

Membership Enrollment Form

PERFECT TEETH Office Selected _____

Last Name _____

First Name _____

Middle Initial _____

Date of Birth ____/____/____ Male Female

Married? Yes No

School _____

Mailing Address _____

City _____ State _____ Zip _____

Home Telephone (____) _____

Cell Phone (____) _____

E-mail Address _____

Additional Family Members to be Included:

Last Name, First Name, M.I. Relationship D.O.B.

I am enrolling in the PERFECT TEETH Student Dental Plan (PTSDDP). I understand that the PTSDDP cannot be combined with any other insurance or discount plan; non-covered benefits are excepted. I understand I will be required to pay for all treatment rendered at PERFECT TEETH. I understand my membership in the PTSDDP will expire when my status as a student at a participating campus terminates, i.e. graduation, transfer, or withdrawal; student ID will be required at each appointment. While not anticipated, this agreement can be terminated by the PTDDP Administration without cause. Pursuant to the Health Insurance Portability and Accountability Act of 1996, my signature authorizes the PERFECT TEETH organization to utilize my Protected Health Information (PHI) to carry out treatment, payment and healthcare operations. I understand that it is the policy of PERFECT TEETH to only utilize the minimum PHI to facilitate my treatment under this plan.

Signature _____

Date _____

Your Savings

With the exception of orthodontics, all fees listed below are for treatments performed by a general dentist. Fees for treatments provided by a specialist will vary; details are available at www.perfectteeth.com/dental-plans

Treatment	Full Fee *	Your Cost
Office Visit	\$5.00	\$5.00
Diagnostic & Preventive		
Exam	\$77.00	\$0.00
Complete X-rays	\$152.00	\$0.00
Preventive Cleaning – Adult	\$90.00	\$49.00
Preventive Cleaning – Child	\$80.00	\$29.00
Fluoride Varnish	\$35.00	\$25.00
Fillings		
Front Tooth – 1 surface	\$123.00	\$85.00
Front Tooth – 2 surface	\$163.00	\$105.00
Front Tooth – 3 surface	\$199.00	\$110.00
Back Tooth – 1 surface	\$161.00	\$100.00
Back Tooth – 2 surface	\$296.00	\$125.00
Back Tooth – 3 surface	\$375.00	\$145.00
Crowns		
Ceramic	\$1,408.00	\$850.00
Porcelain fused to High Noble	\$1,314.00	\$780.00
Porcelain fused to Base Metal (PFM)	\$1,055.00	\$495.00
Build up	\$330.00	\$135.00
Periodontics		
Root Planning & Scaling <i>full quad</i>	\$319.00	\$139.00
Root Planning & Scaling <i>1-3 teeth</i>	\$175.00	\$89.00
Oral Irrigation <i>per quad</i>	\$21.00	\$10.00
Perio Maintenance	\$162.00	\$79.00
Endodontics		
Root Canal – Front	\$828.00	\$449.00
Root Canal – Bicuspid	\$994.00	\$499.00
Root Canal – Molar	\$1,323.00	\$860.00
Implant Services		
Basic Implant Bundle <i>Extraction/Implant/Custom Abutment/PRM</i>	\$5,000.00	\$3,495.00
Oral Surgery		
Extraction – Simple	\$164.00	\$115.00
Extraction – Surgical	\$273.00	\$175.00
Orthodontics		
Phase II Treatment (with records)	\$6,306.00	\$4,300.00

* Full Fee is based on 2017 Colorado fees, which vary slightly by state. Additional fees may apply depending on the services you need. With the exception of orthodontics, all fees listed above are for treatments performed by a general dentist. Fees for treatments provided by a specialist will vary. Dental fees are subject to change without notice. The PTSDDP may not be combined with any other insurance or discount plan; non-covered benefits are excepted.



PERFECT TEETH™

Other Things You Need to Know

The PERFECT TEETH Student Dental Plan (PTSDDP) is designed and administered by PERFECT TEETH. Our plan offers the finest professional care available at a significant discount.

Students currently enrolled at a college or university who participates with the PERFECT TEETH Campus Partnership Program are eligible to enroll in the PTSDDP at no cost to them. Immediate family members of the eligible student may also enroll at no cost. Immediate family members include your legal spouse and dependent children up to age 26.

Membership in the PERFECT TEETH Student Dental Plan will expire when your status as a student at a participating campus terminates, i.e. graduation, transfer or withdrawal. Your student ID will be required at each appointment.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), PERFECT TEETH will utilize our patients' Protected Health Information (PHI) to carry out treatment, payment and healthcare operations utilizing the minimum PHI possible.

For more information, contact us:

www.perfectteeth.com/dental-plans

direct.....303-691-8080

toll-free.....1-877-550-8079