



## 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 ColumbiaDoctors|Dentistry and College of Dental Medicine clinic fees on all self-pay services not covered above. Self-pay rates lower at the Vanderbilt Clinic facility

### 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.

**Health Science Campus Dental Clinic (Vanderbilt Clinic)**  
622 West 168th Street, AEGD 212-305-6100

**Morningside Campus Practice**  
430 West 116th Street, Ground Floor 212-662-4887  
1244 Amsterdam Ave (near 121st Street) 212-865-8467

**Midtown Campus Practice**  
51 West 51st Street, 3rd Floor 212-326-8520

**Haven Avenue Practice**  
100 Haven Avenue, Ground Floor 212-342-0107

The enrollment period begins August 1 and continues through September 30th. **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 212-305-3488 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