

Greene County Health Care, Inc Sliding Fee Income Classes Based on Annual Family Income for Medical

Medical	\$30.00	25% of fees	50% of fees	75% of fees	100% of fees
Behavioral	\$10.00	25% of fees	50% of fees	75% of fees	100% of fees
Dental	See Attach B	See Attach B	See Attach B	See Attach B	See Attach B
Household Unit Size	A	B	C	D	E
	<or=100% Poverty	>100%-150% Poverty	>150%-175% Poverty	>175%-200% Poverty	>200% Poverty
1	0-14,580	14,581-21,870	21,871-25,515	25,516-29,160	>29,160
2	0-19,720	19,721-29,580	29,581-34,510	34,511-39,440	>39,440
3	0-24,860	24,861-37,290	37,291-43,505	43,506-49,720	>49,720
4	0-30,000	30,001-45,000	45,001-52,500	52,501-60,000	>60,000
5	0-35,140	35,141-52,710	52,711-61,495	61,496-70,280	>70,280
6	0-40,280	40,281-60,420	60,421-70,490	70,491-80,560	>80,560
7	0-45,420	45,421-68,130	68,131-79,485	79,486-90,840	>90,840
8	0-50,560	50,561-75,840	75,841-88,480	88,481-101,120	>101,120
Each > 8	5,140	7,710	8,995	10,280	

Based on HHS Guidelines Published 01/19/2023 Federal Register

Family size is defined as a group of individuals, related or unrelated, living together or separately, that are supported by the same set of income resources. Patients must list each individual and the amount of gross income they contribute to the family income. Patients should not include in family size individuals living in the household who have their own income and are not dependent on the income of the individuals listed on the sliding fee application. Patients in temporary living conditions (i.e. migrant workers, individuals in shelters, and families doubling up) should follow the same family size definition above and not include other individuals living in the unit unless they are dependent on the same income. College students should be included in the "family size" with the individuals on whose income they are dependent. Gross income includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income (SSI), public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. For individuals providing a tax return as proof of income, gross income is defined as "adjusted gross income" on line 37 Form 1040, line 21 Form 1040A or line 4 on form 1040EZ. Noncash benefits (such as SNAP and housing subsidies) do not count. A patient may have Medicare, Medicaid or private insurance and still qualify for the SFDP. The patient is required to fill out a sliding fee application and provide proof of income for everyone in the family as defined above. The maximum charge for an insured patient who is eligible for the SFDP will be the maximum amount an eligible patient in that pay class is required to pay for that certain service, subject to GCHC's legal and contractual limitations. Sliding fee discounts will be applied to copays and deductibles for qualified insured patients as allowed by any contractual arrangements with their insurance carrier

GREENE COUNTY HEALTH CARE, INC
Sliding Fee Income Classes Based on
Annual Family Income for Dental

TIER I

EFFECTIVE FEBRUARY 1, 2023

NOTE: SLIDING FEE A PATIENTS WILL ALWAYS HAVE A MINIMUM CHARGE OF \$30 PER VISIT.

