

## Sheet1

USERCOPROC	NPROCDES,C,35	PROCCRG,N,6,2
r	00000	DIAGNOSTIC & RADIOGRAPH - 0.00
	09310	Consultation 45.00
	00150	Initial Oral Examination 30.00
	00210	Intra Oral Complete Series 45.00
	00220	1st. Intra Oral 10.00
	00230	Additional Intra Oral 10.00
	00272	Two Bitewings 20.00
	00274	Four Bitewings 40.00
	00321	TMJ Joint Films 95.00
	00330	Panorex 45.00
	00340	Cephalometric Film 80.00
	00460	Pulp Vitality Test 20.00
	09410	Home Visit 50.00
	01110	Adult Prophylaxis 30.00
	01120	Child Prophylaxis 23.00
	01351	Topical Application of Sealants 18.00
	01340	Plaque/Dental Disease Control 25.00
	01330	Oral Hygiene + Toothbrush Inst. 25.00
	01203	Fluoride Treatment - Child 20.00
	02110	1S Amalgam - primary 35.00
	02140	1S Amalgam - permanent 35.00
	02120	2S Amalgam - primary 52.00
	02150	2S Amalgam - permanent 52.00
	02130	3S Amalgam - primary 65.00
	02160	3S Amalgam - permanent 65.00
	02131	4S Amalgam - primary 100.00
	02161	4S Amalgam - permanent 120.00
	02151	Pin Retention - per tooth 10.00
	02330	1S Composite 40.00
	02331	2S Composite 55.00
	02332	3S Composite 75.00
	02335	4S Composite, or involving incisal 90.00
	04249	Crown lengthening 260.00
	04210	Gingivectomy/plasty -per quadrant 50.00
	04220	Gingival curettage- per quadrant 60.00
	04341	Perio. scaling/root planning-quad. 75.00
	04320	Provisional Splint - (intracoronal) 60.00
	04321	Provisional Splint - (extracoronal) 70.00
	02510	Gold Inlay - 1S 170.00
	02520	Gold Inlay - 2S 200.00
	02530	Gold Inlay - 3S 350.00
	03110	Pulp Cap - Direct 35.00
	03120	Pulp Cap - Indirect 35.00
	03220	Pulpotomy 45.00
	03310	Anterior Root Canal 295.00
	03320	Bicuspid Root Canal 295.00
	03330	Molar Root Canal 395.00
	03950	Canal Prep & Fit Dowel 70.00

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05110	Upper - Complete Denture	500.00
05120	Lower - Complete Denture	500.00
05130	Upper - Immediate Denture	650.00
05140	Lower - Immediate Denture	650.00
05210	Upper - Partial Denture	950.00
05214	Lower - Partial Denture	950.00
05850	Tissue conditioning - upper	45.00
05410	Adjust upper complete denture	50.00
	Adjustment Complete	50.00
05411	Adjust lower complete denture	30.00
05421	Adjust upper partial	30.00
05610	Repair resin denture base	50.00
05620	Repair cast framework	50.00
05720	Rebase upper partial denture	150.00
05721	Rebase lower partial denture	150.00
05730	Reline upper denture- chairside	95.00
05731	Reline lower denture- chairside	95.00
05860	Overdenture - complete	60.00
05710	Rebase complete maxillary dentur	300.00
05711	Rebase complete mandibular dent	300.00
02710	Crown - Resin	100.00
02740	Crown Porcelan	485.00
02750	Crown - Porcelain/high noble	485.00
06241	Pontic-porcelain/base metal	270.00
06210	Pontic -cast high noble	100.00
06240	Pontic-porcelain/high noble	485.00
06251	Pontic-resin/base metal	270.00
06750	Crown-Porcelain/high noble	465.00
02920	Recement Crown	20.00
06930	Recement Bridge	30.00
06950	Precision Attachment	70.00
06545	Cast Metal Retainer - Maryland Br.	85.00
02960	Labial Veneer (Laminate)	360.00
02790	Gold Crown (Full Cast)	550.00
07110	Extraction	70.00
07120	Extraction - each additional	45.00
07210	Surgical extraction -erupted tooth	75.00
07220	Impacted Tooth	170.00
07510	Incision & Drainage Abscess	100.00
09930	Post - Op Dry Socket	50.00
07310	Alveoloplasty w/extraction	95.00
09420	Hospital Call	40.00
00470	Diagnostic Casts	45.00
00490	Muscle Testing, Manual Palpat.	70.00
09950	Occlusal Analysis Mounted Case	100.00
07880	Occlusal Orthotic Device- TMJ	50.00
01510	Unilateral Space Management	100.00
01515	Bilateral Space Management	0.00
01520	Removable Space Maintainer-Unil	0.00

