

**COMFORT DENTAL GOLD MEMBERSHIP PLAN
MISSOURI AND KANSAS REDUCED FEE SCHEDULE**

ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS	ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS
PREVENTIVE AND DIAGNOSTIC				INLAYS AND ONLAYS			
0110	Initial Oral Exam	80	N/C	2510	Inlay metallic - one surface	540	270
0120	Periodic Oral Exam	60	N/C	2520	Inlay metallic - two surfaces	580	320
0130	Emergency Oral Exam (office hours)	80	N/C	2530	Inlay metallic - three surfaces	620	340
0210	Complete Series X-Rays	95	N/C	2540	Onlay metallic - (in addition to inlay)	630	340
0220	Single Periapical X-Ray	28	N/C	CROWN AND BRIDGE			
0230	Each additional film	22	N/C	2740	Porcelain Crown	1180	730
0274	Bitewing X-Rays	45	N/C	2750-52	Porcelain with Metal Crown	940	585
0470	Diagnostic Casts	75	25	2790	Full Crown	1100	635*
9430	Office Visit	55	25	2810	3/4 Metal Crown	1100	635*
1110	Simple teeth cleaning (children and adults) (up to 2 per year). Patients with gum disease are not covered under this category (Refer to Periodontics Section)	80	N/C	2930	Stainless Steel Crown (Primary)	280	130
				2910	Recent Crown	80	45
				2950	Crown Build-up including any pins	235	125
				2952	Cast Post and Core	260	165
1203	Fluoride Treatment (Limit one per year to age 18)	40	N/C	2954	Pre-fab post & core	240	150
				2962	Cosmetic Porcelain Veneer	1180	730
1330	Preventive Dental Education, Home Care	55	N/C	6210-12	Cast Pontic	940	600*
1351	Sealants (Pit & Fissure) per tooth	40	20	6240-42	Porcelain with metal Pontic	940	585
1510	Space Maintainer Unilateral	220	120	6545	Maryland Bridge per unit	1000	585
1515	Space Maintainer Bilateral	310	150	6750-52	Porcelain with metal Bridge Abutment	940	585
9310	Consultation	100	20	6780	3/4 Metal Bridge Abutment	940	620*
9440	After hours Office Visit	180	100	6790-92	Full Metal Crown	980	635*
	Missed/Canceled Appointments (without 24 hours notice)	70	50		Crown over Implant	1750	1000
0431	VelScope Cancer Screening	50	10	PROSTHODONTICS - REMOVABLE			
The following Orthodontic fees apply only when treatment is performed at a Comfort BracesCenter.				5110	Complete Upper Denture	1450	650
ORTHODONTICS (BRACES) CHILDREN/ADULTS				5120	Complete Lower Denture	1450	650
----	Orthodontic Consultation	60	N/C	5130	Immediate Upper Denture	1500	695
----	Records	300	189	5140	Immediate Lower Denture	1500	695
----	Down Payment	1500	N/C	5213	Upper Partial - Cast	1450	695
----	Monthly Adjustment Fee (Child)	150	129	5214	Lower Partial - Cast	1450	695
----	Monthly Adjustment Fee (Adult)	175	139	9940	Nightguard (occlusal guard)	350	240
----	Retainers	600	369	5820-1	Treatment Partial - Acrylic/Flipper	425	275
0330	Pano	115	65	5225/5226	Valplast Partial	1600	850
RESTORATIVE (FILLINGS)				REPAIRS/RELINES			
Amalgam Restorations/Permanent-Primary Teeth				5410-22	Denture adjustments (Upper or Lower, complete or partial	85	55
2140	One tooth surface	110	65	5510	Repair broken complete denture base	440	100***
2150	Two surfaces	140	75	5520	Replace missing or broken teeth complete or partial denture (per tooth)	135	65***
2160	Three surfaces	180	85	5620-30	Repair Cast Framework/Clasp	280	135***
2161	Four or more surfaces	211	115	5650	Add tooth to existing partial denture	200	80***
Anterior Resin Restorations				5710	Rebase	420	250
2330	One surface	135	75	5730	Reline Chairside	280	100
2331	Two surfaces	165	85	5750	Reline Lab	410	250
2332	Three surfaces	185	100	OTHER SERVICES			
2335	Four or more surfaces	240	130	9110	Emergency Palliative Treatment	150	70
Posterior Resin Restorations				9210	Local Anesthetic	N/C	N/C
2391	One surface	200	105	9230	Nitrous Oxide (each 30 minute session)	54	N/C
2392	Two surfaces	220	145	9951	Occlusal Adjustment - limited	85	45
2393	Three or more surfaces	300	165	9972	Take Home Bleaching - per arch	280	150
				----	In Office Bleaching - per arch	250	135
				2951	Pin Retention per tooth	100	70
				2940	Sedative Filling	130	55
				3110-20	Pulp Cap	110	30

The following ORAL SURGERY, ENDODONTIC and PERIODONTIC payments apply only when treatment is performed at a participating dental office. If the services of a specialist are required, these payments do not apply and the patient will receive services from a participating specialist, where available, at a 20% discount off of the specialist's UCR.

ORAL SURGERY				ENDODONTICS (root canal treatment)			
7140	Simple Extraction	145	85	3220	Therapeutic Pulpotomy	180	65
7210	Surgical Extraction Erupted	245	125	3221	Pulpal debridement	210	85
7220	Soft Tissue Impaction	280	150	3310	Ret Anterior	700	315
7230	Partial Bony Impaction	420	220	3320	Ret Bicuspid	810	385
7240	Complete Bony Impaction	510	310	3330	Ret Molar 3 canals	1000	545
7250	Surgical Root Recovery	210	125	3410	Apicoectomy	500	275
7270	Tooth Reimplantation and Stabilization	510	200	PERIODONTICS (gum treatment)			
7280	Surgical Exposure of Impacted Tooth	200	100	4999	Periodontal Exam and Charting	90	35
7286	Biopsy of Oral-Tissue-soft	180	70	4210	Gingivectomy/Quad	510	245
7310	Alveoloplasty/Quad with Extraction	240	115	4260	Osseous surgery/Quad (including flap entry and closure	700	360
7320	Alveoloplasty/Quad without Extractions	200	120	4341	Scaling/Root Planing/Quad	260	135
7510	Intra-Oral I & D Abscess	130	75	4342	Scaling/Root Planing/4 teeth/Quad	125	95
0330	Pano	115	65	4355	Debridement	210	85
7472	Palatal Tori removal	671	350	4910	Periodontal Maintenance (following therapy)	140	80
7473	Mandibular Tori Removal	639	300				

*All patient payments are exclusive of gold. If gold is used, there will be an additional cost added to the patient payments ***Plus Lab Fee.
UCR** - Usual, Customary and Reasonable Fees for Missouri. Procedures or services not listed will be performed at UCR.