

CDT Code	Procedure	Fee
1) 1110	Adult Prophylaxis	\$83
2) 0120	Periodic Exam	\$45
3) 0274	Bitewing x-ray	\$55
4) 0140	Limited Exam	\$71
5) 0150	Comprehensive Exam	\$76
6) 0220	Single Periapical X-ray	\$25
7) 0330	Panoramic X-ray	\$98
8) 2392	2 Surface Composite	\$228
9) 1120	Child Prophylaxis	\$58
10)2740	Full Porcelain Crown	\$1124
11)7140	Simple Extraction	\$132
12)4910	Perio Maintenance	\$128
13)2391	1 surface composite	\$169
14)0210	Full Mouth X-rays	\$121
15)2393	3 Surface Composite	\$276

The health care price listed for any given service is an estimate. Actual charges for the health care service are dependent on the circumstances, including but not limited to any complications or exceptional treatment, at the time services are rendered.

If you are covered by health insurance or a dental plan, you are strongly encouraged to consult with your insurer or plan to determine accurate information about your financial responsibility for a particular health care service provided by a health care provider at this office.

If you are not covered by health insurance or a dental plan, you are strongly encouraged to contact our office at (303)733-0138 to discuss payment options prior to receiving a health care service at this office since posted health care prices may not reflect the actual amount of your financial responsibility.