

## FEE SCHEDULE

### DIAGNOSITC

D0120 Periodic Exam	35.00
D0140 Limited Exam	45.00
D0150 Comprehensive Exam	55.00
D1330 Oral Hyg. Inst.	42.00
D0431 Oral ID	20.00 FDA Approved Device

### RADIOGRAPHS

D0220 Intraoral Film	35.00
D0230 Additional Films	25.00
D0272 2 Bite Wings	45.00
D0273 3 Bite Wings	49.00
D0274 4 Bite Wings	55.00
D0210 Full Mouth (FMX)	119.00
D0330 Pano	99.00

### PREVENATIVE

D1110 Adult Prophy	65.00
D1120 Child Prophy	45.00
D1203 Child Fluoride	29.00
D1204 Adult Fluoride	29.00
D1208 Full Mouth Fluoride	59.00
D4341 Scaling and Root Plan (per quad)	199.00
D4342 Root Plan (1-3 teeth)	119.00

<b>D4910</b>	<b>Perio Maint.</b>	<b>75.00</b>
<b>D1320</b>	<b>Tobacco Couns.</b>	<b>22.00</b>
<b>D1310</b>	<b>Nutritional Couns.</b>	<b>22.00</b>
<b>D4355</b>	<b>Gross Deb.</b>	<b>149.00</b>
<b>D1351</b>	<b>Sealants (Per Tooth)</b>	<b>39.00</b>
<b>D1206</b>	<b>Fluoride Varnish</b>	<b>25.00</b>
<b>D9910</b>	<b>Irrigation-Chlor.</b>	<b>19.00</b>
<b>D9910</b>	<b>Orakix</b>	<b>19.00</b>
<b>D9971</b>	<b>Enameloplasty</b>	<b>89.00</b>
<b>D9972</b>	<b>Bleach Trays</b>	<b>249.00</b>
<b>D9999</b>	<b>Bleach</b>	<b>29.00</b>
<b>D9975</b>	<b>Lightless Whitening In House</b>	<b>199.00</b>
	<b>Desensitizing</b>	<b>19.00</b>

**RESTORTIVE**

**FILLINGS:**

<b>D2330</b>	<b>One Surface Anterior (Teeth 6-11, 22-27)</b>	<b>155.00</b>
<b>D2331</b>	<b>Two Surface Anterior</b>	<b>205.00</b>
<b>D2332</b>	<b>Three Surface Anterior</b>	<b>245.00</b>
<b>D2335</b>	<b>Four Surface or More Anterior</b>	<b>285.00</b>
<b>D2391</b>	<b>One Surface Posterior</b>	<b>155.00</b>
<b>D2392</b>	<b>Two Surface Posterior</b>	<b>205.00</b>
<b>D2393</b>	<b>Three Surface Posterior</b>	<b>245.00</b>
<b>D2394</b>	<b>Four Surface Posterior</b>	<b>285.00</b>
<b>D2940</b>	<b>Sedative Filling</b>	<b>85.00</b>

<b>D9230 Nitrous</b>	<b>85.00</b>
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**CROWNS**

<b>D2750 Crown</b>	<b>989.00</b>
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<b>D2950 Build Up</b>	<b>249.00</b>
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<b>D2740 All Porc. (Zirconium)</b>	<b>1099.00</b>
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<b>D2790 All Gold Crown</b>	<b>1149.00</b>
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<b>D2954 Post and Core</b>	<b>299.00</b>
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<b>D4249 Crown Length</b>	<b>800.00</b>
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<b>D2799 Temp Crown</b>	<b>179.00</b>
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<b>D2920 Recement Crown</b>	<b>79.00</b>
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<b>D2971 Crown to Partial</b>	<b>149.00</b>
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<b>D2980 Crown Repair</b>	<b>149.00</b>
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<b>D4211 Gingivectomy</b>	<b>149.00</b>
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<b>D4321 Splint</b>	<b>229.00</b>
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**DENTURES/PARTIALS**

