

2015 SMILES TO YOU FEE SCHEDULE

ADA CODE	DESCRIPTION	FEE
D0120	PERIODIC ORAL EXAM	73.00
D0140	LIMITED ORAL EXAM	104.00
D0150	COMPREHENSIVE ORAL EXAM	85.00
D0170	RE-EVALUATED FOCUSED	98.00
D0210	COMPLETE SERIES X-RAYS	166.00
D0220	PERIAPICAL 1 ST FILM	35.00
D0221	PERIAPICAL ADDITIONAL FILM	30.00
D0272	BITEWINGS 2 FILM	53.00
D0273	BITEWINGS 3 FILM	62.00
D0274	BITEWINGS 4 FILM	69.00
D1110	PROPHYLAXIS	106.00
D1206	FLUORIDE VARNISH	45.00
D4910	PERIODONTAL MAINTENANCE	148.00
D4341	QUADRANT SCALING AND ROOT PLANING -4 TEETH MIN	307.00
D4342	QUADRANT SCALING AND ROOT PLANING-1-3 TEETH	240.00
D4345	FULL MOUTH DEBRIDEMENT	265.00
D5410/11/21/22	ADJUST PARTIAL/DENTURE	171.00
D5281	REMOVABLE UNILATERAL PARTIAL	702.00
D5225/26	UPPER/LOWER PARTIAL FLEX BASE	1909.00
D5610	REPAIR DENTURE BASE	260.00
D5630/50	ADD CLASP/TOOTH TO EXISTING PARTIAL	239.00
D5711/20/21	UPPER/LOWER DENTURE RELINE CHAIRSIDE	204.00
D5730/31/40/41	UPPER/LOWER PARTIAL RELINE` CHAIRSIDE	204.00
D5750/51/60/61	LAB UPPER/LOWER DENTURE/PARTIAL REBASE	420.00
D2330	ANTERIOR/POSTERIOR COMPOSITE 1 SURFACE	211.00
D2231	ANTERIOR/POSTERIOR COMPOSITE 2 SURFACE	265.00
D2232	ANTERIOR/POSTERIOR COMPOSITE 3 SURFACE	319.00
D2335	ANTERIOR/POSTERIOR COMPOSITE 4 SURFACE	346.00
D2390	COMPOSITE CROWN	448.00
D2740	FULL PORCELAIN/CERAMIC CROWN	1589.00
D2920	RECEMENT CROWN	139.00
D2970	TEMPORARY CROWN FRACTURED TOOTH	192.00
D5211/2/3/4	UPPER/LOWER DENTURE/PARTIAL ACRYLIC &/ OR METAL SUBSTRUCT	1695.00
D7140	ROUTINE EXTRACTION	257.00
D7210	SURGICAL EXTRACTION	376.00
D7285/86	BIOPSY PER SITE HARD/SOFT TISSUE	312.00
D9951	LIMITED OCCLUSAL ADJUSTMENT	177.00

FULL PAYMENT DUE AT TIME OF SERVICE. PERSONAL CHECK, DEBITCARD, MASTERCARD, VISA, AMERICAN EXPRESS ACCEPTED
REQUEST FOR TREATMENT NOT LISTED ABOVE WILL BE QUOTED PRIOR TO SERVICE.