



**Affordable Dental Reduced Fee Schedule:**

This list of approved procedures will help you know before your appointment the costs of your treatment. All professional Dentists in the offices accepting the Affordable Dental membership program have agreed to charge Affordable Dental members the following published fees.

**DIAGNOSTIC (Exams, X-rays)**

ADA Code	Procedure	Typical Fee	You Pay	Savings
D0120	periodic oral evaluation - established patient	\$46	NC	100%
D0140	limited oral evaluation - problem focused	\$69	NC	100%
D0150	comprehensive oral evaluation - new or established patient	\$80	NC	100%
D0210	intraoral - complete series (including bitewings)	\$118	\$46	61%
D0220	intraoral - periapical first film	\$26	NC	100%
D0230	intraoral - periapical each additional film	\$22	NC	100%
D0270	bitewing - single film	\$26	NC	100%
D0272	bitewing - two films	\$41	NC	100%
D0273	bitewing - three films	\$51	NC	100%
D0274	bitewing - four films	\$59	NC	100%
D0330	panoramic film	\$99	\$46	54%

**PREVENTIVE (Cleanings, etc.)**

ADA Code	Procedure	Typical Fee	You Pay	Savings
D1110	prophylaxis - adult	\$82	NC	100%
D1120	prophylaxis - child	\$60	NC	100%
D1351	sealant - per tooth	\$50	\$21	58%
D1510	space maintainer - fixed - unilateral	\$285	\$148	48%
D1515	space maintainer - fixed - bilateral	\$384	\$222	42%
D1520	space maintainer - removable - unilateral	\$349	\$174	50%
D1525	space maintainer - removable - bilateral	\$438	\$240	45%

**RESTORATIVE (Fillings)**

ADA Code	Procedure	Typical Fee	You Pay	Savings
D2140	amalgam - one surface, primary or permanent	\$127	\$58	54%
D2150	amalgam - two surfaces, primary or permanent	\$161	\$73	55%
D2160	amalgam - three surfaces, primary or permanent	\$199	\$88	56%
D2161	amalgam - four or more surfaces, primary or permanent	\$233	\$104	55%
D2330	resin-based composite - one surface, anterior	\$147	\$78	47%
D2331	resin-based composite - two surfaces, anterior	\$182	\$104	43%
D2332	resin-based composite - three surfaces, anterior	\$227	\$112	51%
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$282	\$119	58%
D2391	resin-based composite - one surface, posterior	\$163	\$86	47%
D2392	resin-based composite - two surfaces, posterior	\$211	\$110	48%
D2393	resin-based composite - three surfaces, posterior	\$262	\$136	48%
D2394	resin-based composite - four or more surfaces, posterior	\$311	\$139	55%

**RESTORATIVE (Crowns)**

ADA Code	Procedure	Typical Fee	You Pay	Savings
D2710	crown - resin-based composite (indirect)	\$869	\$230	73%
D2750	crown - porcelain fused to high noble metal	\$1,006	\$635	37%
D2751	crown - porcelain fused to predominantly base metal	\$927	\$495	47%
D2752	crown - porcelain fused to noble metal	\$948	\$600	37%
D2790	crown - full cast high noble metal	\$1,011	\$625	38%

D2791	crown - full cast predominantly base metal	\$894	\$469	48%
D2930	prefabricated stainless steel crown - primary tooth	\$240	\$128	47%
D2931	prefabricated stainless steel crown - permanent tooth	\$293	\$144	51%
D2950	core buildup, including any pins	\$240	\$104	57%
D2951	pin retention - per tooth, in addition to restoration	\$67	\$26	61%
D2952	post and core in addition to crown, indirectly fabricated	\$376	\$193	49%
D2954	prefabricated post and core in addition to crown	\$300	\$144	52%
<b>ENDODONTICS (Root Canals, etc.)</b>				
<b>ADA Code</b>	<b>Procedure</b>	<b>Typical Fee</b>	<b>You Pay</b>	<b>Savings</b>
D3110	pulp cap - direct (excluding final restoration)	\$75	\$31	59%
D3120	pulp cap - indirect (excluding final restoration)	\$76	\$31	59%
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$178	\$80	55%
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$652	\$392	40%
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	\$752	\$480	36%
D3330	endodontic therapy, molar (excluding final restoration)	\$912	\$600	34%
<b>PERIODONTICS (Scaling/Deep Cleaning/Root Planing, etc.)</b>				
<b>ADA Code</b>	<b>Procedure</b>	<b>Typical Fee</b>	<b>You Pay</b>	<b>Savings</b>
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$569	\$287	50%
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$232	\$122	47%
D4910	periodontal maintenance	\$125	\$69	45%
<b>PROSTHODONTICS (Dentures - Removable, Partials, etc.)</b>				
<b>ADA Code</b>	<b>Procedure</b>	<b>Typical Fee</b>	<b>You Pay</b>	<b>Savings</b>
D5110	complete denture - maxillary	\$1,537	\$806	48%
D5120	complete denture - mandibular	\$1,537	\$806	48%
D5130	immediate denture - maxillary	\$1,642	\$849	48%
D5140	immediate denture - mandibular	\$1,643	\$849	48%
D5211	maxillary partial denture - resin based (including any conventional clasps, rests and teeth)	\$1,219	\$568	53%
D5212	mandibular partial denture - resin based (including any conventional clasps, rests and teeth)	\$1,221	\$568	53%
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,599	\$884	45%
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,600	\$884	45%
D5410	adjust complete denture - maxillary	\$80	\$38	53%
D5411	adjust complete denture - mandibular	\$80	\$38	53%
D5510	repair broken complete denture base	\$190	\$119	37%
D5520	replace missing or broken teeth - complete denture (each tooth)	\$169	\$110	35%
D5630	repair or replace broken clasp	\$236	\$164	31%
D5650	add tooth to existing partial denture	\$200	\$78	61%
D5660	add clasp to existing partial denture	\$244	\$127	48%
D5730	reline complete maxillary denture (chair side)	\$336	\$135	60%
D5731	reline complete mandibular denture (chair side)	\$333	\$135	59%
D5740	reline maxillary partial denture (chair side)	\$329	\$110	67%
D5741	reline mandibular partial denture (chair side)	\$333	\$110	67%
D5750	reline complete maxillary denture (laboratory)	\$429	\$239	44%
D5751	reline complete mandibular denture (laboratory)	\$429	\$239	44%