DIAGNOSTIC		FEE	SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
D0120	PERIODIC ORAL EVALUATION	50.00	30.00	31.00	35.00	37.50
D0140	LIMIT ORAL EVAL PROBLM FOCUS	75.00	30.00	31.00	37.50	56.25
D0145	ORAL EVAL UNDER 3 YEARS OLD	70.00	30.00	31.00	35.00	52.50
D0150	COMPREHENSIVE ORAL EVALUATION	90.00	30.00	31.00	45.00	67.50
D0170	RE-EVAL LIMITED PROBLEM FOCUSED	70.00	30.00	31.00	35.00	52.50
D0180	COMPREHENSIVE PERIODONAL EVALUATON	100.00	30.00	31.00	50.00	75.00
D0210	INTRAORAL-FULL SERIES	130.00	<i>INCLUDED IN NOMINAL \$30 FEE</i>	32.50	65.00	97.50
D0220	INTRAORAL - PERIAPICAL FIRST FILM	25.00		6.25	12.50	18.75
D0230	INTRAORAL- PERIAPICAL EA ADD FILM	20.00		5.00	10.00	15.00
D0240	INTRAORAL-OCCLUSAL	30.00		7.50	15.00	22.50
D0270	BITEWING - SINGLE FILM	25.00		6.25	12.50	18.75
D0272	BITEWINGS - TWO FILMS	40.00		10.00	20.00	30.00
D0273	BITEWINGS - THREE FILMS	50.00		12.50	25.00	37.50
D0274	BITEWINGS - FOUR FILMS	60.00		15.00	30.00	45.00
D0330	PANORAMIC FILM	90.00		22.50	45.00	67.50
D0340	CEPHALOMETRIC FILM	90.00		22.50	45.00	67.50
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGE	60.00		15.00	30.00	45.00
D0365	CBCT CAPTURE AND INTERPRETATION ONE ARCH	240.00		60.00	120.00	180.00
D0460	PULP VITALITY TESTS	55.00		13.75	27.50	41.25
PREVENTIVE		FEE	SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
D1110	DENTAL PROPHYLAXIS ADULT	90.00	<i>INCLUDED IN NOMINAL \$30 FEE</i>	31.00	45.00	67.50
D1120	DENTAL PROPHYLAXIS CHILD	70.00		31.00	35.00	52.50
D1206	TOPICAL FLUORIDE VARNISH-THERAPEUTIC	40.00		10.00	20.00	30.00
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCL VARNISH	40.00		10.00	20.00	30.00
D1351	DENTAL SEALANT PER TOOTH	45.00		11.25	22.50	33.75
D1352	PREVENTATIVE RESIN RESTORATION - MOD TO HI CARIES	95.00		23.75	47.50	71.25
D1353	SEALANT REPAIR PER TOOTH	35.00		8.75	17.50	26.25
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION	60.00		15.00	30.00	45.00
D1551	RE-CEMENT BILATERAL SPACE MAINTAINER - MAX	75.00	15.00	18.75	37.50	56.25
D1552	RE-CEMENT BILATERAL SPACE MAINTAINER - MAND	75.00	15.00	18.75	37.50	56.25
D1553	RE-CEMENT UNILATERAL SPACE MAINTAINER - PER QUAD	75.00	15.00	18.75	37.50	56.25
D1556	REMOVAL OF FIXED UNI. SPACE MAINTAINER - PER QUADRANT	80.00	25.00	35.00	50.00	60.00
D1557	REMOVAL OF FIXED UNI. SPACE MAINTAINER - MAXILLARY	80.00	25.00	35.00	50.00	60.00

D1558	REMOVAL OF FIXED UNI. SPACE MAINTAINER - MANDIBULAR	80.00	25.00	35.00	50.00	60.00
RESTORATIVE		FEE	SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
D2140	AMALGAM ONE SURFACE PERMANENT	125.00	30.00	31.25	62.50	93.75
D2150	AMALGAM TWO SURFACES PERMANENT	160.00	30.00	40.00	80.00	120.00
D2160	AMALGAM THREE SURFACES PERMANENT	220.00	30.00	55.00	110.00	165.00
D2161	AMALGAM 4 OR > SURFACES PERMANENT	250.00	30.00	62.50	125.00	187.50
D2330	RESIN ONE SURFACE-ANTERIOR	170.00	30.00	42.50	85.00	127.50
D2331	RESIN TWO SURFACES-ANTERIOR	200.00	30.00	50.00	100.00	150.00
D2332	RESIN THREE SURFACES-ANTERIOR	260.00	30.00	65.00	130.00	195.00
D2335	RESIN 4/> SURF OR W INCIS AN	320.00	30.00	80.00	160.00	240.00
D2391	POST 1 SRFC RESIN BASED CMPST	175.00	30.00	43.75	87.50	131.25
D2392	POST 2 SRFC RESIN BASED CMPST	220.00	30.00	55.00	110.00	165.00
D2393	POST 3 SRFC RESIN BASED CMPST	300.00	30.00	75.00	150.00	225.00
D2394	POST >=4SRFC RESIN BASED CMPST	350.00	30.00	87.50	175.00	262.50
D2920	DENTAL RECEMENT CROWN	110.00	30.00	31.00	55.00	82.50
D2930	PREFAB STNLSS STEEL CRWN PRIMARY	235.00	30.00	58.75	117.50	176.25
D2931	PREFAB STNLSS STEEL CROWN PERMANENT	300.00	30.00	75.00	150.00	225.00
D2940	DENTAL SEDATIVE FILLING	125.00	30.00	31.25	62.50	93.75
D2951	TOOTH PIN RETENTION	60.00	30.00	31.00	33.00	45.00