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	01525	Removable Space Maintainer-Bilat	0.00
	00471	Diagnostic Photographs	30.00
	08010	Limited Ortho. -primary	450.00
	08030	Limited Ortho.-adolescent	650.00
	08210	Removable appliance therapy	450.00
	08220	Fixed appliance therapy	650.00
	08050	Interceptive Ortho.-primary	0.00
	09910	Applic. of Desensitizing Med.	10.00
	09110	Palliative treatment	30.00
	09210	Anesthesia	10.00
	09211	Regional Block Anesthesia	20.00
	06100	implant extraction	75.00
CREDIT		Credit	0.00
CKRTN		Returned Check	0.00
COLLT		Collection Fee	10.00
INCOM		Incomplete Dental Plan	0.00
	07431	Removal Benign Tumor >1.25mm	55.00
	00140	Limited Oral Evaluation	25.00
	00120	Periodic Oral Examination	20.00
BAD		Bad Account Non Payment	
	09430	Office visit for observation	43.00
	05630	Repair broken clasp	78.00
	05660	Add new clasp	88.00
ortho			0.00
	04355	Full mouth debridement/perio eval	95.00
trans	77777	transfer to family accts.	
porin	02610	Porcelain Inlay - 1S	250.00
	02385	posterior composite-1 surf.	52.00
	02386	posterior composite - 2 surf.	69.00
	02387	posterior composite - 3/4 surf.	88.00
	02954	prefab. post & core	125.00
	01204	Fluoride Treatment - Adult	18.00
	02620	Porcelain Inlay- 2S	0.00
	02630	Porcelain Inlay - 3S	0.00
	02104	Fluoride Treatment - adult	18.00
	02751	Crown -Porcelain/base metal	0.00
	02752	Crown - Porcelain/noble metal	0.00
	02791	Crown - Full Cast-base metal	0.00
	02792	Crown - Full Cast-noble metal	0.00
	02910	Recement Inlay	0.00
	02930	Prefab. S.S. Crown-primary	0.00
	02931	Prefab. S.S. Crown-permanent	0.00
	02932	Prefab. Resin Crown	0.00
	02940	Sedative Filling	0.00
	02950	Core Buildup including pins	0.00
	02951	Pin Retention - per tooth	0.00
	02952	Cast Post & Core,in addit. to crowr	0.00
	02954	Prefab. Post & Core,in addit. to cr	0.00
	02955	Post Removal	0.00

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02961	Labial Veneer- resin-laboratory	0.00
02962	Labial Veneer-porcelain-laboratory	0.00
02970	Temporary Crown- fractured tooth	0.00
02980	Crown Repair	0.00
02999	Unspecified restorative procedure	0.00
03346	Retreatment of RCT- anterior	0.00
03347	Retreatment of RCT- Bicuspid	0.00
03348	Retreatment of RCT-molar	0.00
03410	Apicoectomy - anterior	0.00
03421	Apicoectomy - bicuspid	0.00
03425	Apicoectomy - molar	0.00
03426	Apicoectomy - each addit. root	0.00
03430	Retrograde Filling	0.00
03450	Root Amputation - per root	0.00
03920	Hemisection - not includ. RCT	0.00
03960	Bleaching of discolored tooth	30.00
03999	Unspecified Endodontic procedure	0.00
04211	Gingivectomy/plasty- per tooth	0.00
04240	Gingival flap - per quadrant	0.00
08040	Limited ortho - adult	0.00
08060	Interceptive Ortho.-transitional	0.00
08999	Unspecified Ortho. procedure	0.00
09440	Office visit- after hours	45.00
09630	Other medicaments - by report	0.00
09940	Occlusal Guard	0.00
09941	Fabrication of athletic mouthguard	0.00
09951	Occlusal adjustment - limited	0.00
09952	Occlusal adjustment - complete	0.00
09999	Unspecified adjunctive procedure	0.00
09970	Enamel microabrasion	0.00
06211	Pontic - cast base metal	0.00
06212	Pontic - cast noble metal	0.00
06242	Pontic - porcelain/noble	0.00
06250	Pontic - resin/high noble	0.00
06252	Pontic - resin/noble metal	0.00
06720	Crown - resin/high noble	0.00
06721	Crown - resin/base metal	0.00
06722	Crown - resin/noble metal	0.00
06751	Crown - porcelain/base metal	0.00
06752	Crown - porcelain/noble	0.00
06780	3/4 Crown -high noble	0.00
06790	Crown - full cast high noble	0.00
06791	Crown - full cast base metal	0.00
06792	Crown - full cast noble metal	0.00
06970	Cast post & core	0.00
06971	Cast post & core as part of abutmt	0.00
06975	Metal Coping	0.00
06980	Bridge repair	0.00
06999	Unspecified bridge procedure	0.00

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07130	Root removal - exposed roots	0.00
07230	Removal of impacted tooth/part.bo	0.00
07250	Surgical removal of residual roots	0.00
07281	Surgical exposure to aid eruption	0.00
05211	Upper partial - resin base	0.00
05212	Lower partial - resin base	0.00
05213	Upper partial - cast base	0.00
05281	Unilateral partial	0.00
05510	Repair broken complete denture b	0.00
05520	Replace broken teeth /comp. dentu	0.00
05640	Replace broken teeth/partial dent.	0.00
05650	Add tooth to partial	0.00
05740	Reline upper partial- chairside	0.00
05741	Reline lower partial - chairside	0.00
05750	Reline comp. denture - lab	0.00
05751	Reline lower denture - lab	0.00
05740	Reline upper partial - chairside	0.00
05741	Reline lower partial - chairside	0.00
05750	Reline upper denture - lab	0.00
05751	Reline lower denture - lab	0.00
05760	Reline upper partial - lab	0.00
05761	Reline lower partial - lab	0.00
05851	Tissue conditioning - lower	0.00
05861	Overdenture - partial	0.00
05862	Precision attachment-dent. or part.	0.00
05899	Unspecified removable prosth. pro	0.00
Adj	Adjustment to patient's acct.	0.00
02543	Onlay-metallic- 3 surfs.	195.00
06520	Inlay -bridge- 2 surfs.	150.00
CREDIT	Credit to patient's account	0.00
RCFee	Returned check fee	0.00
05422	Adjust partial-mandibule	0.00
REFUD	Refund-overpayment	0.00
04250	Mucogingival surgery	0.00
00270	1 bitewing x-ray	10.00
BALFD	Balance Forward	0.00