**PROSTHODONTICS - FIXED (Bridges, Dentures, etc.)**

ADA Code	Procedure	Typical Fee	You Pay	Savings
D6065	implant support porcelain/ceramic crown	\$1,400	\$960	31%
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$1,402	\$960	32%
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	\$1,421	\$760	46%
D6240	pontic - porcelain fused to high noble metal	\$1,002	\$600	40%
D6241	pontic - porcelain fused to predominantly base metal	\$927	\$540	42%
D6242	pontic - porcelain fused to noble metal	\$951	\$600	37%
D6750	crown - porcelain fused to high noble metal	\$1,007	\$608	40%
D6751	crown - porcelain fused to predominantly base metal	\$912	\$540	41%
D6752	crown - porcelain fused to noble metal	\$942	\$600	36%

**ORAL SURGERY (Tooth Extractions, etc.)**

ADA Code	Procedure	Typical Fee	You Pay	Savings
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$156	\$67	57%
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$248	\$165	33%
D7220	removal of impacted tooth - soft tissue	\$281	\$195	31%
D7230	removal of impacted tooth - partially bony	\$356	\$230	35%
D7240	removal of impacted tooth - completely bony	\$434	\$270	38%
D7250	surgical removal of residual tooth roots (cutting procedure)	\$281	\$130	54%
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$274	\$112	59%
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$400	\$149	63%
D7510	incision and drainage of abscess - intraoral soft tissue	\$211	\$78	63%
D9110	palliative (emergency) treatment of dental pain - minor procedure	\$117	\$48	59%
D9215	local anesthesia in conjunction with operative or surgical procedures	\$59	\$29	51%
D9230	inhalation of nitrous oxide / analgesia, anxiolysis	\$72	\$30	58%

**DISCLAIMERS**General Information

This schedule applies to services provided by an Affordable Dental Professional Dentist accepting the Affordable Dental membership program. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each procedure. The member is responsible for all charges at the time of service. Fee schedules are subject to change without prior notification to Members. Members must remain in the membership a minimum of 12 months subject to their right to cancel within 30 days from the effective date of the membership. Membership payments are made to Affordable Dental, Inc. Membership also provides a Reduced Fee Schedule for other dental services as well. You pay ONLY the Reduced Fee Schedule amount for any comprehensive procedures directly to your selected Dental Office. All procedures may not be covered by your membership – consult the Reduced Fee Schedule before your appointment with the General Dentist accepting Affordable Dental. Procedures not listed on this schedule will be discounted at 20% off of the General Dentist’s normal fee. If the General Dentist’s normal fee for any procedure is less than the fee listed on this schedule, the dentist will charge 20% off of their normal fee for that procedure.

Dental Professionals accepting Affordable Dental

While all Dental Professionals accepting the Affordable Dental membership program are professionally licensed in the state in which they practice, Affordable Dental does not guarantee the quality of service of the providers. Any quality of care concerns involving any Professional Dentist accepting Affordable Dental should be directed in writing to: Affordable Dental, Inc., Attn: Patient Relations, P.O. Box 10084, Fort Smith, Arkansas 72917. Please call 479-434-5929 if you have any further questions.

### Exceptions & Limitations

Excluded are Services for injuries or conditions that are covered under worker's compensation or employer's liability laws, services provided without cost to any subscribers by any municipality, county or political subdivision. Services which, in the opinion of the attending dentist, are not necessary for the patient's health or that cannot be performed because of the general health condition of the patient are excluded. Periodontal therapy products and all fluoride products are excluded from the plan. Prescriptions that may be required before or after treatment, hospitalization, general anesthesia, and IV sedation are also excluded. Cost of dental care, which is covered under automobile medical, no fault, or similar type of insurance is excluded. This membership program is renewable at the option of Affordable Dental, Inc.

### **THIS IS NOT AN INSURANCE POLICY OR PLAN. THE DISCOUNTS IN THIS MEMBERSHIP ARE NOT INSURANCE.**

This is a discounted membership program that Dental Offices have agreed to accept and are willing to discount their usual fee schedule complying with the discounts previously named in this reduced fee schedule. The Dentist who started a procedure must complete the procedure and all coordination of related treatment and payments. Payment of specific procedures is non-transferable among affiliated offices; however, patients can be referred to other Dental Offices accepting Affordable Dental for different procedures.

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