## Dental Fee Schedule for Phoenix Metro and Tucson areas

The procedures listed below as performed by a general practitioner. Effec Feb '23

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	PREVENTIVE SERVICES:	MEMBER PAYS
	Exam & diagnosis (one each year)	NO CHARGE
	Bitewings/Pariapical x-rays (set of 4	0NO CHARGE
	Each additional film	\$ 10
	Complete Series x-rays	84
	Panoramic x-ray	74
	Panoramic x-rayRoutine Cleanings* (Adult)	65
	(Child under 14).	58
-	Difficult Cleanings**(heavier scaling,	non-perio) 93
-	Periodic exams (recall only, excludes lin	nited exam) 38
	Topical Fluoride (separate or added to	to cleaning) 29
	Sealants (per tooth, includes etch)	33
	Emergency treatment palliative	72
	Materials/Šterilization fee (per patie)	nt, per visit) 12
	COSMETICS:	
	Whitening/bleachingcas	h discounted prices
	Laminates/Veneerscas	h discounted prices
	EXTRACTIONS:	
	Simple local anesthetic (non surgica	۸ 96
	Complex and/or heavily decayed	129
	Root Tip	162
	Soft Tissue Impaction (with exposed	tooth) 189
	RESTORATIVE DENTISTRY:	
	Amalgam primary & perm. teeth, (incl.	udas hasa).
	Cavities involving one surface	78
	Cavities involving two surfaces	
	Cavities involving three surfaces	113
	Composite primary & perm, teeth. (inc	cludes acid etch):
	One surface filling (anterior)	97
	Two surface filling (anterior)	121
	Three surface filling (anterior)	138
	Composite *perm. teeth only, (includes	acid etch):
1	One surface filling (posterior)	118
-	One surface filling (posterior) Two surface filling (posterior)	139
-	Pin retention (each tooth)	55
١	CROWN and other restorative (per u	nit):
	(Includes prep, temporary, lab costs, metal	ana aajustments)
1	Ceramic crown Porcelain w/semi precious	925
-	Porcelain w/high noble	833
١	Full Crown (non & semi precious)	722
١	Stainless Steel (Primary or Perman	ent) 183
-	Recement Crown	76
	Post & Core, Pin Buildup	181
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PONTICS (Bridges) (per unit) MEMBER PAYS		
Full Cast (non & semi precious)		
PERIODONTICS:		
Perio Hygiene Instruction		
Osseous or muco-gingival surgery		
(per quadrant, includes post surgical visits) 587 Gingivectomy, (treatment per tooth) 167		
ENDODONTICS:		
Pulp capping 73 Pulpotomy 138 Root Canals:		
Anterior root canal therapy		
PROSTHETICS:		
Resin partial with cast clasps		
Any procedure not listed is available at the usual cash discounted price.		
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Special Notes: There are no maximum benefits per year.

\*Routine cleanings include polishing and light coronal scaling, above gumline.

\*\*Dentist will explain level of calc/tartar deposits (possible periodontal problems).

New patient initial cleaning may be considered a difficult cleaning.

Dentist may charge for first exam, recall exam with then be no charge.

Dentist may take as many as 16 x-rays. The first four are no charge.

Payment is due at time of service. Office may require deposit prior to rendering services.

A fee will be charged for broken appointments w/o 24 hour notice.

All materials used are ADA approved.

Dentist may charge a higher fee for higher quality materials used.

Consult a participating Specialist for services not performed by a general dentist.

Dentist assumes full responsibility for all dental services provided to member.

Standards of Care suggest clinical exam, x-rays, diagnosis and treatment plan.

Some dentists may require a more extensive initial diagnosis which may include complete x-rays & perio charting.