

Price Transparency

CDT	DESCRIPTION	USUAL & CUSTOMARY (UCR)	my smile dental plan®	
			MY SMILE DENTAL PLAN	MY SMILE DENTAL PLAN SAVINGS
			As a Smile Generation-trusted office, we offer My Smile Dental Plan to provide discounts on many dental services.	
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	\$90	-	100%
D1330	ORAL HYGIENE INSTRUCTIONS	\$72	-	100%
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL FILM	\$28	-	100%
D0120	PERIODIC EXAM	\$56	-	100%
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$32	-	100%
D1206	FLUORIDE VARNISH	\$78	\$32	59%
D1110	PROPHYLAXIS - ADULT	\$102	\$77	25%
D0274	BITEWING - FOUR FILMS	\$72	-	100%
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$124	-	100%
D0150	COMPREHENSIVE EXAM - NEW/ESTABLISHED PATIENT	\$138	-	100%
D4910	PERIODONTAL MAINTENANCE	\$180	\$99	45%
D1120	PROPHYLAXIS - CHILD	\$76	\$75	1%
D0210	FULL MOUTH X-RAY	\$143	-	100%
D4921	GINGIVAL IRRIGATION - PER QUADRANT	\$78	\$13	83%
D4341	SCALING AND ROOT PLANING - 4+ TEETH PER QUAD	\$305	\$160	48%
D2740	PORCELAIN CROWN (PRICE VARIES BASED ON MATERIALS)	\$1,355	\$898	34%
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$74	-	100%
D9310	SPECIALIST CONSULT	\$258	\$206	20%
D2950	CROWN BUILDUP	\$310	\$233	25%
D1351	SEALANT - PER TOOTH	\$61	\$46	25%
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	\$273	\$221	19%
D9430	OFFICE VISIT FOR OBSERVATION	\$89	-	24%
D0431	ORAL CANCER SCREENING	\$74	\$56	100%
D4342	PERIODONTAL SCALING AND ROOT PLANING - 1-3 TEETH PER QUAD	\$184	\$95	48%
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$257	\$193	25%
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$221	\$166	25%
D0272	BITEWINGS - TWO FILMS	\$54	-	100%
D1208	TOPICAL APPLICATION OF FLUORIDE	\$42	\$32	25%
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$100	\$75	25%

Average My Smile Dental Plan Savings: 61%

The price for any given service is an estimate. The actual charges for the service are dependent on the circumstances at the time the service is rendered. If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular health care service provided at this practice. If you are not covered by health insurance, you are strongly encouraged to discuss with the practice payment options prior to receiving any service since posted prices may not reflect the actual amount of your financial responsibility. This document is the exclusive property of the practice, and it, or any version of its contents, may not be copied, used, or reproduced in any manner, in whole or in part, without the practice's prior written consent. All rights reserved.

My Smile Dental Plan is not insurance. This is a licensed discount medical plan. My Smile Dental Plan provides discounts at certain health care providers for dental services. My Smile Dental Plan does not make payments directly to the providers of dental services. You (member) will be required to pay for all health care or dental services, but will receive a discount from those health care providers who have contracted with the CDI Group, Inc. The My Smile Dental Plan is provided by discount medical plan organization The CDI Group, Inc. The CDI Group, Inc is located at 601 Daily Drive, Suite 215, Camarillo, CA 93010.