D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MAT FAIL	250.00	30.00	62.50	125.00	187.50
ENDODONTICS		FEE	SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
D3220	THERAPEUTIC PULPOTOMY	170.00	30.00	42.50	85.00	127.50
PERIODONTICS		FEE	SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
D4211	GINGIVECTOMY/PLASTY PER TOOT	280.00	30.00	70.00	140.00	210.00
D4341	PERIODONTAL SCALING & ROOT	230.00	30.00	57.50	115.00	172.50
D4342	PERIODONTAL SCALING 1-3TEETH	170.00	30.00	42.50	85.00	127.50
D4346	Scaling in the presence of generalized	120.00	30.00	31.00	60.00	90.00
D4355	FULL MOUTH DEBRIDEMENT	180.00	30.00	45.00	90.00	135.00
D4381	LOCALIZED DELIVERY ANTIMICRO	70.00	30.00	31.00	35.00	52.50
D4910	PERIO MAINTENANCE PROCEDURES	120.00	30.00	30.00	60.00	90.00
D4999	UNSPECIFIED PERIODONTAL PROC	95.00	30.00	31.00	47.50	71.25
PROSTHODONTICS-REMOVABLE		FEE	SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
D5410	ADJUST DENTURE-MAX (NO CHG < 1 YR)	75.00	30.00	31.00	37.50	56.25
D5411	ADJUST COMPLETE DENTURE-MAND (NO CHG < 1 YR)	75.00	30.00	31.00	37.50	56.25
D5421	ADJUST PARTIAL DENTURE-MAX (NO CHG < 1 YR)	75.00	30.00	31.00	37.50	56.25
D5422	ADJUST PARTIAL DENTURE-MAND (NO CHG < 1 YR)	75.00	30.00	31.00	37.50	56.25
D5730	DENTURE RELN CMPLT MAXIL CH	300.00	30.00	75.00	150.00	225.00
D5731	DENTURE RELN CMPLT MAND CHR	300.00	30.00	75.00	150.00	225.00

