



**SMILE
SAVERS**

Procedure Pricing for Bronze Plan

\$10=D0140 = Limited Oral Evaluation

\$25=D0145=First Dental Home Visit (For patients under the age of 3)

\$25=D0150=Comprehensive exam (For first time patients)

\$25=D0120=Periodic Exams (For patients returning for 6 month check up)

\$0=D0603=Caries Risk Assessment

\$15=D1208=Fluoride

\$80=D1110=Prophy Adult (Cleaning for patient over the age of 13)

\$60=D1120=Prophy Child (Cleaning for patient under the age of 13)

\$20=D1351=Sealant

\$5=D0220=Periapical First (PA x-ray first image)

\$5=D0230=Periapical Each Additional Image

\$5=D0272=Bitewings 2 (X-Ray Image)

\$10=D0274=Bitewings 4 (X-Ray Image)

\$55=D0210= Full mouth series x-rays or FMX

\$105=D2391=Composite filling One Surface

\$115=D2392=Composite filling Two Surface

\$135=D2393=Composite filling Three Surface

\$105=D2331=Anterior(Front) Composite filling One Surface

\$115=D2332=Anterior(Front) Composite filling Two Surface

\$135=D2333=Anterior(Front) Composite filling Three Surface

\$200=D4341= SRP (Scaling and Root Planing) One Quadrant (Deep Cleaning)

\$25=D7140=Extraction for baby tooth

\$175=D7210=Surgical Extraction

\$165=D2930=Stainless Steel Crown (SSC)

\$20=D9230=Nitrous (laughing gas)



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