

DENTAL RESOURCE GROUP

Procedure Number	Member Fee	Procedure Number	Member Fee
<p>A specific <u>periodontic</u> treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.</p>		<p>A specific <u>prosthodontic</u> treatment may present unusual circumstances requiring an additional cost. If precious metal (gold) is desired, the cost will be additional to the crown cost. Please consult the affiliated dentist as to the total cost prior to treatment.</p>	
<p>PERIODONTICS</p>		<p>PROSTHODONTICS-FIXED BRIDGES</p>	
4210 GINGIVECTOMY OR GINGIVOPLASTY-PER QUAD..	\$130.00	5761 RELINE MANDIBULAR PARTIAL DENTURE – (LABORATORY).....	\$120.00
4211 GINGIVECTOMY OR GINGIVOPLASTY-PER TOOTH	\$ 50.00	5810 INTERIM COMPLETE (TEMPORARY) DENTURE MAXILLARY.....	\$200.00
4220 GINGIVAL CURETTAGE, SURGICAL - PER QUADRANT, BY REPORT.....	\$100.00	5811 INTERIM COMPLETE (TEMPORARY) COMPLETE DENTURE MANDIBULAR.....	\$200.00
4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - PER QUADRANT.....	\$210.00	5820 INTERIM PARTIAL (TEMPORARY) PARTIAL DENTURE MAXILLARY.....	\$180.00
4249 CLINICAL CROWN LENGTHENING - HARD TISSUE..	\$ 95.00	5821 INTERIM (TEMPORARY) PARTIAL DENTURE MANDIBULAR.....	\$180.00
4260 OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - PER QUADRANT.....	\$330.00	(LAB FEES AND GOLD WILL BE ADDITIONAL COST)	
4341 PERIODONTAL SCALING AND ROOT PLANING – PER UADRANT.....	\$ 75.00	<p>A specific <u>oral surgery</u> treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.</p>	
4355 FULL MOUTH DEBRIDEMENT.....	\$ 60.00	<p>ORAL SURGERY</p>	
4910 PERIODONTAL MAINTENANCE PROCEDURES (FOLLOWING ACTIVE THERAPY).....	\$ 35.00	6211 PONTIC - CAST PREDOMINANTLY BASE METAL.....	\$325.00
4999 PERIODONTAL DIAGNOSTIC WORKUP.....	\$ 20.00	6240 PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	\$325.00
<p>A specific <u>prosthodontic</u> treatment may present unusual circumstances requiring an additional cost. If precious metal (gold) is desired, the cost will be additional to the crown cost. Please consult the affiliated dentist as to the total cost prior to treatment.</p>		6241 PORCELAIN FUSED TO PREDOMINANTLY BASE METAL.....	\$325.00
<p>PROSTHODONTICS - REMOVABLE (LAB FEES WILL BE ADDITIONAL COST)</p>		6242 PONTIC - PORCELAIN FUSED TO NOBLE METAL.....	\$335.00
5110 COMPLETE UPPER DENTURE – MAXILLARY.....	\$405.00	6750 CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL.....	\$350.00
5120 COMPLETE LOWER DENTURE – MANDIBULAR.....	\$405.00	6751 CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL.....	\$325.00
5130 IMMEDIATE UPPER – MAXILLARY.....	\$425.00	6752 CROWN - PORCELAIN FUSED TO NOBLE METAL.....	\$325.00
5140 IMMEDIATE LOWER – MANDIBULAR.....	\$425.00	6780 CROWN - 3/4 CAST HIGH NOBLE METAL.....	\$350.00
5211 MAXILLARY PARTIAL DENTURE - RESIN BASE – UPPER PARTIAL DENTURE.....	\$300.00	6791 CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$325.00
5212 MANDIBULAR PARTIAL DENTURE - RESIN BASE – LOWER PARTIAL DENTURE.....	\$300.00	6930 RECEMENT FIXED PARTIAL DENTURE.....	\$ 25.00
5213 MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES.....	\$425.00	6940 STRESS BREAKER.....	\$ 90.00
5214 MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES.....	\$425.00	6950 PRECISION ATTACHMENT (EACH).....	\$225.00
5410 ADJUST COMPLETE DENTURE – MAXILLARY.....	\$ 20.00	<p>A specific <u>oral surgery</u> treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.</p>	
5411 ADJUST COMPLETE DENTURE – MANDIBULAR.....	\$ 20.00	<p>ORAL SURGERY</p>	
5421 ADJUST PARTIAL DENTURE – MAXILLARY.....	\$ 20.00	7110 ROUTINE EXTRACTION - SINGLE TOOTH.....	\$ 35.00
5422 ADJUST PARTIAL DENTURE – MANDIBULAR.....	\$ 20.00	7120 EACH ADDITIONAL TOOTH.....	\$ 32.00
5510 REPAIR BROKEN COMPLETE DENTURE BASE.....	\$ 40.00	7130 ROOT REMOVAL - EXPOSED ROOTS.....	\$ 42.00
5520 REPLACE MISSING OR BROKEN TEETH – COMPLETE DENTURE (EACH TOOTH).....	\$ 35.00	7210 SURGICAL EXTRACTION – ERUPTED.....	\$ 55.00
5610 REPAIR RESIN DENTURE BASE.....	\$ 40.00	7220 REMOVAL OF IMPACTED TOOTH – SOFT TISSUE.....	\$ 75.00
5620 REPAIR CAST FRAMEWORK.....	\$ 50.00	7230 REMOVAL OF IMPACTED TOOTH – PARTIALLY BONY.....	\$ 85.00
5630 REPAIR OR REPLACE BROKEN CLASP.....	\$ 45.00	7240 REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY.....	\$120.00
5640 REPLACE BROKEN TEETH - PER TOOTH.....	\$ 30.00	7241 REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY WITH UNUSUAL SURGICAL COMPLICATIONS.....	\$160.00
5650 ADD TOOTH TO EXISTING PARTIAL DENTURE.....	\$ 40.00	7250 SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS.....	\$ 60.00
5660 ADD CLASP TO EXISTING PARTIAL DENTURE.....	\$ 50.00	7280 SURGICAL EXPOSURE PER TOOTH.....	\$ 60.00
5710 REBASE COMPLETE MAXILLARY DENTURE.....	\$195.00	7310 ALVEOLOPLASTY (PER QUAD WITH EXTRACTIONS).....	\$ 65.00
5711 REBASE COMPLETE MANDIBULAR DENTURE.....	\$195.00	7320 ALVEOLOPLASTY (PER QUAD WITHOUT EXTRACTIONS).....	\$ 95.00
5720 REBASE MAXILLARY PARTIAL DENTURE.....	\$190.00	7510 INCISION AND DRAINAGE OF ABSCESS – INTRAORAL SOFTTISSUE.....	\$ 26.00
5721 REBASE MANDIBULAR DENTURE - CHAIRSIDE.....	\$190.00	7960 FRENULECTOMY (FRENECTOMY OR FRENOTOMY SEPARATE PROCEDURE.....	\$ 85.00
5730 RELINE COMPLETE MAXILLARY DENTURE-CHAIRSIDE.....	\$ 85.00		
5731 RELINE COMPLETE MANDIBULAR DENTURE – CHAIRSIDE.....	\$ 85.00		
5740 RELINE MAXILLARY PARTIAL DENTURE – CHAIRSIDE.....	\$ 80.00		
5741 RELINE MANDIBULAR PARTIAL DENTURE – CHAIRSIDE.....	\$ 80.00		
5750 RELINE COMPLETE MAXILLARY DENTURE – (LABORATORY).....	\$120.00		
5751 RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY).....	\$120.00		
5760 RELINE MAXILLARY PARTIAL DENTURE (LABORATORY).....	\$120.00		

