



**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  
Sanford Middle School on: October 19 and 20, 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**



## 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

**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 **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**