

DIAGNOSTIC AND PREVENTATIVE

Periodic Oral Evaluation - Established Patient	24.00
Limited Oral Evaluation - Problem Focused	24.00
Oral Evaluation Under Three Years of Age	24.00
Comprehensive Oral Evaluation - New or Established Patient	30.00
Detailed and Extensive Oral Evaluation - Problem Focused	30.00
Re-Evaluation - Limited, Problem Focused	25.00
Comprehensive Periodontal Eval - New or Established Patient	30.00
Intraoral - Complete Series (Including Bitewings)	60.00
Intraoral - Periapical First Film	10.00
Intraoral - Periapical Each Additional Film	6.00
Intraoral - Occlusal Film	15.00
Extraoral - First Film	35.00
Extraoral - Each Additional Film	25.00
Bitewing - Single Film	10.00
Bitewings - Each Additional	6.00
Vertical Bitewing 7 to 8 Radiographic Images	35.00
Panorex	50.00
Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	40.00
Sialography	50.00
Temporomandibular Joint Arthrogram, Including Injection	200.00
Other Temporomandibular Joint Radiographic Images by Report	80.00
Tomographic Survey	175.00
Cephalometric Film	50.00
Oral/Facial Photographic Images	25.00
Cone Beam-Three Dimensional Images	200.00
Collection of Microorganisms For Culture and Sensitivity	25.00
Genetic Test for Susceptibility to Oral Disease	25.00
Aids in Detection of Mucosal Abnormalities	35.00
Pulp Vitality Tests	20.00
Diagnostic Casts	40.00
Accession of Tissue Gross Exam Prep Trans of Written Report	40.00
Microscopic Exam Including Surgical Margin Presence of Disease	40.00
Dry Accession of Trans Cytologic Micro Exam Prep & Trans	50.00
Other Oral Pathology Procedures by Report	40.00
Prophylaxis - Adult	45.00
Prophylaxis - Child	35.00
Topical Application of Fluoride Varnish	20.00
Topical Application of Fluoride - Child	20.00
Nutritional Counseling for Control of Dental Disease	15.00
Tobacco Counseling -Control and Prevention of Oral Disease	15.00
Sealant - Per Tooth	25.00
Space Maintainer - Fixed - Unilateral	190.00
Space Maintainer - Fixed - Bilateral	225.00
Space Maintainer - Removable - Unilateral	185.00
Space Maintainer - Removable - Bilateral	250.00
Re-Cementation of Space Maintainer	40.00

PERIODONTICS

Gingivectomy or Gingivoplasty - Four or More Teeth per Quad	250.00
Gingivectomy or Gingivoplasty - One to three teeth per Quad	150.00
Gingival Flap Procedure-Four or More Teeth	250.00
Gingival Flap Procedure-One to Three Teeth	150.00
Clinical Crown Lengthening Hard Tissue	400.00
Osseous Surgery - Four or More Contiguous Teeth per Quad	525.00
Osseous Surgery - One to Three Contiguous Teeth per Quad	315.00
Bone Replacement Graft - First Site in Quadrant	150.00
Bone Replacement Graft - Additional Site in Quad	125.00
Pedicle Soft Tissue Graft Procedure	300.00
Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	325.00
Perio Scaling and Root Planing - Four or More Teeth per Quad	75.00
Perio Scaling and Root Planing One to Three Teeth per Quad	45.00
Full Mouth Debridement -Enable Comp Evaluation and Diagnosis	45.00
Localized Delivery of Antimicrobial Agents per Tooth, by Report	45.00
Periodontal Maintenance	60.00

