



This Fee Schedule is exclusive to dental services provided by **Providence Dental**. Member Savings is defined as the amount members pay less **Providence Dental** Retail Fees normally charged to uninsured, self-pay patients without a dental plan. Free oral exams and x-rays are limited to 2x per year/per member. Any current dental procedures not listed on the Fee Schedule are discounted 20% off **Providence Dental** Retail Fees.

ADA Code	Dental Procedure Description	Retail Fee	Member Fee	Member Savings
D0120	Periodic Oral Evaluation	\$54.00	FREE	100%
D0140	Limited Oral Evaluation, Problem Focused	\$82.00	FREE	100%
D0150	Comprehensive Oral Evaluation	\$97.00	FREE	100%
D0210	Intraoral - Complete Series	\$148.00	FREE	100%
D0220	Intraoral - Peripical First Image	\$33.00	FREE	100%
D0230	Intraoral - Peripical Addnl Image	\$29.00	FREE	100%
D0270	Bitewing - Single Image	\$33.00	FREE	100%
D0272	Bitewings - Two Images	\$51.00	FREE	100%
D0273	Bitewings - Three Images	\$62.00	FREE	100%
D0274	Bitewings - Four Images	\$74.00	FREE	100%
D0330	Panoramic Image	\$126.00	FREE	100%
D0383	Cone Beam CT Capture - Both Jaws	\$392.00	\$276.00	30%
D0431	Oral Cancer Screening/Adj Pre-diagnostic Test	\$75.00	\$53.00	30%
D1110	Prophylaxis - Adult	\$102.00	\$75.00	25%
D1120	Prophylaxis - Child	\$76.00	\$53.00	30%
D1208	Topical Fluoride Adult/Child - Excluding Varnish	\$45.00	\$30.00	35%
D1351	Sealant - Per Tooth	\$64.00	\$45.00	30%
D2330	Composite - One Surface, Anterior	\$189.00	\$100.00	45%
D2331	Composite - Two Surfaces, Anterior	\$230.00	\$125.00	45%
D2332	Composite - Three Surfaces, Anterior	\$282.00	\$140.00	50%
D2335	Composite - Four/More Surfaces, Anterior	\$353.00	\$213.00	40%
D2391	Composite - One Surface, Posterior	\$204.00	\$130.00	35%
D2392	Composite - Two Surfaces, Posterior	\$260.00	\$175.00	35%
D2393	Composite - Three Surfaces, Posterior	\$318.00	\$190.00	40%
D2394	Composite - Four/More Surfaces, Posterior	\$384.00	\$232.00	40%
D2610	Inlay Porcln/Ceramic - One Surface	\$1,057.00	\$743.00	30%
D2710	Crown - Composite (Indirect)	\$1,071.00	\$753.00	30%
D2720	Crown - Resin With High Noble Metal	\$1,198.00	\$841.00	30%
D2740	Crown - Porcelain/Ceramic	\$1,275.00	\$950.00	25%
D2750	Crown - Porcelain/High Noble Metal	\$1,269.00	\$892.00	30%
D2751	Crown - Porcelain/Base Metal	\$1,161.00	\$816.00	30%
D2782	Crown - 3/4 Cast Noble Metal	\$1,178.00	\$827.00	30%
D2790	Crown - Full Cast High Noble Metal	\$1,314.00	\$923.00	30%
D2950	Core Buildup, Including Any Pins When Required	\$296.00	\$140.00	55%
D3230	Pulpal Therapy - Anterior, Primary Tooth	\$304.00	\$244.00	20%
D3240	Pulpal Therapy - Posterior, Primary	\$338.00	\$271.00	20%
D3310	Endodontic Therapy, Anterior Tooth	\$839.00	\$674.00	20%
D3320	Endodontic Therapy, Bicuspid Tooth	\$956.00	\$768.00	20%
D3330	Endodontic Therapy, Molar Tooth	\$1,163.00	\$934.00	20%
D4341	Perio Scaling/Root Planing - 4/More Per Quad	\$287.00	\$160.00	45%
D4355	Full Mouth Debridement	\$201.00	\$121.00	40%
D4910	Periodontal Maintenance	\$152.00	\$95.00	40%
D5110	Complete Denture - Maxillary	\$1,912.00	\$1,195.00	40%
D5120	Complete Denture - Mandibular	\$1,961.00	\$1,195.00	40%
D5211	Maxillary Partial - Resin Base	\$1,545.00	\$995.00	35%
D5212	Mandibular Partial - Resin Base	\$1,545.00	\$995.00	35%
D6010	Surgical Placement Of Endosteal Implant	\$2,157.00	\$1,624.00	25%
D6057	Custom Fabricated Abutment	\$981.00	\$738.00	25%
D6058	Abutment Supported Crown - Porcln/Ceramic	\$1,554.00	\$1,170.00	25%
D6750	Abutment - Porcelain/High Noble Metal	\$1,271.00	\$956.00	25%

D6930	Re-cement Or Re-bond Fixed Partial Denture	\$192.00	\$145.00	25%
D7140	Extraction, Erupted Tooth/Exposed Root	\$201.00	\$125.00	40%
D7210	Surgical Removal Of Erupted Tooth	\$313.00	\$220.00	30%
D7220	Removal Of Impacted Tooth - Soft Tissue	\$352.00	\$283.00	20%
D7230	Removal Of Impacted Tooth - Partially Bony	\$442.00	\$280.00	35%
D7240	Removal Of Impacted Tooth - Completely Bony	\$536.00	\$340.00	35%
D8080	Comprehensive Adolescent Dentition	\$5,662.00	\$4,500.00	20%
D8090	Comprehensive Adult Dentition	\$5,687.00	\$4,500.00	20%
D8680	Ortho Retention	\$569.00	\$428.00	25%
D9110	Palliative/Emergency Treatment	\$145.00	\$102.00	30%
D9230	Nitrous Oxide	\$88.00	\$62.00	30%
D9430	Office Visit For Observation	\$88.00	\$62.00	30%
D9440	Office Visit - After Regularly Scheduled Hours	\$196.00	\$138.00	30%
D9940	Occlusal Guard, By Report	\$652.00	\$458.00	30%
D9972	External Whitening/In-Office - Per Arch	\$363.00	\$255.00	30%