D5740	DENTURE RELN PART MAXIL CHR	300.00	30.00	75.00	150.00	225.00
D5741	DENTURE RELN PART MAND CHR	300.00	30.00	75.00	150.00	225.00
D5850	TISSUE CONDITION-MAX	200.00	30.00	50.00	100.00	150.00
D5851	TISSUE CONDITION-MAND	200.00	30.00	50.00	100.00	150.00
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROC	500.00	30.00	125.00	250.00	375.00
D5986	FLUORIDE APPLICATOR	200.00	30.00	50.00	100.00	150.00
D6930	RECEMENT BRIDGE	125.00	30.00	31.25	62.50	93.75
ORAL AND MAXILLOFACIAL SURGERY		FEE	SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
D7111	EXTRACTION CORONAL REMNANTS	130.00	30.00	32.50	65.00	97.50
D7140	EXTRACTION ERUPTED TOOTH/EXR	160.00	30.00	40.00	80.00	120.00
D7210	SURGICAL EXTRACTION	300.00	30.00	75.00	150.00	225.00
D7220	SURGICAL EXTRACTION-IMPACTED SOFT TISS	280.00	30.00	70.00	140.00	210.00
D7230	SURGICAL EXTRACTION-IMPACTED PARTIAL BONY	400.00	30.00	100.00	200.00	300.00
D7240	SURGICAL EXTRACTION-IMPACTED COMPLETE BONY	400.00	30.00	100.00	200.00	300.00
D7250	TOOTH ROOT REMOVAL	220.00	30.00	55.00	110.00	165.00
D7261	PRIMARY CLOSURE SINUS PERF	580.00	30.00	145.00	290.00	435.00
D7270	TOOTH REIMPLANTATION	550.00	30.00	137.50	275.00	412.50
D7285	BIOPSY-ORAL HARD TISSUE	360.00	30.00	90.00	180.00	270.00
D7286	BIOPSY-ORAL SOFT TISSUE	270.00	30.00	67.50	135.00	202.50
D7310	ALVEOLOPLASTY W/ EXTRACTION	275.00	30.00	68.75	137.50	206.25
D7311	ALVEOLOPLASTY W/EXTRACT 1-3	260.00	30.00	65.00	130.00	195.00
D7320	ALVEOLOPLASTY W/O EXTRACTION - 4 OR MORE	350.00	30.00	87.50	175.00	262.50
D7321	ALVEOLOPLASTY W/O EXTRACTION - 1-3 TEETH	325.00	30.00	81.25	162.50	243.75
D7450	REMOVAL ODONTOGENIC CYST	450.00	30.00	112.50	225.00	337.50
D7460	REMOVAL NON-ODONTOGENIC CYST	420.00	30.00	105.00	210.00	315.00
D7471	REMOVAL OF EXOSTOSIS-MAX	580.00	30.00	145.00	290.00	435.00
D7472	REMOVAL OF TORUS PALATINUS	670.00	30.00	167.50	335.00	502.50
D7473	REMOVAL OF TORUS MANDIBULARIS	630.00	30.00	157.50	315.00	472.50
D7510	INCISION & DRAINAGE-INTRAORAL	210.00	30.00	52.50	105.00	157.50
D7520	INCISION & DRAINAGE-EXTRAORAL	400.00	30.00	100.00	200.00	300.00
D7530	REMOVAL OF FOREIGN BODY, SKIN OR TISSUE	320.00	30.00	80.00	160.00	240.00
D7910	SUTURE OF RECENT WOUND TO 5 CM	270.00	30.00	67.50	135.00	202.50
ADJUNCTIVE GENERAL SERVICES		FEE	SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
D9110	PALLIATIVE EMERGENCY TREATMENT	135.00	30.00	33.75	67.50	101.25
D9120	FIXED PARTIAL SECTIONING	140.00	30.00	35.00	70.00	105.00
D9210	LOCAL ANESTH W/O TREATMENT	60.00	10.00	15.00	30.00	45.00
D9230	ANALGESIA	75.00	15.00	18.75	37.50	56.25
D9248	SEDATION (NON-IV)	180.00	30.00	45.00	90.00	135.00
D9310	CONSULT	135.00	30.00	33.75	67.50	101.25
D9440	OFFICE VISIT AFTER REGULAR HOURS	150.00	30.00	37.50	75.00	112.50
D9910	DESENSITIZING TREATMENT	55.00	10.00	13.75	27.50	41.25

D9930	POST-OPERATIVE COMPLICATIONS (NO CHARGE)	-	-	-	-	-
D9950	OCCLUSION ANALYSIS	220.00	30.00	55.00	110.00	165.00
D9951	OCCLUSAL ADJUSTMENT-LIMITED	115.00	30.00	31.00	57.50	86.25
D9970	ENAMEL MICROABRASION	140.00	30.00	35.00	70.00	105.00
D9972	EXTERNAL BLEACHING PER ARCH - IN OFFICE	210.00	30.00	52.50	105.00	157.50
D9975	BLEACHING HOME APPLICATION PER ARCH INCLUDING TRAYS	180.00	30.00	45.00	90.00	135.00

