<td>Eric</td>
<td>Boucher, DDS</td>
<td>6800 W Alameda Ave</td>
<td>Comfort Dental Lakewood</td>
<td>Lakewood</td>
<td>CO</td>
<td>80226</td>
<td>(303) 727-9100</td>
</tr>
<tr>
<td>Benjamin</td>
<td>Butler, DDS</td>
<td>6800 W Alameda Ave</td>
<td>Comfort Dental Lakewood</td>
<td>Lakewood</td>
<td>CO</td>
<td>80226</td>
<td>(303) 727-9100</td>
</tr>
<tr>
<td>Nathan</td>
<td>Eames, DDS</td>
<td>6800 W Alameda Ave</td>
<td>Comfort Dental Lakewood</td>
<td>Lakewood</td>
<td>CO</td>
<td>80226</td>
<td>(303) 727-9100</td>
</tr>
<tr>
<td>Patrick</td>
<td>Flood, DDS</td>
<td>6800 W Alameda Ave</td>
<td>Comfort Dental Lakewood</td>
<td>Lakewood</td>
<td>CO</td>
<td>80226</td>
<td>(303) 727-9100</td>
</tr>
<tr>
<td>Mike</td>
<td>Love, DDS</td>
<td>6800 W Alameda Ave</td>
<td>Comfort Dental Lakewood</td>
<td>Lakewood</td>
<td>CO</td>
<td>80226</td>
<td>(303) 727-9100</td>
</tr>
<tr>
<td>David</td>
<td>Kim DDS</td>
<td>881 N Federal Blvd</td>
<td>Comfort Dental Mile High</td>
<td>Denver</td>
<td>CO</td>
<td>80204</td>
<td>(303) 825-0013</td>
</tr>
<tr>
<td>Jim</td>
<td>Parfitt, DDS</td>
<td>881 N Federal Blvd</td>
<td>Comfort Dental Mile High</td>
<td>Denver</td>
<td>CO</td>
<td>80204</td>
<td>(303) 825-0013</td>
</tr>
<tr>
<td>Timothy</td>
<td>Heward, DDS</td>
<td>1807 S Townsend Ave</td>
<td>Comfort Dental Montrose</td>
<td>Montrose</td>
<td>CO</td>
<td>81401</td>
<td>(970) 744-4887</td>
</tr>
<tr>
<td>Ryan</td>
<td>Mangrum, DMD</td>
<td>1807 S Townsend Ave</td>
<td>Comfort Dental Montrose</td>
<td>Montrose</td>
<td>CO</td>
<td>81401</td>
<td>(970) 744-4887</td>
</tr>
<tr>
<td>John</td>
<td>Wood, DDS</td>
<td>1807 S Townsend Ave</td>
<td>Comfort Dental Montrose</td>
<td>Montrose</td>
<td>CO</td>
<td>81401</td>
<td>(970) 744-4887</td>
</tr>
<tr>
<td>Bridger</td>
<td>Jensen, DDS</td>
<td>8700 W 101st Ave</td>
<td>Comfort Dental Oral Surgery</td>
<td>Westminster</td>
<td>CO</td>
<td>80021</td>
<td>(303) 865-7550</td>
</tr>
<tr>
<td>Trevor</td>
<td>Johnson DMD</td>
<td>8700 W 101st Ave Ste 300</td>
<td>Comfort Dental Oral Surgery</td>
<td>Westminster</td>
<td>CO</td>
<td>80021</td>
<td>(303) 865-7550</td>
</tr>
<tr>
<td>Matt</td>
<td>Carlston, DDS</td>
<td>354 Blue River Parkway</td>
<td>Comfort Dental Summit County</td>
<td>Silverthorne</td>
<td>CO</td>
<td>80498</td>
<td>(970)262-2273</td>
</tr>
<tr>
<td>Andrei</td>
<td>Baskakov, DDS</td>
<td>16981 E Quincy Ave #D1-D3</td>
<td>Comfort Dental Quincy &amp; Buckley</td>
<td>Aurora</td>
<td>CO</td>