DENTAL RESOURCE GROUP

Procedure Number	Member Fee
<p>A specific orthodontic treatment may present unusual circumstances requiring an additional cost. During the orthodontic consultation appointment, the affiliated dentist will explain all needed procedures, length of treatment, required fees and payment schedule.</p>	

<u>ORTHODONTICS</u>	
8070 COMPREHENSIVE ORTHODONTIC TREATMENT OF TRANSITIONAL DENTITION CLASS I&II MALOCCLUSION BY DENTAL RESOURCE GROUP ORTHODONTIST.....	\$2350.00
8080 COMPREHENSIVE ORTHODONTIC TREATMENT OF ADOLESCENT DENTITION CLASS I&II MALOCCLUSION BY DENTAL RESOURCE GROUP ORTHODONTIST.....	\$2350.00
8090 COMPREHENSIVE ORTHODONTIC TREATMENT OF ADULT DENTITION CLASS I&II MALOCCLUSION BY DENTAL RESOURCE GROUP ORTHODONTIST.....	\$2650.00
8660 DIAGNOSTIC WORKUP - PRE ORTHODONTIC VISIT.....	\$ 125.00
8680 RETENTION.....	\$ 115.00
8999 MAXILLARY EXPANSION.....	\$ 375.00
<u>GENERAL SERVICES</u>	
00016 FAILED APPOINTMENT (WITHOUT 24 HOUR NOTICE)...	\$ 25.00
09110 PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURES.....	\$ 20.00
09440 OFFICE VISIT - AFTER HOURS	\$ 35.00
<u>SPECIALTY CARE SERVICES</u>	

