



**DENTAL FEE SCHEDULE**

**2024**

| <b>SLIDE A</b>              | <b>SLIDE B</b>              | <b>SLIDE C</b>               | <b>SLIDE D</b>              |
|-----------------------------|-----------------------------|------------------------------|-----------------------------|
| <b>0-100% FPL</b>           | <b>101-150% FPL</b>         | <b>151-175%FPL</b>           | <b>176-200%FPL</b>          |
| <b>TIER ONE</b>             | <b>TIER ONE</b>             | <b>TIER ONE</b>              | <b>TIER ONE</b>             |
| PREVENTIVE SERVICES<br>\$20 | PREVENTIVE SERVICES<br>\$30 | PREVENTIVE SERVICES-<br>\$40 | PREVENTIVE SERVICES<br>\$50 |
| OTHER CORE SERVICES<br>\$40 | OTHER CORE SERVICES<br>\$50 | OTHER CORE SERVICES<br>\$60  | OTHER CORE SERVICES<br>\$70 |

| <b>TIER TWO</b>             | <b>TIER TWO</b>             | <b>TIER TWO</b>             | <b>TIER TWO</b>             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| ADDITIONAL SERVICES<br>\$60 | ADDITIONAL SERVICES<br>\$70 | ADDITIONAL SERVICES<br>\$80 | ADDITIONAL SERVICES<br>\$90 |
| <b>PLUS, LAB FEES</b>       | <b>PLUS, LAB FEES</b>       | <b>PLUS, LAB FEES</b>       | <b>PLUS, LAB FEE</b>        |



**DENTAL FEE SCHEDULE PAGE 2**

**2024**

|                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>TIER THREE</b>          | <b>TIER THREE</b>          | <b>TIER THREE</b>          | <b>TIER THREE</b>          |
| ELECTIVE SERVICES<br>\$100 | ELECTIVE SERVICES<br>\$110 | ELECTIVE SERVICES<br>\$120 | ELECTIVE SERVICES<br>\$130 |
| <b>PLUS, LAB FEES</b>      | <b>PLUS, LAB FEES</b>      | <b>PLUS, LAB FEES</b>      | <b>PLUS, LAB FEES</b>      |

**PREVENTIVE:** EXAMS, X-RAYS, CLEANINGS, FLUORIDE TREATMENT, SEALANTS

**OTHER CORE:** FILLINGS, SIMPLE EXTRactions, PULP CAPPING & PULPOTOMY, RECEMENTING CROWNS, DENTURES REBASING AND RELINING, SURGICAL EXTRactions, OTHER SURGICAL PROCEDURES.

**ADDITIONAL CORE:** DENTURES, ROOT CANALS, CROWN, BRIDGES, VENEERS

**ELECTIVE:** BLEACHING, BITE GUARDS

**ABOVE 250% FPL MUST PAY FULL COST OF SERVICES**

**PAYMENT IS DUE WHEN SERVICES ARE RENDERED DURING EACH VISIT FOR ALL PATIENTS.**