

Private Dental Clinics

Fee Schedule

February 2025

Procedure Description	Fee
DIAGNOSTIC CASTS	
Periodic Oral Evaluation	\$38.50
Limit Oral Evaluation Problem Focus	\$41.50
Oral Evaluation for Patient > 3 years old	\$38.00
Comprehensive Oral Evaluation – New or Established Patient	\$55.00
Detailed and Extensive Oral Evaluation-Prob Focu	\$110.00
Re-Evaluation, Limited, Prob Focused (Established Pt.)	\$45.00
Comprehensive Periodontal Evaluation – New or Established Pt.	\$55.00
Screening of a Patient	\$15.00
Assessment of a Patient	\$15.00
Intraor Comprehensive Series	\$80.00
Intraoral Periapical First	\$16.50
Intraoral Periapical EA ADD	\$13.00
Intraoral-Occlusal Radiographic Image	\$30.00
Extraoral-2D Projection Radiographic Image	\$40.00
Extra-Oral Posteror Dental Radiographic Image	\$40.00
Dental Bitewing Single Image	14.00
Dental Bitewing Two Images	26.50
Bitewings Three Images	35.50
Bitewings Four Images	48.00
Sialography	70.50
Panoramic Radiographic Image	115.50
Cephalometric Radiographic Image	110.50
Oral/Facial Photo Images	35.00
Caries Susceptibility Test	38.00
Pulp Vitality Test	44.00
Diagnostic Casts	65.00
PREVENTIVE SERVICES	
Dental Prophylaxis Adult	55.50
Dental Prophylaxis Child	35.50
Topical Fluoride Varnish	30.00
Topical Fluoride Varnish-Excluding Varnish	25.00
Dental Sealant Per Tooth	39.50
Preventive Resin Restoration-Moderate/High Caries	45.00
Interim Caries Arresting Medicament Application	14.00
Space Maintainer FXD Unilat	195.00

Space Maintainer FXD Bilateral	325.00
Fixed Bilat Space Maint, MAX	275.00
Fixed Bilat Space Maint. MAN	275.00
Remove Unilat Space Maintain	215.00
Space Maint Removable Bilateral	350.00
Remove Bilat Space Main, MAX	335.00
Remove Bilat Space Main, MAN	335.00
Recement or Rebound Space Main	55.00
Recement Space Maint - MAX	46.50
Recement Space Maint - MAN	46.50
Recement Unilat Space Maint	45.50
Removal of Fixed Space Maintainer	45.50
REM Fixed Unilat Space Maint	45.50
Remove Fixed Bilat Maint MAX	45.50
Remove Fixed Bilat MAN	45.50
Distal Shoe Space Maintainer-Fixed, Unilateral-perquadrant	195.00
BASIC RESTORATIONS	
Amalgam One Surface Permanen	72.00
Amalgam Two Surfaces Permane	94.50
Amalgam Three Surfaces Perma	114.50
Amalgam 4 or > Surfaces Perm	139.50
Resin One Surface-Anterior	76.50
Resin Two Surfaces-Anterior	99.50
Resin Three Surfaces-Anterio	129.50
Resin 4/> Surf or W Incis AN	143.50
ANT Resin-Based CMPST Crown	157.50
Post 1 SRFC Resinbased CMPST	110.50
Post 2 SRFC ResinBased CMPST	138.50
Post 3 SRFC ResinBased CMPST	175.50
Post >=4SRFC ResinBased CMPST	214.50
INLAY / ONLAY RESTORATIONS	
Inlay Metallic-One Surface	619.00
Inlay Metallic 2 Surfaces	675.00
Inlay Metallic 3 or More Surfaces	795.00
Onlay Metallic 2 Surfaces	745.00
Onlay Metallic 3 Surfaces	815.00
Onlay Metallic 4 or More Surfaces	986.00
Inlay Porcelain/Ceramic 1 Surface	673.00
Inlay Porcelain/Ceramic 2 Surface	775.00
Inlay Porcelain/Ceramic 3 or More Surfaces	830.00
Onlay Porcelain/Ceramic 2 Surfaces	793.00
Onlay Porcelain/Ceramic 3 Surfaces	845.00
Onlay Porcelain/Ceramic 4 or More Surfaces	924.00

