

**COMFORT DENTAL GOLD MEMBERSHIP PLAN
TEXAS REDUCED FEE SCHEDULE**

ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS	ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS
PREVENTIVE AND DIAGNOSTIC				CROWN AND BRIDGE			
0110	Initial Oral Exam	80	N/C	2740	Porcelain Crown	1200	699
0120	Periodic Oral Exam	60	N/C	2750-52	Porcelain with Metal Crown	1200	699
0130	Emergency Oral Exam (office hours)	80	N/C	2790	Full Crown	1200	699
0210	Complete Series X-Rays	97	N/C	2810	3/4 Metal Crown	1200	699
0220	Single Periapical X-Ray	28	N/C	2930	Stainless Steel Crown (Primary)	290	150
0230	Each additional film	22	N/C	2910	Recement Crown	105	60
0274	Bitewing X-Rays	49	N/C	2950	Crown Build-up including any pins	250	150
0330	Pano	85	65	2952	Cast Post and Core	350	175
0470	Diagnostic Casts	75	25	2954	Pre-fab post & core	300	175
9430	Office Visit	40	25	2962	Cosmetic Porcelain Veneer	950	730
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)	105	N/C	6210-12	Cast Pontic	1200	699
1203	Fluoride Treatment (Limit one per year to age 18)	40	N/C	6240-42	Porcelain with metal Pontic	1200	699
1330	Preventive Dental Education, Home Care	42	N/C	6545	Maryland Bridge per unit	1200	700
1351	Sealants (Pit & Fissure) per tooth	76	25	6750-52	Porcelain with metal Bridge Abutment	1200	700
1510	Space Maintainer Unilateral	300	175	6780	3/4 Metal Bridge Abutment	1200	700
1515	Space Maintainer Bilateral	350	250	6790-92	Full Metal Crown	1200	699
9310	Consultation	60	15	PROSTHODONTICS- REMOVABLE			
9440	After hours Office Visit	150	60	5110	Complete Upper Denture	1200	800
----	Missed/Canceled Appointments (without 24 hours notice)	50	50	5120	Complete Lower Denture	1200	800
0431	VelScope Cancer Screening	50	10	5130	Immediate Upper Denture	1200	850
The following Orthodontic fees apply only when treatment is performed at a Comfort Braces Center.				5140	Immediate Lower Denture	1200	850
ORTHODONTICS (BRACES) CHILDREN/ADULTS				5213	Upper Partial - Cast	1200	850
----	Orthodontic Consultation	N/C	N/C	5214	Lower Partial - Cast	1200	850
----	Records	400	250	5225/5226	Valplast Partial	1250	899
----	To-Start Braces (Records/First Month's Fee)	399	350	5820	Treatment Partial - Acrylic/Flipper	500	325
----	Down Payment	499	N/C	9940	Nightguard (occlusal guard)	550	350
----	Monthly Adjustment Fee (Child)	189	149	REPAIRS/RELINES			
----	Monthly Adjustment Fee (Adult)	219	159	5410-22	Denture adjustments (Upper or Lower, complete or partial)	70	50
----	Retainers	800	400	5510	Repair broken complete denture base	400	300
8680	Orthodontic Retension	85	65	5520	Replace missing or broken teeth complete or partial denture (per tooth)	225	150
RESTORATIVE (FILLINGS)				5620-30	Repair Cast Framework/Clasp	300	250
Amalgam Restorations/Permanent-Primary Teeth				5650	Add tooth to existing partial denture	175	135
2140	One tooth surface	110	95	5710	Rebase	420	270
2150	Two surfaces	140	105	5730	Reline Chairside	250	150
2160	Three surfaces	180	120	5750	Reline Lab	350	250
2161	Four or more surfaces	211	175	OTHER SERVICES			
Anterior Resin Restorations				9110	Emergency Palliative Treatment	90	40
2330	One surface	150	85	9210	Local Anesthetic	N/C	N/C
2331	Two surfaces	190	95	9230	Nitrous Oxide - Flat Fee	65	45
2332	Three surfaces	240	120	9951	Occlusal Adjustment - limited	70	35
2335	Four or more surfaces	350	175	9972	Take Home Bleaching- per arch	250	100
Posterior Resin Restorations				----	In Office Bleaching- per arch	550	250
2391	One surface	175	115	2951	Pin Retention per tooth	50	25
2392	Two surfaces	195	135	2940	Sedative Filling	87	55
2393	Three surfaces	245	155	3110-20	Pulp Cap	95	65
2394	Four or more	355	175	ENDODONTICS (root canal treatment)			
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.				3220	Therapeutic Pulpotomy	180	100
ORAL SURGERY				3221	Pulpal debridement	225	125
7140	Simple Extraction	205	110	3310	Ret Anterior	615	400
7120	Each Additional Routine Extraction	205	110	3320	Ret Bicuspid	715	465
7210	Surgical Extraction Erupted	245	150	3330	Ret Molor	925	695
7220	Soft Tissue Impaction	285	185	3410	Apicoectomy	750	450
7230	Partial Bony Impaction	450	250	3331	Treatment of Root Canal Obstruction	336	268
7240	Complete Bony Impaction	500	310	PERIODONTICS (gum treatment)			
7250	Surgical Root Recovery	215	150	4999	Periodontal Exam and Charting	55	40
7270	Tooth Reimplantation and Stabilization	400	200	4210	Gingivectomy/Quad	450	300
7280	Surgical Exposure of Impacted Tooth	350	200	4220	Gingival Curettage/Quad	200	110
7286	Biopsy of Oral-Tissue-soft	325	200	4260	Osseous surgery/Quad (including flap entry and closure)	700	360
7310	Alveoloplasty/Quad with Extraction	250	150	4341	Scaling/Root Planing/Quad	225	135
7320	Alveoloplasty/Quad without Extractions	230	125	4342	Scaling/Root Planing/1-3teeth/Quad	185	95
7510	Intra-Oral I & D Abscess	150	80	435	Debridement	210	100
IMPLANTS				4910	Periodontal Maintenance (following therapy)	140	95
6010	Implant	1400	1095				
6056	Simple Abutment	300	150				
6057	Custom Abutment	500	400				
6065	Abutment supported - Screw retained crown	1250	900				
6058	Implant Abut Supported Ceramic	1200	850				
6059	Implant Abut Supported PFM	1200	850				

*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 Texas. Procedures or services not listed will be performed at UCR.

Effective 6/1/2022