RESTORATIVE

Amalgam - One Surface, Primary or Permanent	55.00
Amalgam - Two Surfaces, Primary or Permanent	70.00
Amalgam - Three Surfaces, Primary or Permanent	80.00
Amalgam - Four or More Surfaces, Primary or Permanent	95.00
Resin Based Composite One Surface Anterior	60.00
Resin-Based Composite - Two Surfaces, Anterior	75.00
Resin-Based Composite - Three Surfaces, Anterior	90.00
Resin-Based Composite - 4 or More Surfaces or Incisal Angle (Anterior)	100.00
Resin Based Composite Crown Anterior	200.00
Resin-Based Composite - One Surface, Posterior	75.00
Resin-Based Composite - Two Surfaces, Posterior	100.00
Resin-Based Composite - Three Surfaces, Posterior	115.00
Resin-Based Composite - Four or More Surfaces, Posterior	125.00
Inlay - Metallic - One Surface	275.00
Inlay - Metallic - Two Surfaces	350.00
Inlay - Metallic - Three or More Surfaces	375.00
Onlay - Metallic-Two Surfaces	400.00
Onlay - Metallic-Three Surfaces	450.00
Onlay - Metallic-Four or More Surfaces	475.00
Inlay - Porcelain/Ceramic - One Surface	350.00
Inlay - Porcelain/Ceramic - Two Surfaces	425.00
Inlay - Porcelain/Ceramic - Three or More Surfaces	500.00
Onlay - Porcelain/Ceramic - Two Surfaces	400.00
Onlay - Porcelain/Ceramic - Three Surfaces	500.00
Onlay - Porcelain/Ceramic - Four or More Surfaces	475.00
Inlay - Resin-Based Composite - One Surface	200.00
Inlay - Resin-Based Composite - Two Surfaces	250.00
Inlay - Resin-Based Composite - Three or More Surfaces	300.00
Onlay - Resin-Based Composite - Two Surfaces	300.00
Onlay - Resin-Based Composite - Three Surfaces	350.00
Onlay - Resin-Based Composite - Four or More Surfaces	400.00
Crown Resin Based Composite Indirect	200.00
Crown 3/4 Resin Based Composite Indirect	200.00
Crown - Resin with High Noble Metal	500.00
Crown Resin Predominantly Base Metal	450.00
Crown Resin with Noble Metal	475.00
Crown - Porcelain/Ceramic Substrate	550.00
Crown - Porcelain Fused to High Noble Metal	625.00
Crown Porcelain Fused to Predominantly Base Metal	575.00
Crown-Porcelain Fused to Noble Metal	625.00
Crown 3/4 High Noble Metal	550.00
Crown 3/4 Cast Predominantly Base Metal	500.00
Crown 3/4 Porcelain Ceramic	475.00
Crown 3/4 Cast Noble Metal	500.00
Crown - Full Cast High Noble Metal	500.00
Crown Full Cast Predominantly Base Metal	475.00
Crown - Full Cast Metal	475.00
Crown Titanium	525.00
Provisional Crown	75.00
Recement Inlay, Onlay, or Partial Coverage Restoration	40.00
Recement Cast or Prefabricated Post and Core	40.00
Recement Crown	40.00
Prefabricated Porcelain Ceramic Primary Tooth	100.00
Prefabricated Stainless Steel Crown - Primary Tooth	100.00
Prefabricated Stainless Steel Crown - Permanent Tooth	100.00
Sedative Filling	40.00
Core Buildup, Including Any Pins	75.00
Pin Retention - Per Tooth, in addition to Restoration	30.00
Post and Core in addition to Crown, Indirectly Fabricated	160.00
Prefabricated Post and Core in addition to Crown	120.00
Post Removal (Not In Conjunction with Endodontic Therapy)	75.00
Labial Veneer (Resin Laminate) - Laboratory	250.00
Labial Veneer (Porcelain Laminate) - Laboratory	375.00