Inlay Composite/Resin 1 Surface	512.00
Inlay Composite/Resin 2 Surfaces	556.00
Inlay Composite/ Resin 3 or More Surfaces	608.00
Onlay Composite/Resin 2 Surfaces	518.00
Onlay Composite/Resin 3 Surfaces	587.00
Onlay Composite/Resin-4 or more Surfaces	651.00
CROWNS-SINGLE RESORATIONS ONLY	
Crown Resin-Based Composit (Indirect)	250.00
Crown $\frac{3}{4}$ Resin Based Composit (Indirect)	355.0
Crown Resin with High Noble Metal	674.00
Crown Resin with Predominantly Base Metal	796.00
Crown Resin with Noble Metal	828.00
Crown Porcelain/Ceramic Substrate	944.00
Crown Porcelain W/ H Noble M	745.00
Crown Porcelain Fused Base M	575.00
Crown Porcelain W/ Noble Met	652.00
Crown, $\frac{3}{4}$ Cast High Noble Metal	841.00
Crown, $\frac{3}{4}$ Cast Predominately Base Metal	792.00
Crown, $\frac{3}{4}$ Cast Noble Metal	819.00
Crown, $\frac{3}{4}$ Porcelain/Ceramic	879.00
Crown Full Cast High Noble Metal	852.00
Crown Full Cast Predomiately Base Metal	837.00
Crown Full Cast Noble Metal	816.00
Provisional Crown	348.00
OTHER RESTORATIVE SERVICES	
Re-Cement Unlay, Onlay, Veneer	63.00
Re Cement or Rebound Indirectly FAB or PREFAB Post	77.00
Re-Cement Crown	65.00
Prefabricated Porcelain/Ceramic Crown Primary Tooth	198.00
PREFAB STNLSS Steel Crwn PRI	140.00
PREFAB STNLSS Steel Crown PER	160.00
Prefabricated Resin Crown	165.50
PREFAB Resin Crown	195.50
Prefabricated Post & Core In Addition to Crown	190.50
Sedative Filling	65.00
Core Builup, Including Any Pins	145.00
Pin Retention Per Tooth in Addtion to Restoration	45.00
Post & Core in Addition to Crown, Indirectly Fabricated	180.50
Each Additional Cast Post, Same Tooth	156.00
Prefabricated Post and Core in Addition to Crown	245.00
Each Additional Prefabricated Post, Same Tooth	185.00
Labial Veneer (Laminate) Chairside	503.00
Labial Veneer (Resin Laminate) Laboratory	732.00

Labial Veneer (Porcelain Laminate) Laboratory	811.00
Additional Procedures to Construct New Corwn Under EXI	114.00
Coping	389.00
Crown Repair Necessitated by Restorative Material Failure	154.00
Inlay Repair Necessitated by Restorative Material Failu	108.00
Onlay Veneer Necessitated by Restorative Material Fai	132.00
Veneer Repair Necessitated by Restorative Material Fai	113.00
Resin Infiltration of Recipient Smooth Surface Lesions	35.00
Prefabricated Post and Core in Addition to Crown	185.00
Post and Core Cast + Crown	213.50
ENDODNTICS SERVICES	
Pulp Cap-Direct	85.50
Therapeutic Pulpotomy	95.00
Pulpal Debridement	135.00
Partialpulpotomy for Apexogenesis Permanent Tooth	137.00
Pulpal therapy (Resorable Filling) Anterior Primary	145.00
Pulpal therapy (Resorable Filling) Posterior Primary	172.00
END THXPY, Anterior Tooth	455.00
END THXPY, Premolar Tooth	485.00
END THXPY, Molar Tooth	615.00
Retreat Root Canal Anterior	555.00
Retreat Root Canal Premolar	585.00
Retreat Root Canal Molar	715.00
Apexification/Recalcification Initial Visit (Apical Closur	283.00
Apexification/Recalcification Interim Medication Repla	133.00
Apexification/Recalcification Final Visit (Includes Com	402.00
Pulpal Regeneration Initial Visit	289.00
Pulpal Regeneration Interim Medication Replacement	129.00
Pulpal Regeneration Completion of Treatment	406.00
Apicoectomy- Anterior	381.00
Apicoectomy- Premolar (first root)	425.00
Apicoectomy- Molarr (first root)	487.00
Retrograde Filling Per Root	177.00
Root Amputation Per Root	382.00
Hemisection (Include any root removal) Not Incl	274.00
Decoronation or Submergence of an Erupted Tooth	102.50
PERIODONTIC SERVICES	
Gingivectomy or Gingivoplasty-Per Quadrant	425.00
Gingivectomy or Gingivoplasty-Per Tooth	180.00
Gingival Flap Procedure Including Root Planning Per	577.00
Gingival Flap Procedure, Including Root Planing 1	331.00
Apically Positioned Flap	414.00
Clinical Crown Lenghtening Hard Tissue	623.00

