### COMFORT DENTAL GOLD MEMBERSHIP PLAN
#### NEW MEXICO REDUCED FEE SCHEDULE

<table>
<thead>
<tr>
<th>ADA CODE</th>
<th>MEMBERS' SERVICES</th>
<th>UCR**MEMBER PAYS</th>
<th>ADA CODE</th>
<th>MEMBERS' SERVICES</th>
<th>UCR**MEMBER PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0110</td>
<td>Initial Oral Exam</td>
<td>80 N/C</td>
<td>6520</td>
<td>Partial Periodontal</td>
<td>250 200</td>
</tr>
<tr>
<td>0120</td>
<td>Periodic Oral Exam</td>
<td>60 N/C</td>
<td>6530</td>
<td>Partial Periodontal</td>
<td>200 180</td>
</tr>
<tr>
<td>0130</td>
<td>Emergency Oral Exam (office hours)</td>
<td>80 N/C</td>
<td>6540</td>
<td>Partial Periodontal</td>
<td>000 000</td>
</tr>
<tr>
<td>0200</td>
<td>Complete Series X-Rays</td>
<td>95 N/C</td>
<td>0210</td>
<td>Partial Periodontal</td>
<td>000 000</td>
</tr>
<tr>
<td>0220</td>
<td>Single Periapical X-Ray</td>
<td>28 N/C</td>
<td>0230</td>
<td>Partial Periodontal</td>
<td>000 000</td>
</tr>
<tr>
<td>0240</td>
<td>Each additional film</td>
<td>22 N/C</td>
<td>0374</td>
<td>Partial Periodontal</td>
<td>000 000</td>
</tr>
<tr>
<td>0470</td>
<td>Diagnostic Casts</td>
<td>75 25</td>
<td>9430</td>
<td>Office Visit</td>
<td>55 25</td>
</tr>
<tr>
<td>1110</td>
<td>Simple teeth cleaning (children and adults)</td>
<td>80 N/C (up to 2 per year).</td>
<td>1203</td>
<td>Fluoride Treatment (Limit one per year to age 18)</td>
<td>40 N/C</td>
</tr>
<tr>
<td>1330</td>
<td>Preventive Dental Education, Home Care</td>
<td>55 N/C</td>
<td>1351</td>
<td>Sealants (Pin &amp; Fissure) per tooth</td>
<td>40 20</td>
</tr>
<tr>
<td>1351</td>
<td>Space Maintainer Unilateral</td>
<td>220 120</td>
<td>1510</td>
<td>Space Maintainer Bilateral</td>
<td>310 150</td>
</tr>
<tr>
<td>1351</td>
<td>Consultation</td>
<td>100 15</td>
<td>9310</td>
<td>Denture Base Price</td>
<td>100 100</td>
</tr>
<tr>
<td>9440</td>
<td>After hours Office Visit</td>
<td>180 60</td>
<td>9450</td>
<td>Missed/Canceled Appointments (without 24 hours notice)</td>
<td>70 50</td>
</tr>
<tr>
<td>0431</td>
<td>VeilScope Cancer Screening</td>
<td>50 10</td>
<td>0330</td>
<td>Panoramic X-Ray</td>
<td>115 65</td>
</tr>
<tr>
<td></td>
<td><strong>RESTORATIVE (FILLINGS)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amalgam Restorations/ Permanent-Primary Teeth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2140</td>
<td>One tooth surface</td>
<td>95 60</td>
<td>2150</td>
<td>Two surfaces</td>
<td>120 70</td>
</tr>
<tr>
<td>2160</td>
<td>Three surfaces</td>
<td>150 80</td>
<td>2161</td>
<td>Four or more surfaces</td>
<td>280 110</td>
</tr>
<tr>
<td>2330</td>
<td>One surface</td>
<td>135 75</td>
<td>2331</td>
<td>Two surfaces</td>
<td>165 85</td>
</tr>
<tr>
<td>2332</td>
<td>Three surfaces</td>
<td>185 100</td>
<td>2333</td>
<td>Four or more surfaces</td>
<td>240 130</td>
</tr>
<tr>
<td>2391</td>
<td>Posterior Resin Restorations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2392</td>
<td>Two surfaces</td>
<td>220 168</td>
<td>2393</td>
<td>Three or more surfaces</td>
<td>300 200</td>
</tr>
</tbody>
</table>

The following ORAL SURGERY, ENDODONTIC and PERIODONTIC payments apply only when treatment is performed at a Comfort Braces Center.