<b>D5130 Imm. Dent. (Extract and Put in)(upper)</b>	<b>1299.00</b>
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<b>D5140 Imm. Dent (Lower)</b>	<b>1299.00</b>
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<b>D5110 Max Denture (Upper)</b>	<b>1299.00</b>
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<b>D5120 Man Denture (Lower)</b>	<b>1299.00</b>
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<b>D5225 Dura Flex Partial Max (Upper)</b>	<b>1199.00</b>
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<b>D5226 Dura Flex Partial Man (Lower)</b>	<b>1199.00</b>
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<b>D5411 Denture Adj.</b>	<b>99.00</b>
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<b>D5213 Max Partial (Upper)</b>	<b>1299.00</b>
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<b>D5214 Man Partial (Lower)</b>	<b>1299.00</b>
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D5510 Repair Complete Denture	199.00
D5520 Add tooth (Denture)	199.00
D5820 Interim Partial Upper	499.00
D5821 Interim Partial Lower	499.00
D5860 Comp Over Dent.	1389.00
D5861 Percision Partial (Over Denture Part)	1399.00
D5862 Percision Attach. (For Denture-Locator)	349.00
D5650 Add Tooth (Existing Part)	199.00
D5660 Add Clasp	199.00
D5421 Adj Partial	99.00
D5630 Repair Partial	199.00
D5730 Chair Side Reline (Comp. Upper Dent)	199.00
D5731 Chair Side Reline (Comp. Lower Dent)	199.00
D5740 Chair Side Reline (Upper)	199.00
D5741 Chair Side Reline Lower Partial	199.00
D5760 Lab Reline Partial (Upper)	289.00
D5761 Lab Reline Partial (Lower)	289.00
D5750 Lab Reline (Comp Upper Dent)	289.00
D5751 Lab Reline (Comp Lower Dent)	289.00

#### BRIDGES

D6750 (3Unit)-Abutment	989.00
D6240 Pontic	989.00
D5862 Percision Attach (Locator)	349.00
D6245 All Porcelain Pontic-Bridge	1099.00
D6740 All Porcelain Abutment-Bridge	1099.00

<b>D5650 Add Tooth</b>	<b>199.00</b>
<b>D5850 Tissue Cond.</b>	<b>79.00</b>
<b>D9999 Section Bridge</b>	<b>59.00</b>
<b>D6930 Recement Bridge</b>	<b>119.00</b>
<b>D9940 Night Guard (4 teeth-NTI)</b>	<b>399.00</b>
<b>D9940 Occlusal Guard (Night Guard)</b>	<b>249.00</b>
<b>D9951 Occlusal Adj.</b>	<b>89.00</b>

#### **EXTRACTIONS**

<b>D7210 Surgical Extraction</b>	<b>229.00</b>
<b>D7140 Simple Extraction</b>	<b>159.00</b>
<b>D7220 Tissue Impaction</b>	<b>269.00</b>
<b>D9930 Dry Socket</b>	<b>49.00</b>
<b>D7510 Inc. Drainage</b>	<b>49.00</b>
<b>D7230 Bony Ext. (Bony Impaction)</b>	<b>319.00</b>
<b>D7311 Alveoplasty</b>	<b>699.00</b>
<b>D3920 Hemi Section</b>	<b>299.00</b>

#### **ENDO**

<b>D3310 Root Canal Anterior (6-11, 22-27)</b>	<b>649.00</b>
<b>D3320 Root Canal (Bicuspid) (4, 5 12, 13 20, 21 28, 29)</b>	<b>749.00</b>
<b>D3330 Root Canal Molar (1-3 14-16 17-19 30-32)</b>	<b>989.00</b>
<b>D3346 Retreat-Anterior</b>	<b>699.00</b>
<b>D3347 Retreat-Bicuspid</b>	<b>799.00</b>

<b>D3348 Retreat-Molar</b>	<b>1049.00</b>
<b>D3220 Pulpotomy</b>	<b>199.00</b>
<b>D3221 Pulpectomy</b>	<b>249.00</b>

**IMPLANTS**

<b>D4263 Bone Graft</b>	<b>399.00</b>
<b>D6010 Body/Healing/Abutment</b>	<b>1499.00</b>
<b>D6020 Healing Abutment</b>	<b>249.00</b>
<b>D6057 Custom Abutment (Implant)</b>	<b>849.00</b>
<b>D6058 Abbut Supp All Porc. Crown</b>	<b>1349.00</b>
<b>D6059 Abbut Supported PFM Crown</b>	<b>1299.00</b>
<b>D6065 Implant Crown (Porcl)</b>	<b>1349.00</b>
<b>D6066 Implant (PFM)</b>	<b>1249.00</b>
<b>D6078 Upper Mini Implant/Support Denture</b>	<b>699.00</b>
<b>D6199 Lower Mini Implant-Unspecified Implant</b>	<b>699.00</b>
<b>D9630 CHX Irrigation</b>	<b>26.00</b>

<b>Remin Pro</b>	<b>17.00</b>
<b>Bleach ( 4)</b>	<b>35.00</b>
<b>Chlorhexodine</b>	<b>13.00</b>
<b>Opealesense T.P.</b>	<b>10.00</b>
<b>Water Pics</b>	<b>69.00</b>
<b>Enamleone</b>	<b>14.00</b>