MetrodentDIRECT

Schedule of Maximum Charges

PROSTHODONTIC

Complete Denture - Maxillary.....	725.00
Complete Denture - Mandibular.....	725.00
Immediate Denture - Maxillary.....	725.00
Immediate Denture - Mandibular.....	725.00
Maxillary Partial Denture - Resin Base.....	550.00
Mandibular Partial Denture - Resin Base.....	550.00
Maxillary Partial Denture - Cast Metal Frame with Resin Bases.....	750.00
Mandibular Partial Denture - Cast Metal Frame with Resin Bases.....	750.00
Removable Unilateral Partial Denture - One Piece Cast Metal.....	275.00
Adjust Complete Denture - Maxillary.....	40.00
Adjust Complete Denture - Mandibular.....	40.00
Adjust Partial Denture - Maxillary.....	40.00
Adjust Partial Denture - Mandibular.....	40.00
Repair Broken Complete Denture Base.....	100.00
Replace Missing or Broken Teeth - Complete Denture.....	90.00
Repair Resin Denture Base.....	90.00
Repair Cast Framework.....	115.00
Repair or Replace Broken Clasp.....	90.00
Replace Broken Teeth - per Tooth.....	90.00
Add Tooth to Existing Partial Denture.....	90.00
Add Clasp to Existing Partial Denture.....	105.00
Rebase Complete Maxillary Denture.....	165.00
Rebase Complete Mandibular Denture.....	165.00
Rebase Maxillary Partial Denture.....	140.00
Rebase Mandibular Partial Denture.....	140.00
Reline Complete Maxillary Denture (Chairside).....	120.00
Reline Complete Mandibular Denture (Chairside).....	120.00
Reline Maxillary Partial Denture (Chairside).....	105.00
Reline Mandibular Partial Denture (Chairside).....	105.00
Reline Complete Maxillary Denture (Laboratory).....	165.00
Reline Complete Mandibular Denture (Laboratory).....	165.00
Reline Maxillary Partial Denture (Laboratory).....	150.00
Reline Mandibular Partial Denture (Laboratory).....	150.00
Pontic - Cast High Noble Metal.....	500.00
Pontic - Porcelain Fused to High Noble Metal.....	550.00
Pontic - Resin with High Noble Metal.....	500.00
Retainer - Cast Metal for Resin Bonded Fixed Prosthesis.....	275.00
Retainer - Porcelain/Ceramic for Resin Bonded Fixed Prosthesis.....	275.00
Crown - Resin with High Noble Metal.....	500.00
Crown - Porcelain Fused to High Noble Metal.....	625.00
Recent Fixed Partial Denture.....	50.00
Precision Attachment.....	175.00

IMPLANTS

Surgical Placement of Implant Body: Endosteal Implant.....	1,200.00
Prefabricated Abutment - Includes Placement.....	500.00
Custom Abutment - Includes Placement.....	500.00
Abutment Supported Porcelain/Ceramic Crown.....	750.00
Abutment Sup Porc Fused to Metal Crown (High Noble Metal).....	750.00
Abutment Sup Porc Fused to Metal Crown (Pred Base Metal).....	750.00
Abutment Supp Porc Fused to Metal Crown (Noble Metal).....	600.00
Abutment Supported Cast Metal Crown (High Noble Metal).....	750.00
Abutment Supp Cast Metal Crown (Predominantly Base Metal).....	725.00
Abutment Supported Cast Metal Crown (Noble Metal).....	715.00
Abutment Supported Crown - (Titanium).....	500.00
Implant Supported Porcelain/Ceramic Crown.....	975.00
Implant Supported Porcelain Fused to Metal Crown.....	975.00
Implant Supported Metal Crown.....	750.00
Abutment Supported Retainer for Porcelain/Ceramic FPD.....	725.00
Abut Supp Retainer for Porc Fused to Metal FPD (High Noble).....	725.00
Abut Supp Retainer for Porc Fused to Metal FPD (Base Metal).....	725.00
Abut Supp Retainer for Porc Fused to Metal FPD (Noble Metal).....	750.00
Abut Supp Retainer for Cast Metal FPD (High Noble Metal).....	650.00
Abut Supp Retainer for Cast Metal FPD (Base Metal).....	600.00
Abutment Supported Retainer for Cast Metal FPD (Noble Metal).....	650.00
Abutment Supported Retainer Crown for FPD - (Titanium).....	750.00
Implant Supported Retainer for Ceramic FPD.....	700.00
Implant Supported Retainer for Porcelain Fused to Metal FPD.....	685.00
Implant Supported Retainer for Cast Metal FPD.....	675.00

