

## SAMPLE FEE SCHEDULE

(Not intended to be comprehensive)



**GREATER NASHUA**  
**DENTAL CONNECTION**

DESCRIPTION OF SERVICE	GNDC REDUCED FEES	AVERAGE FEE IN PRIVATE PRACTICE
D0120-Periodic Exam	\$30.50	\$52
D0140-Limited Exam (problem focused)	\$52	\$95
D0150-Comprehensive Exam	\$57	\$94
D4355-Full Mouth Series X-Ray	\$58	\$188
D0220-First Periapical X-Ray	\$7	\$31
D0230-Additional Periapical X-Ray	\$5	\$27
D0272-BWX- Two	\$26	\$46
D0274-BWX- Four	\$32	\$84
D0330-Panoramic Film	\$37.50	\$121
D1110-Adult Prophyl	\$60	\$84
D1120-Child Prophyl	\$40	\$64
D1208-Topical Fluoride	\$20	\$33
D1330-Oral Hygiene Instruction	\$16	\$60
D1351-Sealant - per tooth	\$33.50	\$55
D2391-Composite- One Surface- Posterior	\$100	\$151
D2392-Composite- Two Surfaces- Posterior	\$115	\$192
D2393-Composite-Three Surfaces- Posterior	\$130	\$248
D2394-Composite-Four or more Surfaces- Posterior	\$135	\$285
D2330-Composite- One Surface-Anterior	\$100	\$136
D2231-Composite-Two Surfaces-Anterior	\$115	\$173
D2332-Composite-Three Surfaces-Anterior	\$130	\$204
D2335-Composite - Four or More Surfaces-Anterior	\$135	\$280
D2940-Sedative Filling	\$100	\$115
D4341-Root Planning & Scaling - Per Quad	\$75	\$254
D4355-Full Mouth Debridement	\$75	\$300
D7140-Single Extraction - Erupted	\$150	\$200
D7210-Surgical Extraction	\$150	\$260
D5110-Complete Denture - Maxillary	\$1,000	\$2500
D5120-Complete Denture - Mandibular	\$1,000	\$2500
D5211-(Max) Partial Resin Base Denture	\$525	\$1800
D5211-(Man) Partial Resin Base Denture		
2 FREE-Denture Lab Hard Reline - Per arch		\$450
RELINES-Repair Broken Denture Base	Varies	\$300
D099H- Broken appt hygiene		
D9430- office Visit for observation		
D099D- Broken appt Dr		
D099E- Broken appt emerg		
D999X- Rsc appt		
9011- Cancel Short notice		
9010- Cancel		
D2940- Sedative Filling	\$100	
D5130- Immediate Maxillary denture	\$1,000	
D5140_ Immediate Mandibular denture	\$1,000	
D5213- Maxillary partial-metal base	\$800	
D5214- Mandibular partial-metal base	\$800	
D5211- Maxillary partial-resin base	\$600	
D5212-Mandibular Partial-resin base	\$600	
D5225 Maxillary partial-flexible base	\$600	
D5226- Mandibular partial-flexible base	\$600	
D5213- Maxillary Partial-metal base	\$800	
D5214- Mandibular partial-metal base	\$800	

D5760-Reline Maxillary Partial (LAB)	\$250	
D5761-Reline Mandibular Partial(LAB)	\$250	
D5740-Reline Maxillary partial chairside	\$100	
D5741-Reline Mandibular partial-chairside	\$100	
D5730-Reline Hard Maxillary-chairside (Coe Soft)	\$100	
D5731- Reline Hard Mandibular-chairside (Coe Soft)	\$100	
D5750-Reline Complete Maxillary (lab)	\$250	
D5751-Reline Complete Mandibular (lab)	\$250	

\*\* The first two in-chair adjustments are included in the total fee for the complete dentures and partials.