Provisional Splinting Intracoronal	321.00
Provisional Splinting Extracoronal	288.00
Periodontal Scaling & Root Planing Oer Quadrant	206.00
Periodontal Scaling & Root Planing 1-3Teeth	135.00
Full Mouth Debridement	169.00
Localized Delivery of Chemotherapeutic Agents Via A	45.00
Periodontal Maintenance Procedure-Following Active Treatment	103.00
PROSTHODONTICS REMOVABLE	
Dentures Complete Maxillary	1100.00
Dentures Complete Mandible	1100.00
Immediate Maxillary Denture	860.00
Immediate Mandibular Denture	860.00
Maxillary Partial Denture- Resin Base	674.00
Mandibular Partial Ddenture- Resin Base	765.00
Immed Max Part Denture Resin	875.00
Immed Man Part Denture Resin	875.00
Immediate Maxillary Partial Denture- Flexible Base	950.00
Immediate Mandibular Partial Denture- Flexible Base	950.00
Adjust Complete Denture- Maxillary	75.00
Adjust Complete Denture- Mandibular	75.00
Adjust Partial Denture-Maxillary	67.50
Adjust Partial Denture-Mandibular	67.50
Repair Broken Complete Denture Base	105.00
Repair Broken Complete Denture Base, Mandibular	136.50
Repair Broken Complete Denture Base, Maxillary	136.50
Replace Missing/Broken Tooth - Complete Denture (Each Tooth)	100.50
Repair Broken Partial Dnture Base, Mandibular	150.00
Repair Broken Partial Dnture Base, Maxillary	150.00
Repair Cast Framewor	175.50
Adjust Partial Denturedjust Partial Denture - Mandibular	175.50
Repair or Replace Broken Retentive/Clasping Material - Per Tooth	160.00
Replace Broken Teeth - Per Tooth	110.50
Add Tooth to Existing Partial Denture	145.50
Replace All Teeth and Acrylic on Cast Metal Framewor	405.50
Add Clasp to Existing Partial Denture	150.50
Rebase Complete Maillary Denture	400.00
Rebase Complete Mandibular Denture	390.00
Rebase Maxillary Partial Denture	385.00
Rebase Mandibualr Partial Denture	385.00
Reline Complete Maxillary Denture (Chairside)	227.00
Reline Complete Mandibular Denture (Chairside)	227.00
Reline Maxillary Partial Denture (Chairside)	209.00
Reline Mandibular Partial Denutre (Laboratory)	209.00
Reline Complete Maxillary Denture-Laboratory	275.00