ENDODONTICS

Pulp Cap - Direct (Excluding Final Restoration).....	30.00
Pulp Cap - Indirect (Excluding Final Restoration).....	20.00
Therapeutic Pulpotomy (Excl Final Restoration).....	80.00
Pulpal Debridement Primary and Permanent.....	40.00
Endodontic Therapy, Anterior Tooth (Excluding Final Restoration).....	350.00
Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration).....	425.00
Endodontic Therapy, Molar (Excluding Final Restoration).....	600.00
Retreatment of Previous Root Canal Therapy - Anterior.....	450.00
Retreatment of Previous Root Canal Therapy - Bicuspid.....	525.00
Retreatment of Previous Root Canal Therapy - Molar.....	700.00
Apicoectomy/Periradicular Surgery - Anterior.....	250.00
Apicoectomy/Periradicular Surgery - Bicuspid (First Root).....	250.00
Apicoectomy/Periradicular Surgery - Molar (First Root).....	250.00
Apicoectomy/Periradicular Surgery (Each Additional Root).....	150.00
Retrograde Filling - per Root.....	100.00
Root Amputation - per Root.....	200.00
Hemisection (Including Any Root Removal), Not Including RCT.....	200.00

ORTHO

Limited Orthodontic Treatment of the Primary Dentition.....	2,000.00
Limited Orthodontic Treatment of the Transitional Dentition.....	2,000.00
Limited Orthodontic Treatment of the Adolescent Dentition.....	2,000.00
Limited Orthodontic Treatment of the Adult Dentition.....	2,000.00
Interceptive Orthodontic Treatment of the Primary Dentition.....	2,000.00
Interceptive Orthodontic Treatment of the Transitional Dentition.....	2,000.00
Comprehensive Orthodontic Treatment of the Transitional Dentition.....	4,000.00
Comprehensive Orthodontic Treatment of the Adolescent Dentition.....	4,000.00
Comprehensive Orthodontic Treatment of the Adult Dentition.....	4,000.00
Removable Appliance Therapy.....	350.00
Fixed Appliance Therapy.....	350.00
Periodic Orthodontic Treatment Visit (as part of contract).....	125.00

ORAL SURGERY

Extraction, Coronal Remnants - Deciduous Tooth.....	65.00
Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal).....	70.00
Surgical Removal of Residual Tooth Roots (Cutting Procedure).....	100.00
Removal of Impacted Tooth - Soft Tissue.....	150.00
Removal of Impacted Tooth - Partially Bony.....	200.00
Removal of Impacted Tooth - Completely Bony.....	275.00
Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications.....	300.00
Surgical Removal of Residual Tooth Roots (Cutting Procedure).....	110.00
Placement of Device to Facilitate Eruption of Impacted Tooth.....	75.00
Biopsy of Oral Tissue - Hard (Bone, Tooth).....	150.00
Biopsy of Oral Tissue - Soft.....	125.00
Alveoloplasty in conjunction with Extractions - Four or More Teeth or Tooth Spaces, per Quadrant.....	140.00
Alveoloplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, per Quadrant.....	90.00
Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter up to 1.25 cm.....	125.00
Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 cm.....	200.00
Incision and Drainage of Abscess - Intraoral Soft Tissue.....	75.00
Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure.....	150.00

GENERAL

Palliative.....	40.00
Deep Sedation/General Anesthesia -per 15 minutes.....	85.00
Intravenous Conscious Sedation/Analgesia -per 15 minutes.....	85.00
Consultation - Diagnostic Service Provided By Dentist or Physician Other Than Requesting Dentist or Physician.....	65.00
Occlusal Guard, by Report.....	150.00
Nitrous Oxide.....	50.00