

General Dentist Fee Schedule

CODE DIAGNOSTIC & PREVENTATIVE FEE

D0120	PERIODIC ORAL EVALUATION	15
D0140	LIMITED ORAL EVALUATION -PROBLEM FOCUS	20
D0150	COMPREHENSIVE ORAL EVALUATION	25
D0210	XRAYS – COMPLETE SERIES	50
D0220	XRAYS – PERIAPICAL – 1ST FILM	10
D0230	XRAYS – PERIAPICAL – EACH ADDITIONAL	5
D0274	BITEWINGS – FOUR FILMS	20
D0330	PANORAMIC FILM	45
D0470	DIAGNOSTIC CASTS	30
D1110	*PROPHYLAXIS – ADULT CLEANING	35
D1120	*PROPHYLAXIS – CHILD CLEANING	30
D1203	FLOURIDE	15
D1330	ORAL HYG INSTRUCTIONS	5
D1351	SEALANT – PER TOOTH – NO AGE LIMIT	20

*One Free Cleaning per Year per Member

CODE RESTORATIVE FEE

D2140	AMALGAM – ONE SURFACE	45
D2150	AMALGAM – TWO SURFACES	65
D2160	AMALGAM – THREE SURFACES	75
D2161	AMALGAM – FOUR SURFACES	95
D2330	RESIN BASED COMPOSITE – ONE SURFACE - ANTERIOR	55
D2331	RESIN BASED COMPOSITE – TWO SURFACES - ANTERIOR	75
D2332	RESIN BASED COMPOSITE – THREE SURFACES - ANTERIOR	110
D2391	RESIN BASED COMPOSITE – ONE SURFACE - POSTERIOR	75
D2392	RESIN BASED COMPOSITE – TWO SURFACES - POSTERIOR	100
D2393	RESIN BASED COMPOSITE – THREE SURFACES - POSTERIOR	135
D2394	RESIN BASED COMPOSITE – FOUR SURFACES - POSTERIOR	165
D2750	* CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	650
D2752	* CROWN – PORCELAIN FUSED TO NOBLE METAL * lab fee not included	550
D2920	RECEMENT CROWN / BRIDGE	NO CHARGE
D2950	CORE BUILDUP – INCLUDING ANY PINS	100
D2951	PIN RETENTION PER TOOTH IN ADDITION TO RESTORATION	25
D2954	PREFABRICATED POST AND CORE	125
D2970	PROVISIONAL CROWN	50

CODE ENDODONTICS FEE

D3110	PULPOTOMY (EXCLUDING FINAL RESTORATION)	80
D3120	PULP CAP INDIRECT	25
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	60
D3310	ROOT CANAL – ANTERIOR	300
D3320	ROOT CANAL – BICUSPID	375
D3330	ROOT CANAL – MOLAR	475

CODE PERIODONTICS FEE

D4210	GINGIVECTOMY PER QUAD	450
D4211	GINGIVECTOMY PER TOOTH	200
D4341	PERIO SCALING/PER QUADRANT	70
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH, BY REPORT	50 PER SITE
D4910	PERIO MAINTENANCE	90

CODE PROSTHODONTICS – REMOVABLE FEE

*(lab fee not included)

D5110	*COMPLETE DENTURE – MAXILLARY	700
D5120	*COMPLETE DENTURE – MANDIBULAR	700
D5130	*IMMEDIATE DENTURE – MAXILLARY	575
D5140	*IMMEDIATE DENTURE – MANDIBULAR	575
D5213	*MAXILLARY PARTIAL - DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS OR TEETH)	750
D5214	*MANDIBULAR PARTIAL - DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS OR TEETH)	750
D5410	ADJUST COMPLETE DENTURE – MAXILLARY	30
D5411	ADJUST COMPLETE DENTURE – MANDIBULAR	30
D5520	*REPLACE MISSING/BROKEN TEETH	50
D5630	*REPAIR/REPLACE BROKEN CLASP	70
D5650	*ADD TOOTH TO EXISTING PARTIAL DENTURE	65
D5660	*ADD CLASP TO EXISTING PARTIAL DENTURE	70
D5730	*RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	150
D5731	*RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	150
D5740	*RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	150
D5741	*RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	150
D5750	*RELINE COMPLETE MAXILLARY DENTURE (LAB)	200
D5751	*RELINE COMPLETE MANDIBULAR DENTURE (LAB)	200