BLEACHING TUBES

\$10 EACH

ANY UNLISTED TIER ONE SERVICES WILL BE DISCOUNTED TO THE FOLLOWING RATES

\$ 30.00 25% OF CHARGE 50% OF CHARGE 75% OF CHARGES

TIER II

EFFECTIVE FEBRUARY 1, 2023

PREVENTIVE		FEE	SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
D1510	SPACE MAINTAINER FXD UNILATERAL	300.00	105.00	140.00	175.00	225.00
D1516	SPACE MAINTAINER FIXED BILATERAL, MAX	420.00	135.00	200.00	250.00	315.00
D1517	SPACE MAINTAINER FIXED BILATERAL MAND	420.00	135.00	200.00	250.00	315.00
D1520	REMOVE UNILAT SPACE MAINTAINER	380.00	105.00	160.00	220.00	285.00
D1527	SPACE MAINTAINER REMOVABLE BILATERAL MAN	300.00	105.00	140.00	175.00	225.00

RESTORATIVE		FEE	SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
D2740	CROWN PORCELAIN/CERAMIC SUBS	1,200.00	400.00	533.00	666.00	900.00
D2750	CROWN PORCELAIN W/ H NOBLE M	1,200.00	400.00	533.00	666.00	900.00
D2751	CROWN PORCELAIN FUSED BASE	1,200.00	400.00	533.00	666.00	900.00
D2752	CROWN PORCELAIN W/ NOBLE MET	1,200.00	400.00	533.00	666.00	900.00
D2790	CROWN HIGH NOBLE METAL	1,300.00	400.00	533.00	666.00	1,000.00
D2950	CORE BUILD-UP INCL ANY PINS	270.00	75.00	125.00	172.00	202.50
D2952	POST AND CORE CASE AND CROWN	310.00	75.00	125.00	200.00	232.50
D2954	PREFAB POST/CORE + CROWN	300.00	75.00	125.00	200.00	225.00
D2962	LABIAL VENEER (PORCELAIN LAMINATE) INDIRECT	1,200.00	400.00	533.00	666.00	900.00

ENDODONTICS		FEE	SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
D3310	ENDODONTIC THERAPY - ANTERIOR	680.00	225.00	300.00	400.00	510.00
D3320	ROOT CANAL THERAPY 2 CANALS	830.00	275.00	351.00	477.00	622.50
D3330	ROOT CANAL THERAPY 3 CANALS	1,050.00	300.00	450.00	625.00	787.50
D3332	INCOMPLETE ENDODONTIC TREATMENT	350.00	75.00	125.00	200.00	262.50
D3346	RETREAT ROOT CANAL ANTERIOR	740.00	225.00	300.00	400.00	555.00
D3347	RETREAT ROOT CANAL BICUSPID	840.00	250.00	351.00	477.00	630.00
D3348	RETREAT ROOT CANAL MOLAR	1,000.00	275.00	450.00	625.00	750.00
D3410	APICOECT/ANTERIOR	600.00	200.00	270.00	330.00	450.00
D3421	APICOECT/PREMOLAR	700.00	225.00	300.00	400.00	525.00
D3425	APICOECT/MOLAR	800.00	240.00	325.00	450.00	600.00

