



Tooth Protectors Inc.
Dental Care is Coming to Our School!
2022-2023 School Year

P.O. Box 314 Lewiston, ME 04243 ~ Office (207) 513-1111 ~ Text (207)588-1798
www.ToothProtectors.org ~ Info@ToothProtectors.org

Our school is partnering with Tooth Protectors Inc. to offer
Preventative Dental Care here at the school.

*Services are available for Students and Staff WITH or WITHOUT dental insurance.
Services are **FREE** to those with MaineCare (age 1-100). Fees are above for those who are Self Pay. We
can bill other Dental Insurances. (We currently DO NOT accept: Harvard, Pilgrim, Humana, Martins Point)*

Sign your child up Today!

fill out the Electronic Permission form at this link below

<https://www.toothprotectors.org/permission-form/>

**Tooth Protectors Inc is coming to
Margaret Chase Smith School on: October 11 and 13, 2022**

Your Child will receive the Dental Services you select on the Permission Form:

<i>Oral assessments</i>	(Included in Cleaning & Educational OH Instruction)
<i>Educational oral hygiene instruction</i>	(\$25)
<i>Dental cleanings</i> (AGE 1-12 = \$65 , AGE 13-20 = \$75, over 20 depends on date of last cleaning)	
<i>Fluoride treatments</i>	(\$25)
<i>Sealants of baby molars, adult molars and pre molars</i>	(\$30 PER TOOTH)
<i>Temporary fillings</i>	(\$80)
<i>Nutritional Counseling</i>	(Included in Cleaning & Educational OH Instruction)
<i>Referrals</i>	(Included in Cleaning & Educational OH Instruction)

Permission form must be returned by Friday, September 30, 2022



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TO SIGN YOUR CHILD UP- Please go to the link below & fill out the Electronic Permission Form

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Service are FREE to those with Active MaineCare Insurance

FEES FOR DENTAL SERVICES:

- Dental Cleaning (AGE 1-12= \$65, AGE 13-20 \$75, Over 20 depends on date of last cleaning)
- Education Review ONLY (\$25) *NOTE: Educational review is covered by MaineCare, but not by other commercial dental insurance. If you do not have MaineCare there is a \$25 fee.*
- Fluoride (\$25)
- Preventative Tooth Sealants to prevent cavities -baby, pre & adult Molars (\$30 PER TOOTH)
- Temporary Filling (\$80)
- Oral Assessment – Findings & Issues (Included in Cleaning & Educational OH Instruction)
- Nutritional Counseling (Included in Cleaning & Educational OH Instruction)
- Referrals – for further treatment – Exam , Oral Surgeon, Braces (Included in Cleaning & Educational OH Instruction)

SELF-PAY METHOD : Please pay or send in payment to the school **PRIOR** to the Date of the Clinic

-We Accept Credit Card / Cash / Money order / Checks There will be a \$25.00 fee for INSUFFICIENT FUNDS

Former or No Dental MaineCare insured patients please read fully:

If your child/ren no longer has active MaineCare coverage you will be responsible to pay out of pocket (Self Pay) for services rendered.

-Credit Card / Debit Card

[HTTPS://TOOTHPROTECTORS.ORG/PAY](https://toothprotectors.org/pay)

-When filling out the Electronic Permission Form you will be prompted to select services & will have the option to pay within the form.

-If you did not pay while filling out the Permission Form or have the paper version, Please visit

[HTTPS://TOOTHPROTECTORS.ORG/PAY](https://toothprotectors.org/pay) to select services and pay.

-Cash (Must be exact amount. No change can/will be provided. A credit will be added to the account.)

-Check or Money Order

- Please make Check/Money order payable to: **TPI or Tooth Protectors, Inc .**

- Please write your **child's full name on the memo line.**

- Please **SEND IN PAYMENT** to your child's school **PRIOR** to the date of the dental clinic at school.

OTHER DENTAL INSURANCE COVERAGE : (not including MaineCare)

*Accepted insurance is subject to change without notice.

We currently DO NOT accept: Harvard, Pilgrim, Humana, Martins Point

-- When filling out the Electronic Permission Form **PLEASE** have your Dental Insurance card in hand to complete the form. **(Info is needed from the FRONT & BACK of the card)**

-- Send a picture text of the **FRONT & BACK** of the **DENTAL INSURANCE** card. **Send pics to**

TEXT: (207) 588-1798 with the Child's Full Name & School Name