

### 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.ToothProtetors.org ~ Info@ToothProtectors.org

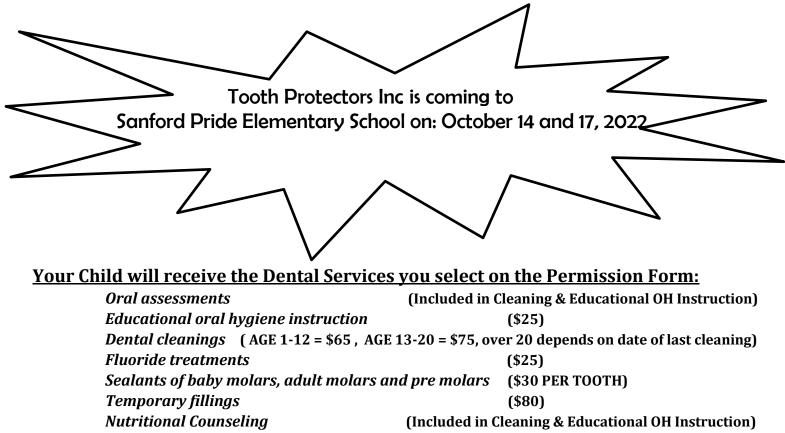
# Our school is partnering with Tooth Protectors Inc. to offer **Preventative Dental Care** here at the school.

Services are available for Students and Staff <u>WITH or WITHOUT dental insurance</u>. 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/



Referrals

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

(Included in Cleaning & Educational OH Instruction)

Dates of the Dental Clinic are subject to change due to Covid, Change in School Schedule, Provider Shortage, etc.



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

## https://www.toothprotectors.org/permission-form/

### 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 <u>PRIOR</u> 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

#### ebit Card 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 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