

# PERFECT TEETH™

## Pedodontic Specialty Fees

	Uninsured Fee	PTDP	Savings
<b>Procedure/ ADA Code</b>			
<b>Diagnostic and Preventative</b>			
Office Co-pay	\$5	\$5	
Comprehensive Oral Evaluation (D0150)	\$122	\$0	\$122
Periodic Oral Eval (D0120)	\$59	\$0	\$59
Limited Exam (D0140)	\$122	\$20	\$102
Single X- Ray (D0220)	\$30	\$0	\$30
Additional X-Ray (D0230)	\$30	\$0	\$30
Pano Film (D0330)	\$134	\$25	\$109
Prophylaxis – Child (D1120)	\$80	\$60	\$20
Fluoride – Child (D1206)	\$35	\$28	\$7
Sealants (D1351)	\$66	\$55	\$11
<b>Pedodontics</b>			
Resin 1 Surface Posterior (D2391)	\$161	\$129	\$32
Resin 2 Surface Posterior (D2392)	\$296	\$237	\$59
Resin 3 Surface Posterior (D2393)	\$375	\$300	\$75
Space Maintainer Fixed Unilateral (D1510)	\$266	\$212	\$54
Space Maintainer Fixed Bilateral (D1515)	\$468	\$374	\$94
Space Maintainer Fixed Rem Uni. (D1520)	\$237	\$190	\$47
Space Maintainer Removable Bil. (D1525)	\$306	\$245	\$61
Therapeutic Pulpotomy (D3220)	\$261	\$188	\$73
Stain Steel Crown (primary) (D2930)	\$274	\$219	\$55

\*Fees based on 2016 PERFECT TEETH fees in Colorado which will vary by state. Additional fees may apply depending on the services you need. Dental fees are subject to change without notice. The PTDP may not be used in conjunction with any other insurance or discount plans.