### ORTHODONTICS (BRACES) CHILDREN/ADULTS

- Orthodontic Consultation: 60 N/C
- Records: 300 189
- Down Payment: 1500 N/C
- Monthly Adjustment Fee (Child): 150 129
- Monthly Adjustment Fee (Adult): 175 139
- Retainers: 600 369
- Panoramic X-Ray: 115 65

### INLAYS AND ONLAYS

<table>
<thead>
<tr>
<th>ADA CODE</th>
<th>MEMBERS' SERVICES</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2510</td>
<td>Inlay metalic - one surface</td>
<td>540 270</td>
<td>2520</td>
<td>Inlay metalic - two surfaces</td>
<td>585 320</td>
</tr>
<tr>
<td>2530</td>
<td>Inlay metalic - three surfaces</td>
<td>620 340</td>
<td>2540</td>
<td>Onlay metalic - (in addition to inlay)</td>
<td>630 340</td>
</tr>
</tbody>
</table>

### CROWN AND BRIDGE

- Porcelain Crown: 1180 730
- Porcelain with Metal Crown: 940 585
- Full Crown: 1100 635
- 3/4 Metal Crown: 1100 635
- Stainless Steel Crown (Primary): 280 160
- Recement Crown: 80 45
- Crown Build-up including any pins: 235 135
- Cast Post and Core: 260 165
- Pre-fab post & core: 240 150
- Cosmetic Porcelain Veneer: 1180 730
- Abutment supported crown: 940 700
- Cast Pontic: 940 605
- Porcelain with metal Pontic: 940 585
- Maryland Bridge per unit: 1000 480
- Porcelain with metal Bridge Abutment: 940 585
- 3/4 Metal Bridge Abutment: 940 620
- Full Metal Crown: 980 585
- Crown over Implant: 1750 950

### PROSTHODONTICS - REMOVABLE

- Complete Upper Denture: 1450 800
- Complete Lower Denture: 1450 800
- Immediate Upper Denture: 1500 880
- Immediate Lower Denture: 1500 880
- Upper Partial - Cast: 1450 880
- Lower Partial - Cast: 1450 880
- Valplast Partial: 1200 900
- Treatment Partial - Acrylic/flipper: 425 290
- Nightguard (occlusal guard): 350 240

### REPAIRS/RELINES

- Denture adjustments: 85 55
- Repair broken complete denture base: 440 260
- Repair missing or broken teeth: 135 65
- Repair Cast Framework/Clasp: 280 135
- Add tooth to existing partial denture: 200 80
- Rebase: 420 200
- Reline Chairside: 200 75
- Reline Lab: 410 200

### OTHER SERVICES

- Emergency Palliative Treatment: 150 70
- Local Anesthetic: N/C N/C
- Nitrous Oxide (each 30 minute session): 54 N/C
- Occlusal Adjustment - limited: 85 45
- Take Home Bleaching - per arch: 280 120
- In Office Bleaching - per arch: 105 70
- Pin Retention per tooth: 100 70
- Sedative Filling: 130 70
- Pulp Cap: 110 30

### ENDODONTICS (root canal treatment)

- Therapeutic Pulpotomy: 180 65
- Pulpal debridement: 165 110
- Rct Anterior: 520 300
- Rct Bicuspid: 610 400
- Rct Molor 3 canals: 900 510
- Rct Molor 4 canals: 980 550
- Apicoectomy: 500 250

### PERIODONTICS (gum treatment)

- Periodontal Exam and Charting: 90 35
- Gingivectomy/Quad: 510 270
- Gingival Curettage/Quad: 210 115
- Osseous surgery/Quad (including flap entry and closure): 700 360
- Scaling/Root Planing/Quad: 310 165
- Scaling/Root Planing/1-3 teeth/Quad: 125 95

*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.

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