

**COMFORT DENTAL GOLD MEMBERSHIP PLAN
NEW MEXICO 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	160
1203	Fluoride Treatment (Limit one per year to age 18)	40	N/C	2910	Recement Crown	80	45
1330	Preventive Dental Education, Home Care	55	N/C	2950	Crown Build-up including any pins	235	135
1351	Sealants (Pit & Fissure) per tooth	40	20	2952	Cast Post and Core	260	165
1510	Space Maintainer Unilateral	220	120	2954	Pre-fab post & core	240	150
1515	Space Maintainer Bilateral	310	150	2962	Cosmetic Porcelain Veneer	1180	730
9310	Consultation	100	15	6058-61	Abutment supported crown	940	700
9440	After hours Office Visit	180	60	6210-12	Cast Pontic	940	600*
	Missed/Canceled Appointments (without 24 hours notice)	70	50	6240-42	Porcelain with metal Pontic	940	585
0431	VelScope Cancer Screening	50	10	6545	Maryland Bridge per unit	1000	480
The following Orthodontic fees apply only when treatment is performed at a Comfort BracesCenter.				6750-52	Porcelain with metal Bridge Abutment	940	585
ORTHODONTICS (BRACES) CHILDREN/ADULTS				6780	3/4 Metal Bridge Abutment	940	620*
----	Orthodontic Consultation	60	N/C	6790-92	Full Metal Crown	980	585*
----	Records	300	189		Crown over Implant	1750	950
----	Down Payment	1500	N/C	PROSTHODONTICS - REMOVABLE			
----	Monthly Adjustment Fee (Child)	150	129	5110	Complete Upper Denture	1450	800
----	Monthly Adjustment Fee (Adult)	175	139	5120	Complete Lower Denture	1450	800
----	Retainers	600	369	5130	Immediate Upper Denture	1500	880
0330	Pano	115	65	5140	Immediate Lower Denture	1500	880
RESTORATIVE (FILLINGS)				5213	Upper Partial - Cast	1450	880
Amalgam Restorations/Permanent-Primary Teeth				5214	Lower Partial - Cast	1450	880
2140	One tooth surface	95	60	5225/5226	Valplast Partial	1200	900
2150	Two surfaces	120	70	5820	Treatment Partial - Acrylic/Flipper	425	290
2160	Three surfaces	150	80	9940	Nightguard (occlusal guard)	350	240
2161	Four or more surfaces	280	110	REPAIRS/RELINES			
Anterior Resin Restorations				5410-22	Denture adjustments (Upper or Lower, complete or partial)	85	55
2330	One surface	135	75	5510	Repair broken complete denture base	440	260***
2331	Two surfaces	165	85	5520	Replace missing or broken teeth complete or partial denture (per tooth)	135	65***
2332	Three surfaces	185	100	5620-30	Repair Cast Framework/Clasp	280	135***
2335	Four or more surfaces	240	130	5650	Add tooth to existing partial denture	200	80***
Posterior Resin Restorations				5710	Rebase	420	200
2391	One surface	200	90	5730	Reline Chairside	200	75
2392	Two surfaces	220	168	5750	Reline Lab	410	200
2393	Three or more surfaces	300	200	OTHER SERVICES			
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.				9110	Emergency Palliative Treatment	150	70
ORAL SURGERY				9210	Local Anesthetic	N/C	N/C
7140	Simple Extraction	145	80	9230	Nitrous Oxide (each 30 minute session)	54	N/C
7120	Each Additional Routine Extraction	120	80	9951	Occlusal Adjustment - limited	85	45
7210	Surgical Extraction Erupted	245	120	9972	Take Home Bleaching - per arch	280	120
7220	Soft Tissue Impaction	280	130	----	In Office Bleaching - per arch	250	105
7230	Partial Bony Impaction	420	220	2951	Pin Retention per tooth	100	70
7240	Complete Bony Impaction	510	310	2940	Sedative Filling	130	70
7250	Surgical Root Recovery	210	100	3110-20	Pulp Cap	110	30
7270	Tooth Reimplantation and Stabilization	510	200	ENDODONTICS (root canal treatment)			
7280	Surgical Exposure of Impacted Tooth	200	80	3220	Therapeutic Pulpotomy	180	65
7286	Biopsy of Oral-Tissue-soft	180	70	3221	Pulpal debridement	165	110
7310	Alveoloplasty/Quad with Extraction	240	110	3310	Ret Anterior	520	300
7320	Alveoloplasty/Quad without Extractions	200	115	3320	Ret Bicuspid	610	400
7510	Intra-Oral I & D Abscess	130	75	3330	Ret Molor 3 canals	900	510
0330	Pano	115	65	3340	Ret Molor 4 canals	980	550
				3410	Apicoectomy	500	250
				PERIODONTICS (gum treatment)			
				4999	Periodontal Exam and Charting	90	35
				4210	Gingivectomy/Quad	510	270
				4220	Gingival Curettage/Quad	210	115
				4260	Osseous surgery/Quad (including flap entry and closure)	700	360
				4341	Scaling/Root Planing/Quad	310	165
				4342	Scaling/Root Planing/1-3 teeth/Quad	125	95
				4910	Periodontal Maintenance (following therapy)	140	80

*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 New Mexico. Procedures or services not listed will be performed at UCR.