



Direct Access Fee Schedule

*FLORIDA PROVIDERS CAN CHARGE UP TO 30% MORE

DIAGNOSTIC

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|-----------------------------------|-------|
| Examination And Diagnosis | 45.00 |
| Complete Set Of X-Rays | 50.00 |
| Bitewing X-Ray - Per Film | 6.00 |
| Periapical X-Ray - Per Film | 6.00 |
| Occlusal Film | 15.00 |
| Panoramic Film | 50.00 |
| Consultation | 75.00 |

PREVENTIVE

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|----------------------------|--------|
| Prophylaxis | 45.00 |
| Sealant | 30.00 |
| Space Maintainer | 300.00 |
| Palliative Treatment | 30.00 |
| Analgesia | 35.00 |

RESTORATIVE

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| Amalgam - 1 Srf | 55.00 |
| Amalgam - 2 Srf | 65.00 |
| Amalgam - 3 Srf | 75.00 |
| Composite Resin-Per Filling (Anterior) | 70.00 |
| Bonded Resin-Incisor Angle | 85.00 |
| Metallic Inlay Or Onlay | |
| 1 Surface | 150.00 |
| 2 Surface | 175.00 |
| 3 Or More Surfaces | 200.00 |
| Pin Retention-Per Tooth | 12.00 |
| Labial Veneer, Chairside | 215.00 |

CROWNS AND BRIDGE

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|--------------------------------------|--------|
| 3/4 Crown, Metal | 325.00 |
| Crown-Acrylic With Metal | 370.00 |
| Crown, Acrylic Jacket | 250.00 |
| Crown-Porcelain Jacket | 425.00 |
| Crown-Porcelain With Metal | 475.00 |
| Crown- Full Cast | 350.00 |
| Pontic-Metal, Resin, Porcelain | 375.00 |
| Maryland Bridge Retainer | 150.00 |
| Recement Inlay Crown Or Bridge | 15.00 |
| Prefab Ss Crown-Primary | 150.00 |
| Cast Post And Core | 125.00 |
| Prefab Post And Core | 60.00 |

ENDODONTICS

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|---|---------|
| Pulp Cap | 10.00 |
| Vital Pulpotomy | 35.00 |
| Root Therapy-Anterior | 275.00 |
| Root Therapy-Bicuspid | 350.00 |
| Root Therapy-Molar | 525.00 |
| Root Canal Retreatment Therapy - Anterior | 550.00 |
| Root Canal Retreatment Therapy - Bicuspid | 700.00 |
| Root Canal Retreatment Therapy - Molar | 1050.00 |
| Apicoectomy-1st Root | 275.00 |
| Apicoectomy-Per Tooth | 425.00 |
| Retrograde Filling | 75.00 |

PERIODONTICS

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|---|--------|
| Gingivectomy-Per Quadrant | 110.00 |
| Osseous Surgery-Per Quad | 350.00 |
| Bone Replacement Graft-Per Site | 110.00 |
| Scale\Root Planing-Per Quad | 35.00 |
| Periodontal Maintenance Procedure | 70.00 |
| Crown Lengthening Per Site | 110.00 |

DENTURES

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|------------------------------------|--------|
| Complete Denture | 475.00 |
| Immediate Denture | 475.00 |
| Partial Denture-Acrylic Base | 375.00 |
| Partial Denture-Cast Base | 475.00 |
| Unilateral Partial Denture | 275.00 |

REPAIRS

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|--|--------|
| Repair Comp Dent Base Or Partial Dent Base | 90.00 |
| Replc Miss/Brkn Tth-Com Dent | 65.00 |
| Add Clasp To Existing Part Dent | 63.00 |
| Replac Tooth To Existing Partial | 65.00 |
| Reline Complete Denture-Chair | 85.00 |
| Reline Partial Denture-Chair | 85.00 |
| Reline Complete Denture-Lab | 165.00 |
| Reline Partial Denture-Lab | 165.00 |
| Replace Facing | 50.00 |

ORAL SURGERY

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|---------------------------------------|--------|
| Simple Extraction | 55.00 |
| Surgical Extraction | |
| Erupted Tooth | 145.00 |
| Retained Root | 120.00 |
| Impaction-Soft Tissue | 120.00 |
| Impaction-Partial Bony | 200.00 |
| Impaction-Complete Bony | 300.00 |
| Root Recovery | 120.00 |
| Exposure Unerupted/Aid Eruption | 150.00 |
| Exposure Unerupted/Ortho | 150.00 |
| Alveoplasty-Per Quad | 65.00 |
| Biopsy Of Oral Tissue | 55.00 |
| Cyst Removal < 1.25Cm | 65.00 |
| Frenulectomy | 65.00 |
| Root Resection/Hemisection | 100.00 |
| General Anesthesia Each 15 Min | 85.00 |

ORTHODONTIC SERVICES

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|--------------------------------------|--------|
| Initial Appliance | 675.00 |
| Retainer Each | 300.00 |
| Passive Treatment-Per 3 Months | 60.00 |
| Active Treatment Per Month | 60.00 |

IMPLANT

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|-----------------|---------|
| Placement | 1200.00 |
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