

Sample Fee Schedule 2022-2023

**Fees subject to change

DIAGNOSTIC

Periodic evaluation	D0120	\$33
Complete series	D0210	\$62
Intra-oral Periapical	D0220	\$8
Bitewing x 2	D0272	\$28
Bitewing x 4	D0274	\$35
Panoramic film	D0330	\$40
Prophylaxis Adult	D1110	\$60
Prophylaxis child	D1120	\$41
Fluoride Treatment	D1208	\$20

RESTORATIVE

Composite/resin 1	D2330	\$100
Composite/resin 2	D2331	\$115
Composite/resin3	D2332	\$131
Composite/resin4	D2335	\$139

PERIODONTICS

Scaling/root planning quad	D4341	\$75/quad
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REMOVABLE PROSTHETICS

Full denture upper	D5110	\$1000
Full denture lower	D5120	\$1000
Immediate denture	D5130/40	\$1000/arch
Partial Denture	D5225	\$600/arch
Denture reline-chairside	D5730	\$100
Denture reline laboratory	D5750	\$250

ORAL SURGERY

Simple extraction	D7140	\$150
Surgical extraction	D7210	\$150