<td>80015</td>
<td>(303) 617-8400</td>
</tr>
<tr>
<td>Trevor</td>
<td>Maxwell, DDS</td>
<td>16981 E Quincy Ave #D1-D3</td>
<td>Comfort Dental Quincy &amp; Buckley</td>
<td>Aurora</td>
<td>CO</td>
<td>80015</td>
<td>(303) 617-8400</td>
</tr>
<tr>
<td>Neil</td>
<td>Zimmet, DDS</td>
<td>12380 W 64th Av</td>
<td>Comfort Dental West Arvada</td>
<td>Arvada</td>
<td>CO</td>
<td>80004</td>
<td>(303) 421-7000</td>
</tr>
<tr>
<td>Cory</td>
<td>Higginbotham, DDS</td>
<td>10350 N Federal Blvd Ste 300</td>
<td>Comfort Dental Westminster</td>
<td>Denver</td>
<td>CO</td>
<td>80260</td>
<td>(303) 427-2722</td>
</tr>
<tr>
<td>Hiba</td>
<td>Kellow, DDS</td>
<td>10350 N Federal Blvd Ste 300</td>
<td>Comfort Dental Westminster</td>
<td>Federal Heights</td>
<td>CO</td>
<td>80260</td>
<td>(303) 427-2722</td>
</tr>
<tr>
<td>Mike</td>
<td>Mierzewiski, DDS</td>
<td>10350 N Federal Blvd Ste 300</td>
<td>Comfort Dental Westminster</td>
<td>Federal Heights</td>
<td>CO</td>
<td>80260</td>
<td>(303) 427-2722</td>
</tr>
<tr>
<td>Helen</td>
<td>Stella, DDS</td>
<td>10350 N Federal Blvd Ste 300</td>
<td>Comfort Dental Westminster</td>
<td>Federal Heights</td>
<td>CO</td>
<td>80260</td>
<td>(303) 427-2722</td>
</tr>
<tr>
<td>Darlyne</td>
<td>Loper, DMD</td>
<td>1279 W Littleton Blvd</td>
<td>Darlyne Loper DMD</td>
<td>Littleton</td>
<td>CO</td>
<td>80120</td>
<td>(303) 794-3969</td>
</tr>
<tr>
<td>Denver Health Dental Clinic</td>
<td>301 W 6th Ave MC 3250</td>
<td>Denver Health Dental Clinic</td>
<td>Denver</td>
<td>CO</td>
<td>80204</td>
<td>(303) 602-8237</td>
<td></td>
</tr>
<tr>
<td>Star</td>
<td>Leva, DDS</td>
<td>10005 W 17th Pl</td>
<td>Dr. Star Leva DDS</td>
<td>Lakewood</td>
<td>CO</td>
<td>80215</td>
<td>(303) 238-3331</td>
</tr>
<tr>
<td>First Name</td>
<td>Last Name</td>
<td>Address</td>
<td>Clinic Name</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Work Phone</td>
</tr>
<tr>
<td>------------</td>
<td>-----------</td>
<td>---------</td>
<td>-------------</td>
<td>----------</td>
<td>-------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Thomas</td>
<td>Losacco, DDS</td>
<td>801 6th St</td>
<td>Family Dental Center III PC</td>
<td>Georgetown</td>
<td>CO</td>
<td>80444</td>
<td>(303) 569-3141</td>
</tr>
<tr>
<td>Chelsea</td>
<td>Freiberg, DDS</td>
<td>255 Union Blvd Ste 495</td>
<td>Freiberg Family Dentistry</td>
<td>Lakewood</td>
<td>CO</td>
<td>80228</td>
<td>(303) 989-1423</td>
</tr>
<tr>
<td>Nathaniel</td>
<td>Cejka, DDS</td>