CODE PROSTHODONTICS – FIXED FEE

*(lab fee not included)

D6020	*IMPLANT ABUTMENT	500
D6010	IMPLANT	750
D6059	*IMPLANT CROWN	750
D6190	PRE SURGICAL INDEX	\$175
D6242	*PONTIC – PORCELAIN FUSED TO NOBLE METAL	550
D6752	*ABUTMENT – PORCELAIN FUSED TO NOBLE METAL	550

CODE ORAL SURGERY FEE

D7140	EXT ERUPTED TOOTH/EXPOSED ROOT	60
D7210	SURGICAL EXTRACTION	175
D7220	REMOVAL IMPACTED TOOTH – SOFT TISSUE	130
D7230	REMOVAL IMPACTED TOOTH – PARTIAL BONY	170
D7240	REMOVAL IMPACTED TOOTH – COMPLETELY BONY	220
D7250	SURGICAL REMOVAL OF RESIDUAL ROOT	110
D7288	BRUSH BIOPSY	175
D7310	ALVEOLOPLASTY IN CONJUNCTION W/EXT PER QUAD	105
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION W/EXT PER QUAD	150
D7510	INCISION AND DRAINAGE OF ABSCESS	80

CODE MISCELLANEOUS FEE

*(lab fee not included)

D2962	*LAMINATES / VENEERS	750
D4321	*SPLINTING	400
D9110	PALLIATIVE TREATMENT DENTAL PAIN-MINOR PROCEDURE	35
D9215	LOCAL ANESTHESIA	10
D9940	*NITEGUARD	350
D9951	OCCLUSAL ADJUSTMENT-LIMITED IN OFFICE (ZOOM) WHITENING SYSTEM	50 475

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Discount Dental Benefits Designed with the Patient in Mind

SPECIALIST FEES

CODE	ORAL SURGERY & PERIODONTICS *(lab fee not included)	FEE
D3410	APICO ANTERIOR – FIRST ROOT	400
D3421	APICO BICUSPID – FIRST ROOT	500
D3430	RETROGRADE FILLING – 1ST ROOT	150
D4210	GINGIVECTOMY – PER QUAD	600
D4249	CROWN LENGTHENING	550
D4260	OSSEOUS SURGERY PER QUAD	750
D4263	BONE GRAFT – PER SITE	400
D4273	ROOT COVERAGE – PER TOOTH	800
D4274	DISTAL WEDGE – PER SITE	500
D4321	*SPLINTING	400
D4341	SCALING & ROOT PLANNING PER QUAD	175
D4910	PERIO MAINTENANCE	100
D6010	IMPLANT	1,250
D6020	*IMPLANT ABUTMENT	500
D6059	*IMPLANT CROWN	750
D7140	SIMPLE EXTRACTION	125
D7210	SURGICAL EXTRACTION	175
D7220	SURGICAL EXTRACTION – SOFT IMPACTION	200
D7230	SURGICAL EXTRACTION – PARTIAL BONY	250
D7240	SURGICAL EXTRACTION - FULL BONY IMPACTION	275
D7250	SURGICAL EXTRACTION – ROOT TIP	175
D7288	BRUSH BIOPSY	200
D7310	ALVEOLOPLASTY IN CONJUNCTION W/EXT PER QUAD	155
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION W/EXT PER QUAD	200
D7410	BIOPSY - ECISION OF BENIGN LESION UP TO 1.25CM	400
D7510	INCISE AND DRAIN INTRAORAL	200
D7951	SINUS LIFT – WINDOW	1,500
D7951	SINUS LIFT – OSTEOTOME/PER SITE	300
D7960	FRENECTOMY	375
D9310	SPECIALIST CONSULTATION	125

CODE	ENDODONTIST	FEE
D3310	ROOT CANAL – ANTERIOR	550
D3320	ROOT CANAL – BICUSPID	650
D3330	ROOT CANAL – MOLAR	750
D3410	APICO ANTERIOR – FIRST ROOT	400
D3421	APICO BICUSPID – FIRST ROOT	500
D3425	APICO MOLAR – FIRST ROOT	600
D3426	EACH ADDITIONAL ROOT	200
D3430	RETROGRADE FILLING – 1ST ROOT	150

