

Del Sol Silver IV

Fee Schedule

ADA CODE	GENERAL PROCEDURES DESCRIPTION	PATIENT FEE
EVALUATIONS		
0120	Periodic oral evaluation	\$14
0140	Limited oral evaluation (focused)	\$23
0150	Comprehensive evaluation	\$14
PREVENTIVE		
0210	Full Mouth x-ray, intraoral	\$27
0220-0230	Single x-ray, intraoral, periapical	\$9
0274	Bitewings - four films	\$18
0330	Panoramic x-ray	\$27
1110	Prophylaxis - adult cleaning	\$25
RESTORATIONS (Fillings and Crowns)		
2330	Composite - 1 surface - anterior	\$70
2331	Composite - 2 surface - anterior	\$95
2332	Composite - 3 surface - anterior	\$120
2335	Composite - 4 surface - anterior	\$160
RESTORATIONS (Fillings and Crowns)		
2391	Composite - 1 surface - posterior	\$115
2392	Composite -2 surface - posterior	\$130
2393	Composite - 3 surface - posterior	\$155
2394	Composite - 4 surface - posterior	\$225
CROWN-SINGLE RESTORATIONS		
**2740	Crown - porcelain/ceramic (CEREC)	\$700
2750	Crown - porcelain/high noble	\$640
2752	Crown - porcelain/noble metal	\$625
2790	Crown - full cast high noble metal	\$700
2792	Crown - full cast-noble metal	\$590
2950	Core buildup, including pins, per tooth	\$81
2952	Cast post & core per tooth	\$137
2954	Prefab post & core per tooth	\$115
2920	Recement permanent crown	\$30
2999	Porcelain margin	\$85
<p>** Limited Life-time Warranty included with Cerec if all necessary treatment is completed, home care recommended by the doctor is followed and the recall program of "recommended continued care" is followed (cancellations must be rescheduled and treatment rendered within thirty days of the original appointment).</p>		

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ADA CODE	GENERAL PROCEDURES DESCRIPTION	PATIENT FEE
PERIODONTICS when performed by general dentist		
4341	Scaling/Root Planing, 4 or more teeth per quad	\$95
4342	Scaling/Root Planing, 1-3 teeth per quad	\$75
4355	Full Mouth Debridement	\$72
4910	Periodontal Maintenance, per visit	\$60
4381	Arestin-Mincoclyline HCl	\$25 per site
4999	Subgingival Irrigation	\$20/ \$35
DENTURES AND PARTIALS		
5110	Complete denture maxillary	\$800
5120	Complete denture mandibular	\$800
5130	Immediate denture - maxillary	\$800
5140	Immediate denture - mandibular	\$800
5213	Maxillary partial denture cast metal	\$775
5214	Mandibular partial denture cast base	\$775
5225	Maxillary partial flexible frame	\$825
5226	Mandibular partial flexible frame	\$825
5510-5610	Partial / Denture - repair base, per arch*	\$100
5520	Denture / Partial replace teeth (each tooth)	\$75
5850/5851	Tissue Conditioning per arch	\$95
<i>*First three adjustments after dentures/partial are at no charge within 6 months of initial treatment placement.</i>		
ADJUSTMENTS TO DENTURES		
5410	Adjust Complete Denture Maxillary	\$45
5411	Adjust Complete Denture Mandibular	\$45
5650	Add tooth to existing partial, each tooth	\$75
5730-5731	Reline complete denture chairside per arch	\$98
5740-5741	Reline partial denture chair side per arch	\$98
5750-5751	Reline complete denture in lab per arch	\$150
5760-5761	Reline complete partial denture in lab per arch	\$150
5820-5821	Interim partial denture per arch	\$250
FIXED BRIDGE WORK		
6210	Pontic/Crown - cast-high noble metal	\$700
6212	Pontic/Crown - cast-noble metal	\$590

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FIXED BRIDGE WORK		
6240	Pontic/Crown - porcelain/high noble metal	\$640
6242	Pontic/Crown - porcelain/noble metal	\$625
6245	Pontic/Crown - porcelain/ceramic	\$650
6740	Abutment/Crown - porcelain/ceramic	\$650
6750	Abutment/Crown - porcelain/high noble	\$640
6752	Abutment/Crown - porcelain/ noble metal	\$625
6790	Abutment/Crown - full cast high noble metal	\$700
6792	Abutment/Crown - full cast noble metal	\$590
6930	Recement fixed partial denture	\$40
EXTRACTIONS when performed by general dentist		
7140	Extraction, erupted tooth or exposed root	\$70
7210	Surgical removal of erupted tooth	\$115
MISCELLANEOUS		
0431	Vizilite (oral cancer screening)	\$40
<p><i>*Any procedure not listed is available to the member at a 25% discount off the participating dentists usual fee, with exceptions where noted.</i></p>		

END OF GENERAL DENTISTRY FEES

ADA CODE	SPECIALTY CARE DESCRIPTION	PATIENT FEE
<i>Performed by a Specialist</i>		
0150	Comprehensive Exam	\$65
0210	Full mouth x-rays	\$50
0330	Panoramic x-ray	\$75
ENDODONTICS		
0140	Limited Endodontic Evaluation	\$55
3310	Anterior Root Canal	\$550
3320	Bicuspid Root Canal	\$648
3330	Molar Root Canal	\$815
3346	Retreat Anterior Canal	\$647
3347	Retreat Bicuspid Canal	\$745
3348	Retreat Molar Canal	\$926

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ADA CODE	SPECIALTY CARE DESCRIPTION	PATIENT FEE
<i>Performed by a Specialist</i>		
ORTHODONTICS		
8999	Diagnostic work up	\$150
8090	Comprehensive orthodontic treatment - Adult	\$3,000
8680	Ortho retention - removal of appliances per arch	\$125
8999	Final orthodontic records	\$75
8090	Invisalign - full case	\$4,740
PERIODONTAL		
0180	Comprehensive Periodontal Evaluation	\$65
4249	Crown Lengthening, 1 or 2 teeth	\$495/ \$669
4249	Crown Lengthening, 3 plus teeth per quad	\$850
4260	Osseous Surgery, 4 or more teeth per quad	\$865
4261	Osseous Surgery, 1-3 teeth per quad	\$525
4265	Emdogain (Biora) per site	\$400
4341	Scaling/Root Planing, 4 or more teeth per quad	\$175
4342	Scaling/Root Planing, 1-3 teeth per quad	\$131
4355	Full Mouth Debridement	\$93
4910	Periodontal Maintenance, per visit	\$84
4391	Arestin - Minocycline HCl	\$25 per site
4999	Subgingival Irrigation	\$20/\$35
4263	Bone Graft - Single Site	\$360
SURGICAL IMPLANT		
0363	ICAT Scan	\$199/\$390
*6010	Implant, 1 tooth	\$1,690
<i>*Price is for implant only. It does not include crown or any other treatment deemed necessary by the performing specialist.</i>		
ORAL SURGERY		
7140	Extraction, erupted tooth	\$123
7210	Surgical extraction, erupted tooth	\$155
7250	Surgical Removal of Residual Roots	\$196
7286	Biopsy of Oral Tissue-Soft	\$248
9220	General Anesthetic 30 minutes	\$195
9221	General Anesthetic 15 minutes	\$88
TMJ		
TMJ is a covered benefit with a 25% discount off of usual and customary fees. Does not coordinate with medical insurance.		
<i>*Any procedure not listed is available to the member at a 25% discount off the participating dentists usual fee, with exceptions where noted.</i>		