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

<table>
<thead>
<tr>
<th>ADA CODE</th>
<th>SERVICES</th>
<th>UCR**MEMBER</th>
<th>PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0110</td>
<td>Initial Oral Exam</td>
<td>60 N/C</td>
<td>PAYS</td>
</tr>
<tr>
<td>0120</td>
<td>Periodic Oral Exam</td>
<td>45 N/C</td>
<td>PAYS</td>
</tr>
<tr>
<td>0130</td>
<td>Emergency Oral Exam (office hours)</td>
<td>50 N/C</td>
<td>PAYS</td>
</tr>
<tr>
<td>0210</td>
<td>Complete Series X-Rays</td>
<td>95 N/C</td>
<td>PAYS</td>
</tr>
<tr>
<td>0220</td>
<td>Single Periapical X-Ray</td>
<td>19 N/C</td>
<td>PAYS</td>
</tr>
<tr>
<td>0230</td>
<td>Each additional film</td>
<td>17 N/C</td>
<td>PAYS</td>
</tr>
<tr>
<td>0274</td>
<td>Bisewing X-Rays</td>
<td>50 N/C</td>
<td>PAYS</td>
</tr>
<tr>
<td>0470</td>
<td>Diagnostic Casts</td>
<td>60 25</td>
<td>PAYS</td>
</tr>
<tr>
<td>9430</td>
<td>Office Visit</td>
<td>45 25</td>
<td>PAYS</td>
</tr>
<tr>
<td>1110</td>
<td>Simple teeth cleaning (children and adults)</td>
<td>75 N/C</td>
<td>PAYS</td>
</tr>
</tbody>
</table>

### 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: 600 169
- 0330 Pano: 85 65

### RESTORATIVE (FILLINGS)

Amalgam Restorations/Permanent-Primary Teeth

- One tooth surface: 95 55
- Two surfaces: 125 70
- Three surfaces: 160 75
- Four or more surfaces: 195 110

Anterior Resin Restorations

- One surface: 120 70
- Two surfaces: 150 80
- Three surfaces: 180 90
- Four or more surfaces: 200 125

Posterior Resin Restorations

- One surface: 160 105
- Two surfaces: 208 135
- Three or more surfaces: 259 155

### INLAYS AND ONLAYS

- Inlay metallic - one surface: 400 250
- Inlay metallic - two surfaces: 460 310
- Inlay metallic - three surfaces: 510 310
- Onlay metallic - (in addition to inlay): 560 400

### CROWN AND BRIDGE

- Porcelain Crown: 925 665
- Porcelain with Metal Crown: 810 510
- Full Crown: 810 450*
- 3/4 Metal Crown: 810 450*
- Stainless Steel Crown (Primary): 208 110
- Recement Crown: 70 40
- Crown Build-up including any pins: 200 120
- Cast Post and Core: 240 150
- Pre-fab post & core: 210 140
- Cosmetic Porcelain Veneer: 725 365
- Cast Pontic: 810 450*
- Porcelain with metal Pontic: 810 510
- Maryland Bridge per unit: 810 510
- Porcelain with metal Bridge Abutment: 810 510
- Metal Bridge Abutment: 810 450*
- Full Metal Crown: 810 450*
- Crown over Implant: 1300 1000

### PROSTHODONTICS - REMOVABLE

- Complete Upper Denture: 1000 540
- Complete Lower Denture: 1000 540
- Immediate Upper Denture: 1100 600
- Immediate Lower Denture: 1100 600
- Upper Partial - Cast: 1075 640
- Lower Partial - Cast: 1075 640
- Valplast: 1600 900
- Nightguard (occlusal guard): 350 205

### REPAIRS/RELINES

- Denture adjustments: 70 55
- Repair broken complete denture base: 175 60***
- Replace missing or broken teeth: 150 60***
- Repair Cast Framework/Clasp: 185 70***
- Add tooth to existing partial denture: 150 70***
- Rebase: 300 165
- Reline Chairside: 200 70
- Reline Lab: 300 175

### OTHER SERVICES

- Emergency Palliative Treatment: 100 45
- Local Anesthetic: 1000 540
- Nitrous Oxide (each 30 minute session): 115 22
- Local Anesthetic: 1100 600
- Emergency Palliative Treatment: 1100 600
- Upper Partial - Cast: 1075 640
- Lower Partial - Cast: 1075 640
- Valplast: 1600 900
- Nightguard (occlusal guard): 350 205
- In Office Bleaching - per arch: 550 230
- Pin Retention per tooth: 60 30
- Sedative Filling: 90 40
- Pulp Cap: 70 30

### ORAL SURGERY

- Simple extraction: 110 70
- Each Additional Routine Extraction: 110 70
- Surgical Extraction Exposed: 210 105
- Soft Tissue Impaction: 210 100
- Partial Bony Impaction: 250 140
- Complete Bony Impaction: 300 180
- Surgical Root Recovery: 200 75
- Tooth Reimplantation and Stabilization: 180 80
- Surgical Exposure of Impacted Tooth: 200 80
- Biopsy of Oral Tissue-soft: 110 60
- Alveoloplasty/Quad Extractions: 210 110
- Alveoloplasty/Quad without Extractions: 200 105
- Intra-Oral I & O or Abscess: 120 65
- Pano: 85 65

### ENDONTOLOGICS (root canal treatment)

- Therapeutic Pulpotomy: 110 55
- Pulpal debridement: 165 110
- Ret Anterior: 475 285
- Ret Bicuspids: 575 345
- Ret Molar 3 canals: 800 500
- Ret Molar 4 canals: 900 540
- Apicoectomy: 275 150

### PERIODONTICS (gum treatment)

- Periodontal Exam and Charting: 60 40
- Gingivectomy/Quad: 420 230
- Gingival Curettage/Quad: 900 500
- Osseous surgery/Quad (including flap entry and closure): 600 360
- Scaling/Root Planing/Quad: 250 130
- Scaling/Radial Planing/1-3teeth-Quad: 125 65
- Periodontal Maintenance: 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.

6/10/14