ORTHODONTICS

25% DISCOUNT / UCR FEES

PEDODONTICS

25% DISCOUNT / UCR FEES

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Discount Dental Benefits Designed with the Patient in Mind

LEGAL DISCLAIMER TERMS & CONDITIONS

Renewal Conditions: By joining this Discount Membership Program, you are authorizing Dental Direct to bill your credit card or checking account for the plan you have selected. This charge shall remain in force until you notify Dental Direct in writing of its cancellation. By joining, you are agreeing to the terms and conditions of the Discount Membership Program and adopting it for a minimum of one year. This Discount Membership Program will automatically renew at the end of your membership term on an annual basis, and your credit card or bank account will be automatically charged or drafted for the appropriate amount.

Effective Date: Membership commences on the first day of the month following the processing of a complete registration form.

Termination Conditions: Dental Direct reserves the right to terminate Discount Membership Program members from its Discount Membership Program for any reason, including non-payment. Members of Dental Direct may terminate at any time after one full year of Membership. Thereafter Members may terminate upon thirty days written notice. Should a Member or member of a group wish to reinstate their membership he or she may be subject to a SIX (6) month waiting period.

Limitation, Exclusions, & Exceptions: This program is a discount membership program offered by Dental Direct. In filling out and submitting the enrollment form you certified that you are aware that this is not an insurance product and agree to pay Dental Direct fees in full at time services are rendered. Any services not paid for at that time will be billed at the prevailing fees. Membership fees are not refundable. Dental Direct is not a licensed insurer, health maintenance organization, or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid by Dental Direct. Dental Direct is not licensed to provide and does not provide medical services or items to individuals. As a Member you will receive discounts for dental services at participating dental offices that have contracted with the Discount Membership Program. You are obligated to pay for all health care services at the time of your appointment. Savings are based upon the providers' usual and customary fees. Members must verify such services and fees with each individual provider. The discounts contained herein may not be used in conjunction without any other Discount Membership Programs. All listed prices on fee schedule are current prices by participating providers and subject to change without notice. Any procedures performed by a nonparticipating provider are not discounted. From time to time, certain providers may offer products or services to the general public at prices lower than the discounted prices available through this program. In such event, members will be charged the lowest price. Discounts on professional services are not available where prohibited by law. This Discount Membership Program does not discount all procedures. Providers are subject to change without notice and services may vary in some states. It is the member's responsibility to verify that the provider is a participant in the Discount Membership Program. At any time Dental Direct has the right to eliminate a Participating Professional from the respective network in which they are associated and may substitute Providers at its sole discretion. Dental Direct cannot guarantee the continued participation of any provider. If he or she leaves the Discount Membership Program, you will need to select another provider. Providers contracted by Dental Direct are solely responsible for the professional advice and treatment rendered to members and Dental Direct disclaims any liability with respect to such matters. Services and service providers may change or be discontinued at anytime without notice. *Plan members are obligated to pay for all dental care services but will receive a discount from those dental care providers who have contracted with the discount dental plan organization.*This schedule applies to services provided by a participating Dental Direct General Dentist. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each procedure. Member is responsible for all charges at the time of service. Fee schedules are subject to change without prior notification to members.*It is the Member's responsibility to verify that the dentist is a participating Provider before seeking any treatment. Any dental procedures performed by a non-participating dentist are not discounted and are charged at the dentist's normal fees.*The dollar amount specified adjacent to each procedure may not be the only cost incurred for a given treatment – many treatments may require more than one dental procedure. Please consult your Dental Direct provider for a detailed treatment plan prior to beginning any work.*Procedures not listed on this schedule will be discounted at 25% of the General Dentist's normal fee.*When specialists are participating in office, specialist's fee schedule applies.*Work in progress prior to joining the dental plan must be completed by the dentist who started the work and is subject to no discount.*Dental Direct cannot guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating Dental Direct provider. Not all types of dentists may be available in your area.*Any procedures involving lab fees will incur additional costs. All applicable lab fees are the full responsibility of the member and are subject to no discount.*Dental Direct or its vendors may periodically adjust this fee schedule.

FEE SCHEDULE LAST UPDATED 4/10/2009