PERIODONTICS						
D4240	GINGIVAL FLAP PROC W/PLANING	560.00	150.00	200.00	280.00	420.00
D4241	GINGIVAL FLAP PROC W/ROOT PLANING 1-3	450.00	150.00	200.00	225.00	337.50
D4249	CROWN LENGTHEN HARD TISSUE	630.00	150.00	200.00	315.00	472.50
D4260	OSSEOUS SURGERY PER QUADRANT	1,000.00	150.00	375.00	500.00	750.00
D4261	OSSEOUS SURGERY 3 TEETH PER QUADRANT	850.00	150.00	300.00	425.00	637.50
D4263	BONE REPLCE GRAFT FIRST SITE	460.00	150.00	200.00	230.00	345.00
D4266	GUIDED TISS REGEN RESORBLE	475.00	150.00	200.00	237.50	356.25
D4270	PEDICLE SOFT TISSUE GRAFT PR	640.00	150.00	200.00	320.00	480.00
D4273	SUBEPITHELIAL TISSUE GRAFT	950.00	150.00	300.00	475.00	712.50
D4274	WEDGE PROCEDURE, SINGLE TOOTH	450.00	150.00	200.00	225.00	337.50
D4277	FREE SOFT GRAFT TISSUE 1ST TOOTH	900.00	150.00	200.00	450.00	675.00
D4320	PROVISIONAL SPLINT INTRACORONAL	450.00	150.00	200.00	225.00	337.50
D4321	PROVISIONAL SPLINT EXTRACORO	450.00	150.00	200.00	225.00	337.50
PROSTHODONTICS-REMOVABLE		FEE	SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
D5110	DENTURES COMPLETE MAXILLARY	1,500.00	600.00	850.00	925.00	1,125.00
D5120	DENTURES COMPLETE MANDIBLE	1,500.00	600.00	850.00	925.00	1,125.00
D5130	DENTURES IMMEDIAT MAXILLARY	1,500.00	600.00	850.00	925.00	1,125.00
D5140	DENTURES IMMEDIAT MANDIBLE	1,500.00	600.00	850.00	925.00	1,125.00
D5211	DENTURES MAXILL PART RESIN	1,200.00	500.00	825.00	860.00	900.00
D5212	DENTURES MAND PART RESIN	1,200.00	500.00	825.00	860.00	900.00
D5213	DENTURES MAXILL PART METAL	1,600.00	600.00	860.00	950.00	1,200.00
D5214	DENTURES MANDIBL PART METAL	1,600.00	600.00	860.00	950.00	1,200.00
D5225	MAXILLARY PART DENTURE FLEX	1,500.00	600.00	850.00	925.00	1,125.00
D5511	DENTUR REPR BROKEN COMPL BAS	250.00	110.00	140.00	160.00	187.50
D5512	DENTUR REPR BROKEN COMPL BAS	250.00	110.00	140.00	160.00	187.50
D5520	REPLACE TOOTH-COMP DENTAL	212.00	110.00	140.00	160.00	180.00
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MAND	244.00	110.00	140.00	160.00	183.00
D5612	REPAIR BROKEN COMPLETE DENTURE BASE MAX	240.00	110.00	140.00	160.00	180.00
D5630	REP PARTIAL DENTURE CLASP	314.00	110.00	140.00	160.00	235.50
D5640	REPLACE PART DENTURE TEETH	212.00	110.00	140.00	160.00	180.00
D5650	ADD TOOTH TO EXISTING PARTIAL	252.00	110.00	140.00	160.00	189.00
D5660	ADD CLASP TO PARTIAL	300.00	110.00	140.00	160.00	225.00
D5710	REBASE COMPLETE DENTURE	665.00	225.00	310.00	350.00	498.75
D5750	DENTURE RELN COMPLETE-MAXILLARY	410.00	150.00	215.00	270.00	307.50
D5751	DENTURE RELN COMPLETE-MANDIBULAR	410.00	150.00	215.00	270.00	307.50
D5760	PARTIAL RELN COMPLETE-MANDIBULAR	410.00	150.00	215.00	270.00	307.50
D5761	PARTIAL RELN COMPLETE-MAXILLARY	410.00	150.00	215.00	270.00	307.50
D5810	INTERIM MAXILLARY COMPLETE DENTURE	840.00	300.00	475.00	545.00	630.00
D5811	INTERIM MANDIBULAR COMPLETE DENTURE	840.00	300.00	475.00	545.00	630.00

