

**COMFORT DENTAL GOLD MEMBERSHIP PLAN  
COLORADO, NEBRASKA, & OHIO REDUCED FEE SCHEDULE**

ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS	ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS
<b>PREVENTIVE AND DIAGNOSTIC</b>				<b>INLAYS AND ONLAYS</b>			
0110	Initial Oral Exam	60	N/C	2510	Inlay metallic - one surface	400	250
0120	Periodic Oral Exam	45	N/C	2520	Inlay metallic - two surfaces	460	310
0130	Emergency Oral Exam (office hours)	50	N/C	2530	Inlay metallic - three surfaces	510	310
0210	Complete Series X-Rays	95	N/C	2540	Onlay metallic - (in addition to inlay)	560	400
0220	Single Periapical X-Ray	19	N/C	<b>CROWN AND BRIDGE</b>			
0230	Each additional film	17	N/C	2740	Porcelain Crown	925	665
0274	Bitewing X-Rays	50	N/C	2750-52	Porcelain with Metal Crown	810	510
0470	Diagnostic Casts	60	25	2790	Full Crown	810	450*
9430	Office Visit	45	25	2810	3/4 Metal Crown	810	450*
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)	75	N/C	2930	Stainless Steel Crown (Primary)	208	110
1203	Fluoride Treatment (Limit one per year to age 18)	35	N/C	2910	Recectom Crown	70	40
1330	Preventive Dental Education, Home Care	45	N/C	2950	Crown Build-up including any pins	200	120
1351	Sealants (Pit & Fissure) per tooth	45	25	2952	Cast Post and Core	240	150
1510	Space Maintainer Unilateral	210	115	2954	Pre-fab post & core	210	140
1515	Space Maintainer Bilateral	320	150	2962	Cosmetic Porcelain Veneer	725	565
9310	Consultation	70	20	6210-12	Cast Pontic	810	450*
9440	After hours Office Visit	150	65	6240-42	Porcelain with metal Pontic	810	510
	Missed/Canceled Appointments (without 24 hours notice)	30	50	6545	Maryland Bridge per unit	810	510
0431	VelScope Cancer Screening	50	10	6750-52	Porcelain with metal Bridge Abutment	810	510
The following Orthodontic fees apply only when treatment is performed at a Comfort BracesCenter, located in Colorado.				6780	3/4 Metal Bridge Abutment	810	450*
<b>ORTHODONTICS (BRACES) CHILDREN/ADULTS</b>				6790-92	Full Metal Crown	810	450*
----	Orthodontic Consultation	60	N/C		Crown over Implant	1300	1000
----	Records	300	189	<b>PROSTHODONTICS - REMOVABLE</b>			
----	Down Payment	1500	N/C	5110	Complete Upper Denture	1000	540
----	Monthly Adjustment Fee (Child)	150	129	5120	Complete Lower Denture	1000	540
----	Monthly Adjustment Fee (Adult)	175	139	5130	Immediate Upper Denture	1100	600
----	Retainers	600	369	5140	Immediate Lower Denture	1100	600
0330	Pano	85	65	5213	Upper Partial - Cast	1075	640
<b>RESTORATIVE (FILLINGS)</b>				5214	Lower Partial - Cast	1075	640
Amalgam Restorations/Permanent-Primary Teeth				5225/5226	Valplast	1600	900
2140	One tooth surface	95	55	5820	Treatment Partial - Acrylic	400	275
2150	Two surfaces	125	70	9940	Nightguard (occlusal guard)	350	205
2160	Three surfaces	160	75	<b>REPAIRS/RELINES</b>			
2161	Four or more surfaces	195	110	5410-22	Denture adjustments (Upper or Lower, complete or partial)	70	55
Anterior Resin Restorations				5510	Repair broken complete denture base	175	60***
2330	One surface	120	70	5520	Replace missing or broken teeth complete or partial denture (per tooth)	150	60***
2331	Two surfaces	150	80	5620-30	Repair Cast Framework/Clasp	185	70***
2332	Three surfaces	180	90	5650	Add tooth to existing partial denture	150	70***
2335	Four or more surfaces	200	125	5710	Rebase	300	165
Posterior Resin Restorations				5730	Reline Chairside	200	70
2391	One surface	160	105	5750	Reline Lab	300	175
2392	Two surfaces	208	135	<b>OTHER SERVICES</b>			
2393	Three or more surfaces	259	155	9110	Emergency Palliative Treatment	100	45
				9210	Local Anesthetic	N/C	N/C
				9230	Nitrous Oxide (each 30 minute session)	55	N/C
				9951	Occlusal Adjustment - limited	70	35
				9972	Take Home Bleaching - per arch	250	105
				----	In Office Bleaching - per arch	550	230
				2951	Pin Retention per tooth	60	30
				2940	Sedative Filling	90	40
				3110-20	Pulp Cap	70	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, these payments 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.

<b>ORAL SURGERY</b>				<b>ENDODONTICS (root canal treatment)</b>			
7140	Simple extraction	110	70	3220	Therapeutic Pulpotomy	110	55
7120	Each Additional Routine Extraction	110	70	3221	Pulpal debridement	165	110
7210	Surgical Extraction Erupted	210	105	3310	Ret Anterior	475	285
7220	Soft Tissue Impaction	210	100	3320	Ret Bicuspid	575	345
7230	Partial Bony Impaction	250	140	3330	Ret Molor 3 canals	800	500
7240	Complete Bony Impaction	300	180	3340	Ret Molor 4 canals	900	540
7250	Surgical Root Recovery	200	75	3410	Apicoectomy	275	150
7270	Tooth Reimplantation and Stabilization	180	80	<b>PERIODONTICS (gum treatment)</b>			
7280	Surgical Exposure of Impacted Tooth	200	80	4999	Periodontal Exam and Charting	60	40
7286	Biopsy of Oral Tissue-soft	110	60	4210	Gingivectomy/Quad	420	230
7310	Alveoplasty/Quad with Extractions	210	110	4220	Gingival Curettage/Quad	210	115
7320	Alveoplasty/Quad without Extractions	200	105	4260	Osseous surgery/Quad (including flap entry and closure)	600	360
7510	Intra-Oral I & D or Abscess	120	65	4341	Scaling/Root Planing/Quad	250	130
0330	Pano	85	65	4342	Scaling/Root Planing/1-3teeth/Quad	125	65
				4910	Periodontal Maintenance (following active therapy)	130	75

\*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 Arizona, Colorado, Indiana, Kansas, Kentucky, Nebraska & Ohio. Procedures or services not listed will be performed at UCR.