



## The Columbia Student Dental Plan

*Open to all students and their immediate families*

The Columbia Student Dental Plan is sponsored by The Columbia University College of Dental Medicine.

All dental care is provided by faculty dentists and/or postgraduate residents. The Columbia Student Dental Plan is committed to providing the highest quality care in a pleasant, convenient atmosphere.

### Coverage

Semi-annual examinations

Radiographs as needed

Semi-annual prophylaxis (dental cleanings)

Emergency services during office hours

25% discount from the College of Dental Medicine's clinic fees on all services not covered above

### Enrollment

Fill out the student membership form to the right and include a check for \$180 per member payable to: **The Columbia Student Dental Plan** or use your credit card (once received, we will call you to get your 3 digit security code number).

#### Mail form and payment to:

The Columbia Student Dental Plan  
630 W. 168th Street, P&S Box 20  
New York, NY 10032

Upon receipt of payment, your name will be included on a membership list sent to the clinics (you will not receive a card). **Please be sure to notify practice/clinics that your name is on The Columbia Student Dental Plan membership list.**

To schedule an appointment at a location convenient for you, call between 9 am to 4 pm, Monday through Friday. Mention that you are a Columbia Student Dental Plan member and your name is on the membership list.

#### Morningside Campus Facility

1244 Amsterdam Avenue (near 121st Street) 212-865-8467

#### Health Science Campus Facility (Vanderbilt Clinic)

622 West 168th Street, 8th Floor 212-305-6100

The enrollment period begins August 1 and continues through January 31. **All memberships terminate July 31 regardless of the date of enrollment.**

### Questions

We would be happy to discuss The Columbia Student Dental Plan in more detail with you. Call us at 212-305-0763 or e-mail us at:

[ColumbiaStudentDentalPlan@cumc.columbia.edu](mailto:ColumbiaStudentDentalPlan@cumc.columbia.edu)

## The Columbia Student Dental Plan Membership Form

Student name

Local address

Apt. #

City

State

Zip

Telephone:

Date of birth:

School enrolled in:

Year: (check one)

Freshman

Sophomore

Junior

Senior

Graduate

Other

Check enclosed (*payable to The Columbia Student Dental Plan*)

Please charge to:

Mastercard/Visa #

Expiration date

Signature

#### Member 2

Name

Date of birth

Age

Sex:  Male  Female

#### Member 3

Name

Date of birth

Age

Sex:  Male  Female

Enclose \$180 per member annual fee

Mail to:

**The Columbia Student Dental Plan**

630 West 168th Street, P&S Box 20

New York, New York 10032