D5820	INTERIM MAXILLARY PARTIAL DENTURE	580.00	300.00	350.00	385.00	435.00
D5821	INTERIM MANDIBULAR PARTIAL DENTURE	580.00	300.00	350.00	385.00	435.00
IMPLANT SERVICES		FEE	SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
D0365	CBCT CAPTURE AND INTERPRETATION ONE ARCH	240.00	0.00	60.00	120.00	180.00
D3428	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY	520.00	225.00	285.00	335.00	390.00
D6010	ODONTICS ENDOSTEAL IMPLANT	1,550.00	525.00	780.00	900.00	1,162.50
D6052	SEMI PRECISION ATTACHMENT ABUTMENT	600.00	225.00	325.00	375.00	450.00
D6059	ABTMNT SUPP PORC MTL CRWN: HIGH NOBLE	1,300.00	400.00	700.00	825.00	975.00
D6065	IMPLANT SUPP PORC/CERM CRWN	1,300.00	400.00	700.00	825.00	975.00
D6210	PROSTHODONT HIGH NOBLE METAL	1,000.00	400.00	600.00	700.00	750.00
D6212	PONTIC-FULL CAST NOBLE METAL	1,100.00	400.00	625.00	725.00	825.00
D6240	PONTIC-PORCELAIN FUSED TO HNOB	1,100.00	400.00	625.00	725.00	825.00
D6242	BRIDGE PORCELAIN NOBEL METAL	1,100.00	400.00	625.00	725.00	825.00
D6245	PONTIC-PORCELAIN/CERAMIC-LAVA	1,100.00	400.00	625.00	725.00	825.00
D6253	PROVISIONAL PONTIC	600.00	225.00	325.00	375.00	450.00
D6740	CROWN-PORCELAIN/CERAMIC-LAVA	1,100.00	400.00	625.00	725.00	825.00
D6750	RETAINER CM - PORC FUSED HNOB	1,100.00	400.00	625.00	725.00	825.00
D6752	RETAINER-PORC TO NOBLE METAL	1,100.00	400.00	625.00	725.00	825.00
ORAL AND MAXILLOFACIAL SURGERY		FEE	SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
D7670	ALVEOLUS - CLOSED REDUCTION	1,500.00	225.00	450.00	750.00	1,125.00
D7950	MANDIBLE GRAFT	460.00	150.00	200.00	230.00	345.00
D7961	BUCCAL/LABIAL FRENECTOMY	800.00	75.00	250.00	400.00	600.00
D7962	LINGUAL FRENECTOMY	800.00	75.00	250.00	400.00	600.00
ORTHODONTICS		FEE	SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
D8020	LIMITED ORTHODONTIC TREATMENT	2,200.00	900.00	1,166.00	1,333.00	1,500.00
D8070	COMP TRANSITIONAL ORTHODONTIC TREAT	5,000.00	1,775.00	2,787.00	3,269.00	3,750.00
D8090	COMP ADULT ORTHONDONTIC TREATMENT	5,000.00	1,775.00	2,787.00	3,269.00	3,750.00
D8210	REMOVABLE ORTHO APPLIANCE	580.00	175.00	300.00	365.00	435.00
D8680	REMOVAL OF ORTHO APPLIANCE AND RETAINER PLACEMENT	500.00	125.00	250.00	325.00	400.00
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER - MAX	250.00	75.00	100.00	160.00	187.50
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER - MAND	250.00	75.00	100.00	160.00	187.50
ADJUNCTIVE GENERAL SERVICES		FEE	SLIDING FEE A	SLIDING FEE B	SLIDING FEE C	SLIDING FEE D
D9940	DENTAL OCCLUSAL GUARD	250.00	125.00	140.00	160.00	187.50
D9944	DENTAL OCCLUSAL GUARD-HARD	470.00	100.00	117.50	235.00	352.50
D9945	DENTAL OCCLUSAL GUARD-SOFT	375.00	100.00	110.00	187.50	281.25