Dental Fee Schedule for Phoenix Metro and Tucson areas

The procedures listed below as performed by a general practitioner. Effec Aug '24

PREVENTIVE SERVICES: M	EMBER PAYS
PREVENTIVE SERVICES: M Exam & diagnosis (one each year)	NO CHARGE
Bitewings/Pariapical x-rays (set of 4)	NO CHARGE
Each additional film	\$ 11
Complete Series x-rays	92
Pouting Classings* (Adult)	//
Complete Series x-rays Panoramic x-ray Routine Cleanings* (Adult) (Child under 14)	57
Difficult Cleanings**(heavier scaling, no	n-perio) 96
Periodic exams (recall only, excludes limite	ed exam) 41
Topical Fluoride (separate or added to a	cleaning) 31
Sealants (per tooth, includes etch)	34
Emergency treatment palliative	81
Materials/Sterilization fee (per patient,	per visit) 12
COSMETICS:	
Whitening/bleachingcash	discounted prices
Laminates/Veneers cash of	discounted prices
EXTRACTIONS:	
Simple local anesthetic (non surgical).	102
Complex and/or heavily decayed	134
Root Tip	173
	otn) 195
RESTORATIVE DENTISTRY:	Land Comment
Amalgam <u>primary & perm. teeth</u> , (include Cavities involving one surface	es base):
Cavities involving two surfaces	01
Cavities involving three surfaces	117
Composite primary & perm. teeth, (inclu	des acid etch):
One surface filling (anterior)	101
Two surface filling (anterior)	123
Three surface filling (anterior)	142
Composite *perm. teeth only, (includes ac One surface filling (posterior)	cia etcn):
Two surface filling (posterior)	143
Pin retention (each tooth)	57
CROWN and other restorative (per unit	t):
(Includes prep, temporary, lab costs, metal an	d adjustments)
Ceramic crown	1071
Porcelain w/semi precious	699
Porcelain w/high noble	732
Full Crown (non & semi precious) Stainless Steel (Primary or Permaner	nt) 198
Recement Crown	82
Post & Core, Pin Buildup	188

PONTICS (Bridges) (per unit)	MEMBER PAYS
Full Cast (non & semi precious) Porcelain w/semi precious (includes	691
Porcelain w/high noble (includes me	tal) 852
Recementation (per unit)	82
PERIODONTICS:	
Perio Hygiene Instruction	NO CHARGE
Re-Evaluation (post treatment) Perio Charting	70
Perio Cleaning (following therapy)	98
Full Mouth Debridement	142
Curettage, scaling, or planing (per q Gingivectomy (per quadrant, includes	juadrant) 188
	post surgical visits) 353
Osseous or muco-gingival surgery	
(per quadrant, includes post surgical Gingivectomy, (treatment per tooth)	visits) 599
	172
ENDODONTICS: Pulp capping	77
Pulpotomy	142
Root Canals:	
Anterior root canal therapy Bicuspid root canal therapy	499
Molar root canal therapy	743
Apicoectomy (separate procedure) (exclude	des molars) 398
PROSTHETICS:	
(Includes lab costs and follow up adjustment	t)
Resin partial with cast clasps Cast partial, resin saddles (6 teeth, 2	812
(addt'l teeth \$20 ea., addt'l clasps \$50) ea.)
Stayplate/Flipper (u/l, up to 2 teeth,	office) 447
Basic Quality upper/lower denture (e High Quality u/l denture (teeth & base	each) 888
Immediate Denture (at time of extracti	on)
added to above choice (will need to	be relined) 302
Denture adjustments	68
Reline, complete or partial (onice)	n) 399
Broken denture repair (no teeth invo	olved) 138
Replace tooth (in office, +lab fee out of	•
Any procedure not listed is available at the	
usual cash discounted price.	

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*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 in same year will then be no charge.

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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 (20% off)

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.