Reline Complete Mandibular Denture-Laboratory	275.00
Reline Maxillary Partial Denture-Laboratory	248.00
Reline Mandibular Partial Denture-Laboratory	248.00
Soft Liner for Complete or Partial Removable Denture-Indirect	245.50
Interim Partial Denture (Including Retentive/Clasping Materials, Rests, And Teeth),	293.00
Interim Partial Denture (Including Retentive/Clasping Materials, Rests, And Teeth),	293.00
Tissue Conditioning Maxillary	96.00
Tissue Conditioning Mandibular	89.00
Modific Of Removable Prosthesis Following Implant Surgery	48.00
Adjust Maxillofacial Prosthetic Appliance by Report	110.00
Extra Or Intraoral Cleaning Other Than Required Adjustment	110.00
Recement Fixed Partial Denture	
ORAL SURGERY	
Coronal Remnants-Deciduous Tooth	100.00
Extraction Erupted Tooth/Exr	135.00
Surgical Removal of Erupted Tooth	165.00
Impact Tooth Remov Soft Tiss	250.00
Impact Tooth Remov Part Bony	325.00
Impact Tooth Remov Comp Bony	348.50
Impact Tooth Rem Bony W/Comp	390.50
Tooth Root Removal	175.00
Coronectomy Intentional Partial Tooth Removal	216.00
Oroantral Fistula Closure	785.00
Primary Closure of Sinus Perforation	376.00
Tooth Reimplantation	350.00
Exposure of Unerupted Tooth	317.00
Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	128.50
Placement of Device to Facilitate Eruption of Impacted Tooth	135.50
Incisional Biopsy of Oral Tissue - Hard (Bone, Tooth)	475.00
Incisional Biopsy of Oral Tissue - Soft	218.50
Repositioning of Teeth	317.00
Corticotomy, 1-3 Teeth	150.00
Corticotomy, 4 or More Teeth	195.00
Alveoplasty W/ Extraction	195.50
Alveoloplasty W/Extract 1-3	152.00
Alveoplasty W/O Extraction	229.50
Alveoloplasty Not W/Extracts	193.50
Excision of Bening Lesion up to 1.25 Cm	405.00
Excision of Bening Lesion Greater Than 1.25 Cm	634.50
Rem Exostosis Any Site	350.00
Incision And Drainage of Abscess Intraoral Soft Tissue	209.00
Incision/Drain Abscess Intra	316.00
Removal of Foreign Body, Skin, or Subcutaneous Area	454.00
Removal of Sloughed Off Bone	140.00

Occlusal Orthotic Device by Report	618.00
Occlusal Orthotic Device Adjustment	52.00
Dent Suture Recent Wnd to 5cm	180.00
Dental Suture Wound to 5 cm	350.00
Suture Complicate Wnd > 5 cm	620.00
Buccal/Labial Frenectomy	203.00
Lingual Frenectomy	205.00
Excision Hyperplastic Tissue-Per Arch	289.50
Excision of Pericoronal Gingiva	150.00
Surgical Reduction of Fibrous Tuberosity	539.00
Non-Surgical Sialolithotomy	152.00
Surgical Sialolithotomy	345.00
ORTHODONTIC SERVICES	
Limited Orthodontic Treatment-Primary Dentition	1450.00
Limited Orthodontic Treatment-Transitinal Dentition	1450.00
Limited Orthodontic Treatment-Adolescent Dentition	1450.00
Limited Orthodontic Treatment-Adult Dentition	2000.00
Interceptive Orthodontic Treatment-Primary Dentition	2500.00
Interceptive Orthodontic Treatment-Transitional Dentition	3000.00
Comprehensive Orthodontic Treatment-Transitional Dentition	5150.00
Comprehensive Orthodontic Treatment-Adolesent Dentition	5450.00
Comprehensive Orthodontic Treatment-Adult Dentition	5750.00
Removable Appliance Therapy	450.00
Fixed Appliance Therapy	650.00
Pre-Orthodontic Treatment Examination to Monitor Grrowth Development	135.00
Periodic Orthodontc Tx Visit	125.00
Orthodontic Retention-Removalble Appliance	200.00
Replace Broken Retainer Max	172.00
Replace Broken Retainer Man	172.00
New Retainer - Per Artch	185.50
ADJUNCTIVE GENERAL SERVICES	
Palliative Tx Dental Pain	80.00
Fixed Partial Denture Sectioning	155.00
Inhalation Of Nitrous Oxide/Analgesia, Anxiolysis	65.00
Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 mins	125.00
Intravenous Moderate (Conscious) Sedation/Analgesia - Each	89.00
Dental Consultation	75.00
Hospital/Ampbulatory Surgical Center Call	250.00
Office Visit-After Hours	100.50
Application of Desensitizing Medicament	35.00
Application of Desensitizing Resin	45.00
Occlusal Guard	250.00
Athletic Mouthguard	120.00

Occ Guard, Hard, Full Arch	175.00
Occ Guard, Soft, Full Arch	175.00
Occ Guard, Hard, Part Arch	175.00
Occlusion Analysis-Mounted Case	150.00
Occlusal Adjustment-Limited	75.00
Occlusal Adjustment-Complete	350.00
External Bleaching-Per Arch	165.00
External Bleaching-Per Tooth	80.00
Internal Bleaching-Per Tooth	175.00