<td>18551 E Mainstreet Unit 1-C</td>
<td>Front Range Smiles</td>
<td>Parker</td>
<td>CO</td>
<td>80134</td>
<td>(720) 851-5020</td>
</tr>
<tr>
<td>John</td>
<td>Burchfield, DDS</td>
<td>2007 Jackson St</td>
<td>Golden Dental Care</td>
<td>Golden</td>
<td>CO</td>
<td>80401</td>
<td>(303) 279-3992</td>
</tr>
<tr>
<td>Michael</td>
<td>Riggs, DDS</td>
<td>7586 W Jewell Ave #303</td>
<td>Green Gables Dental LLC</td>
<td>Lakewood</td>
<td>CO</td>
<td>80232</td>
<td>(720) 442-8256</td>
</tr>
<tr>
<td>Ronald</td>
<td>Dorsey, DDS</td>
<td>1570 E Colfax Ave</td>
<td>Happy Teeth</td>
<td>Denver</td>
<td>CO</td>
<td>80218</td>
<td>(303) 495-2535</td>
</tr>
<tr>
<td>Anastasia</td>
<td>Petkova, DDS</td>
<td>1570 E Colfax Ave</td>
<td>Happy Teeth</td>
<td>Denver</td>
<td>CO</td>
<td>80218</td>
<td>(303) 495-2535</td>
</tr>
<tr>
<td>J Craig</td>
<td>Armstrong, DDS</td>
<td>2480 S Downing St Ste 200</td>
<td>J Craig Armstrong, DDS</td>
<td>Denver</td>
<td>CO</td>
<td>80210</td>
<td>(303) 777-6202</td>
</tr>
<tr>
<td>Jennifer</td>
<td>Lee, DDS</td>
<td>10815 W Jewell Ave Ste L</td>
<td>Lakewood Smiles</td>
<td>Lakewood</td>
<td>CO</td>
<td>80232</td>
<td>(303) 988-6860</td>
</tr>
<tr>
<td>Arnold</td>
<td>Cullum, DDS</td>
<td>251 E Fountain Blvd Unit 100</td>
<td>Lowell District Dental</td>
<td>Colorado Springs</td>
<td>CO</td>
<td>80903</td>
<td>(719) 591-2004</td>
</tr>
<tr>
<td>Angelica</td>
<td>Damian, DDS</td>
<td>6169 S Balsam Way #330</td>
<td>Red Rocks Family Dentistry</td>
<td>Littleton</td>
<td>CO</td>
<td>80123</td>
<td>(303) 933-8230</td>
</tr>
<tr>
<td>Chelsea</td>
<td>Freiberg, DDS</td>
<td>6169 S Balsam Way #330</td>
<td>Red Rocks Family Dentistry</td>
<td>Littleton</td>
<td>CO</td>
<td>80123</td>
<td>(303) 933-8230</td>
</tr>
<tr>
<td>Lan Phuong</td>
<td>Nguyen, DDS</td>
<td>805 S Federal Blvd</td>
<td>South Federal Dentistry</td>
<td>Denver</td>
<td>CO</td>
<td>80219</td>
<td>(303) 935-2353</td>
</tr>
<tr>
<td>Kitae</td>
<td>Kim DDS</td>
<td>271 S Downing St</td>
<td>Washington Park Dental Center</td>
<td>Denver</td>
<td>CO</td>
<td>80209</td>
<td>(303) 778-7707</td>
</tr>
<tr>
<td>Douglas</td>
<td>Koch DDS</td>
<td>271 S Downing St</td>
<td>Washington Park Dental Center</td>
<td>Denver</td>
<td>CO</td>
<td>80209</td>
<td>(303) 778-7707</td>
</tr>
<tr>
<td>Steven J</td>
<td>Zapien, DDS</td>
<td>4331 Harlan St</td>
<td>Wheat Ridge Family Dentistry</td>
<td>Wheat Ridge</td>
<td>CO</td>
<td>80033</td>
<td>(303) 423-0584</td>
</tr>
</tbody>
</table>