

ACCESS HEALTHPLEX DISCOUNT FEE SCHEDULE

ADA CODE	DIAGNOSTIC & PREVENTIVE	
0120	Periodic Oral Evaluation	\$22.00
0140	Limited Oral Evaluation	\$19.00
0150	Comprehensive Oral Evaluation	\$25.00
0210	Full Mouth X-Rays	\$56.00
0220	Periapical - Single Film	\$10.00
0230	Additional Film	\$4.00
0240	Occlusal Film	\$19.00
0270	Bitewing - Single Film	\$10.00
0272	Bitewings - Two Films	\$14.00
0274	Bitewings - Four Films	\$21.00
0330	Panoramic Film	\$50.00
1110	Prophylaxis - Adult	\$44.00
1120	Prophylaxis - Child	\$30.00
1204	Topical Acid Fluoride	\$31.00
1351	Sealants	\$30.00
	RESTORATIVE	
2140	Amalgam, One Surface (Prim./Adult)	\$45.00
2150	Amalgam, Two Surfaces (Prim./Adult)	\$60.00
2160	Amalgam, Three Surfaces (Prim./Adult)	\$75.00
2161	Amalgam, Four or More Surfaces (Prim./Adult)	\$85.00
2330	Anterior Composite, One Surface	\$50.00
2331	Anterior Composite, Two Surfaces	\$70.00
2332	Anterior Composite, Three Surfaces	\$88.00
2335	Anterior Composite Incisal	\$95.00
2740	Porcelain Crown	\$425.00
2750	Porcelain with High Noble Metal Crown	\$595.00
2751	Porcelain with Base Metal Crown	\$525.00
2752	Porcelain with Noble Metal Crown	\$525.00
2790	Full Cast With High Noble Metal Crown	\$525.00
2791	Full Cast With Base Metal Crown	\$425.00
2920	Recement Crown	\$38.00
2930	Prefab Stainless Steel Crown (Perm.)	\$110.00
2950	Build-up with Pins - Core	\$100.00
2951	Pin Retention, Per Tooth	\$25.00
2952	Cast Post & Core	\$165.00
2954	Prefab Post & Core	\$105.00
	ENDODONTICS	
3110	Direct Pulp Cap	\$25.00
3120	Indirect Pulp Cap	\$25.00
3220	Therapeutic Pulpotomy	\$65.00
3310	Root Canal Therapy - Anterior	\$350.00
3320	Root Canal Therapy - Bicuspid	\$425.00
3330	Root Canal Therapy - Molar	\$500.00
3410	Apicoectomy - Anterior	\$210.00

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ADA CODE	PERIODONTICS	
4210	Gingivectomy, Per Quad	\$180.00
4211	Gingivectomy, Per Tooth	\$42.50
4260	Osseous Surgery, Per Quad	\$460.00
4341	Periodontal Scaling, Per Quad	\$90.00
4910	Periodontal Maintenance	\$72.50
	PROSTHODONTICS	
5110	Full Upper Denture	\$650.00
5120	Full Lower Denture	\$650.00
5130	Immediate Upper Denture	\$675.00
5140	Immediate Lower Denture	\$675.00
5211	Partial Upper Denture - Acrylic	\$450.00
5212	Partial Lower Denture - Acrylic	\$450.00
5213	Partial Upper Denture - Cast	\$695.00
5214	Partial Lower Denture - Cast	\$695.00
5410	Denture Adjustments - Upper	\$25.00
5411	Denture Adjustments - Lower	\$25.00
5510	Repair Broken Denture	\$65.00
5620	Repair Framework	\$100.00
5630	Replace Broken Clasp - Intact	\$90.00
5640	Replace Broken Tooth	\$55.00
5650	Add Tooth to Partial	\$55.00
5730	Reline Full Upper Denture - Chair	\$135.00
5731	Reline Full Lower Denture - Chair	\$135.00
5740	Reline Partial Upper Denture - Chair	\$90.00
5741	Reline Partial Lower Denture - Chair	\$135.00
5750	Reline Full Upper Denture - Lab	\$150.00
5751	Reline Full Lower Denture - Lab	\$200.00
5760	Reline Partial Upper Denture - Lab	\$145.00
5761	Reline Partial Lower Denture - Lab	\$180.00
6240	Porcelain with High Noble Metal Pontic	\$595.00
6241	Porcelain with Base Metal Pontic	\$525.00
6242	Porcelain with Noble Metal Pontic	\$525.00
6750	Porcelain with High Noble Metal Abutment	\$595.00
6751	Porcelain with Base Metal Abutment	\$525.00
6752	Porcelain with Noble Metal Abutment	\$525.00
6930	Recement Bridge	\$62.00
	ORAL SURGERY	
7140	Routine Extraction	\$66.00
7210	Surgical Extraction	\$110.00
7220	Impaction - Soft Tissue	\$155.00
7230	Impaction - Partial Bony	\$188.00
7240	Impaction - Full Bony	\$240.00
7250	Surgical Removal of Roots	\$90.00
7310	Alveoplasty with Extraction, Per Quad	\$62.00

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ADA CODE	ORTHODONTIA	
8080	Initial Insertion	\$750.00
8670	Monthly Adjustments - 24 months	\$90.00
	MISCELLANEOUS	
9110	Palliative Treatment	\$30.00
9310	Specialist Consultation	\$50.00
9951	Occlusal Adjustment - Limited	\$55.00
9952	Occlusal Adjustment - Complete	\$150.00