COMFORT DENTAL GOLD MEMBERSHIP PLAN
MISSOURI AND KANSAS REDUCED FEE SCHEDULE

ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS
PREVENTIVE AND DIAGNOSTIC			
0110	Initial Oral Exam	80	N/C
0120	Periodic Oral Exam	60	N/C
0130	Emergency Oral Exam (office hours)	80	N/C
0210	Complete Series X-Rays	95	N/C
0220	Single Periapical X-Ray	28	N/C
0230	Each additional film	22	N/C
0274	Bitewing X-Rays	45	N/C
0470	Diagnostic Casts	75	25
9430	Office Visit	55	25
1110	Simple teeth cleaning (children and adults) (up to 2 per year). Patients with gum disease are not covered under this category (Refer to Periodontics Section)	80	N/C
1203	Fluoride Treatment (Limit one per year to age 18)	40	N/C
1330	Preventive Dental Education, Home Care	55	N/C
1351	Sealants (Pit & Fissure) per tooth	40	20
1510	Space Maintainer Unilateral	220	120
1515	Space Maintainer Bilateral	310	150
9310	Consultation	100	20
9440	After hours Office Visit	180	100
	Missed/Canceled Appointments (without 24 hours notice)	70	50
0431	VelScope Cancer Screening	50	10
The following Orthodontic fees apply only when treatment is performed at a Comfort BracesCenter.			
ORTHODONTICS (BRACES) CHILDREN/ADULTS			
----	Orthodontic Consultation	60	N/C
----	Records	300	189
----	Down Payment	1500	N/C
----	Monthly Adjustment Fee (Child)	150	129
----	Monthly Adjustment Fee (Adult)	175	139
----	Retainers	600	369
0330	Pano	115	65
RESTORATIVE (FILLINGS)			
Amalgam Restorations/Permanent-Primary Teeth			
2140	One tooth surface	110	65
2150	Two surfaces	140	75
2160	Three surfaces	180	85
2161	Four or more surfaces	211	115
Anterior Resin Restorations			
2330	One surface	135	75
2331	Two surfaces	165	85
2332	Three surfaces	185	100
2335	Four or more surfaces	240	130
Posterior Resin Restorations			
2391	One surface	200	105
2392	Two surfaces	220	145
2393	Three or more surfaces	300	165

ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS
INLAYS AND ONLAYS			
2510	Inlay metallic - one surface	540	270
2520	Inlay metallic - two surfaces	580	320
2530	Inlay metallic - three surfaces	620	340
2540	Onlay metallic - (in addition to inlay)	630	340
CROWN AND BRIDGE			
2740	Porcelain Crown	1180	730
2750-52	Porcelain with Metal Crown	940	585
2790	Full Crown	1100	635*
2810	3/4 Metal Crown	1100	635*
2930	Stainless Steel Crown (Primary)	280	130
2910	Recement Crown	80	45
2950	Crown Build-up including any pins	235	125
2952	Cast Post and Core	260	165
2954	Pre-fab post & core	240	150
2962	Cosmetic Porcelain Veneer	1180	730
6210-12	Cast Pontic	940	600*
6240-42	Porcelain with metal Pontic	940	585
6545	Maryland Bridge per unit	1000	585
6750-52	Porcelain with metal Bridge Abutment	940	585
6780	3/4 Metal Bridge Abutment	940	620*
6790-92	Full Metal Crown	980	635*
	Crown over Implant	1750	1000
PROSTHODONTICS - REMOVABLE			
5110	Complete Upper Denture	1450	650
5120	Complete Lower Denture	1450	650
5130	Immediate Upper Denture	1500	695
5140	Immediate Lower Denture	1500	695
5213	Upper Partial - Cast	1450	695
5214	Lower Partial - Cast	1450	695
9940	Nightguard (occlusal guard)	350	240
5820-1	Treatment Partial - Acrylic/Flipper	425	275
5225/5226	Valplast Partial	1600	850
REPAIRS/RELINES			
5410-22	Denture adjustments (Upper or Lower, complete or partial	85	55
5510	Repair broken complete denture base	440	100***
5520	Replace missing or broken teeth complete or partial denture (per tooth)	135	65***
5620-30	Repair Cast Framework/Clasp	280	135***
5650	Add tooth to existing partial denture	200	80***
5710	Rebase	420	250
5730	Reline Chairside	280	100
5750	Reline Lab	410	250
OTHER SERVICES			
9110	Emergency Palliative Treatment	150	70
9210	Local Anesthetic	N/C	N/C
9230	Nitrous Oxide (each 30 minute session)	54	N/C
9951	Occlusal Adjustment - limited	85	45
9972	Take Home Bleaching - per arch	280	150
----	In Office Bleaching - per arch	250	135
2951	Pin Retention per tooth	100	70
2940	Sedative Filling	130	55
3110-20	Pulp Cap	110	30

The following ORAL SURGERY, ENDODONTIC and PERIODONTIC payments apply only when treatment is performed at a participating dental office. If the services of a specialist are required, thesepayments do not apply and the patient will receive services from a participating specialist, where available, at a 20% discount off of the specialist's UCR.

ORAL SURGERY			
7140	Simple Extraction	145	85
7210	Surgical Extraction Erupted	245	125
7220	Soft Tissue Impaction	280	150
7230	Partial Bony Impaction	420	220
7240	Complete Bony Impaction	510	310
7250	Surgical Root Recovery	210	125
7270	Tooth Reimplantation and Stabilization	510	200
7280	Surgical Exposure of Impacted Tooth	200	100
7286	Biopsy of Oral-Tissue-soft	180	70
7310	Alveoloplasty/Quad with Extraction	240	115
7320	Alveoloplasty/Quad without Extractions	200	120
7510	Intra-Oral I & D Abscess	130	75
0330	Pano	115	65
7472	Palatal Tori removal	671	350
7473	Mandibular Tori Removal	639	300
ENDODONTICS (root canal treatment)			
3220	Therapeutic Pulpotomy	180	65
3221	Pulpal debridement	210	85
3310	Rct Anterior	700	315
3320	Rct Bicuspid	810	385
3330	Rct Molor 3 canals	1000	545
3410	Apicoectomy	500	275
PERIODONTICS (gum treatment)			
4999	Periodontal Exam and Charting	90	35
4210	Gingivectormy/Quad	510	245
4260	Osseous surgery/Quad (including flap entry and closure	700	360
4341	Scaling/Root Planing/Quad	260	135
4342	Scaling/Root Planing/4 teeth/Quad	125	95
4355	Debridement	210	85
4910	Periodontal Maintenance (following therapy)	140	80

*All patient payments are exclusive of gold. If gold is used, there will be an additional cost added to the patient payments ***Plus Lab Fee.
UCR** - Usual, Customary and Reasonable Fees for Missouri. Procedures or services not listed will be performed at UCR.