All scheduled charges listed are for services rendered by a Dental Resource Group affiliated general dentist. All treatments provided by a Dental Resource Group affiliated specialty dentist (advanced degree) in Endodontics, Periodontics, Prosthodontics, Oral Surgery, Orthodontics, or Pediatric Dentistry (where available) will be charged at a 25% discount from the affiliated dentist's usual and customary fee for the treatment.

OTHER PROCEDURES AND PAYMENT FOR SERVICES

Any procedure not listed on the Dental Resource Group Schedule of Dental Program Fees is available at the affiliated dentist's usual and customary fee less a 25% discount - this includes all lab fees. All fees included in the Schedule of Dental Fees are for payment at time of service. The member may negotiate payment terms with the affiliated dentist, however, an additional charge may be added for payment terms.

ASEPSIS FEE

An asepsis fee of \$7.00 per patient appointment is charged by all affiliated dentists to insure proper infection control for all Dental Resource members.

DENTAL RESOURCE GROUP - PROGRAM EXCLUSIONS AND LIMITATIONS

- 1) The following EXCLUSIONS APPLY:
 - a) SERVICES FOR INJURIES OR CONDITIONS COVERED UNDER WORKMEN'S COMPENSATION OR EMPLOYER'S LIABILITY LAWS;
 - b) COST OF ANY DENTAL CARE WHICH IS COVERED UNDER ANY AUTOMOBILE, MEDICAL, NO FAULT, OR SIMILAR TYPE INSURANCE;
 - c) SERVICES WHICH, IN THE OPINION OF THE ATTENDING DENTIST, ARE NOT NECESSARY FOR THE PATIENTS DENTAL HEALTH OR CANNOT BE PERFORMED BECAUSE OF THE GENERAL HEALTH OF THE PATIENT;
 - d) GENERAL ANESTHESIA (PUT TO SLEEP), I.V. SEDATION, HOSPITAL OR MEDICAL CHARGES OF ANY TYPE.
- 2) DENTAL RESOURCE GROUP MEMBER FEES APPLY ONLY TO SERVICES RENDERED BY AFFILIATED DENTAL OFFICES AND ARE SUBJECT TO CHANGE IN THE FUTURE.
- 3) DENTAL RESOURCE GROUP MEMBER FEES WILL NOT BE HONORED IF THE DENTAL TREATMENT IS ALREADY IN PROGRESS OR IF THE PATIENT'S MEMBERSHIP IS NO LONGER VALID.
- 4) DENTAL RESOURCE GROUP ASSUMES NO RESPONSIBILITY OR LIABILITY FOR SERVICES RENDERED BY AFFILIATED DENTISTS.
- 5) ANY DENTAL RESOURCE GROUP MEMBER ACCEPTED FOR ORTHODONTIC TREATMENT MUST REMAIN A MEMBER OF THE PROGRAM FOR THE COMPLETE DURATION OF THE TREATMENT OR RISK. ADDITIONAL CHARGES BY THE AFFILIATED DENTIST.
- 6) ANY PROCEDURE MAY PRESENT UNUSUAL CIRCUMSTANCES REQUIRING AN ADDITIONAL COST. PLEASE CONSULT THE AFFILIATED DENTIST AS TO THE TOTAL TREATMENT COST PRIOR TO ANY SERVICE BEING RENDERED.

IMPORTANT NOTICE

THE DENTAL RESOURCE GROUP DENTAL BENEFIT PROGRAM IS NOT DENTAL INSURANCE AND IS NOT A HEALTH MAINTENANCE ORGANIZATION CONTRACT. DENTAL RESOURCE GROUP DOES NOT REIMBURSE THE AFFILIATED DENTIST OR INDEMNIFY THE MEMBER FOR THE COST OF DENTAL SERVICES RECEIVED BY THE MEMBER.

QUESTIONS OR CONCERNS CONTACT **DENTAL RESOURCE GROUP**

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