

Schedule of Programs Fees



Procedure Number	Member Fee	Procedure Number	Member Fee
DIAGNOSTIC DENTISTRY		ENDODONTICS	
D0120	PERIODICAL ORAL EXAMINATION\$9.00	D3110	PULP CAP, DIRECT.....\$19.00
D0140	LIMITED ORAL EXAMINATION, PROBLEM FOCUSED\$12.00	D3120	PULP CAP, INDIRECT\$24.00
D0150	COMPREHENSIVE ORAL EXAMINATION\$18.00	D3220	PULPOTOMY.....\$35.00
D0210	INTRAORAL X - RAY COMPLETE SERIES\$28.00	D3310	ROOT CANAL, ANTERIOR.....\$159.00
D0460	PULP VITALITY TEST.....\$15.00	D3320	ROOT CANAL, BICUSPID.....\$209.00
D9999	ASEPSIS FEE (INFECTION CONTROL)\$8.00	D3330	ROOT CANAL, MOLAR.....\$259.00
ALL BITEWING / SINGLE FILM X-RAYS.....20% DISCOUNT		D3920	HEMISECTIO.....\$65.00
PREVENTATIVE DENTISTRY		A specific root canal treatment or re-treatment may present unusual circumstances requiring additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.	
D1110	PROPHYLAXIS – ADULT\$24.00	PERIODONTICS	
D1120	PROPHYLAXIS – CHILD\$24.00	D4210	GINGIVECTOMY/GINGIVOPLASTY –(PER QUADRANT)....\$180.00
D1203	APPLICATION TOPICAL FLUORIDE – CHILD.....\$5.00	D4211	GINGIVECTOMY/GINGIVOPLASTY - (PER TOOTH).....\$50.00
D1204	APPLICATION TOPICAL FLUORIDE – ADULT\$5.00	D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - (PER QUADRANT)\$200.00
D1351	SEALANT-PER TOOTH\$14.00	D4260	OSSEOUS SURGERY-(PER QUADRANT) (INCLUDING FLAP ENTRY AND CLOSURE)\$260.00
D1510	SPACE MAINTAINER - FIXED UNILATERAL\$60.00	D4341	PERIODONTAL SCALING AND ROOT PLANING - (PER QUADRANT).....\$75.00
D1515	SPACE MAINTAINER - FIXED BILATERAL\$75.00	D4355	FULL MOUTH DEBRIDEMENT\$70.00
A specific preventative treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.		D4910	PERIODONTAL MAINTENANCE PROCEDURES FOLLOWING ACTIVE THERAPY\$30.00
COSMETIC		A specific periodontal treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.	
ALL COSMETIC DENTISTRY20% DISCOUNT		PROSTHODONTICS – REMOVABLE	
RESTORATIVE DENTISTRY		(LAB FEES ADDITIONAL COST)	
D2140	AMALGAM - 1 SURFACE, PRIMARY OR PERMANENT\$28.00	D5110	COMPLETE UPPER DENTURE (INCLUDING SIX MONTHS POST CARE)\$400.00
D2150	AMALGAM - 2 SURFACES, PRIMARY OR PERMANENT\$36.00	D5120	COMPLETE LOWER DENTURE (INCLUDING SIX MONTHS POST CARE)\$400.00
D2160	AMALGAM - 3 SURFACES, PRIMARY OR PERMANENT\$46.00	D5130	IMMEDIATE UPPER.....\$420.00
D2161	AMALGAM - 4 OR MORE SURFACES, PRIMARY OR PERMANENT\$56.00	D5140	IMMEDIATE LOWER.....\$420.00
D2330	COMPOSITE RESIN - 1 SURFACE, ANTERIOR\$38.00	D5211	UPPER PARTIAL DENTURE – RESIN BASE.....\$250.00
D2331	COMPOSITE RESIN - 2 SURFACES, ANTERIOR.....\$46.00	D5212	LOWER PARTIAL DENTURE – RESIN BASE.....\$250.00
D2332	COMPOSITE RESIN - 3 SURFACES, ANTERIOR.....\$56.00	D5213	UPPER PARTIAL – PREDOMINANTLY CAST BASE\$400.00
D2335	COMPOSITE RESIN - 4 OR MORE SURFACES OR INVOLVING INCISAL ANGLE, ANTERIOR\$66.00	D5214	LOWER PARTIAL – PREDOMINANTLY CAST BASE\$400.00
D2391	COMPOSITE RESIN - 1 SURFACE, POSTERIOR.....\$50.00	D5410	ADJUST COMPLETE DENTURE\$15.00
D2392	COMPOSITE RESIN - 2 SURFACES, POSTERIOR.....\$65.00	D5510	REPAIR BROKEN COMPLETE DENTURE BASE\$40.00
D2393	COMPOSITE RESIN - 3 SURFACES, POSTERIOR.....\$85.00	D5610	REPAIR RESIN DENTURE BASE\$35.00
D2394	COMPOSITE RESIN - 4 OR MORE SURFACES, POSTERIOR.....\$95.00	D5630	REPAIR OR REPLACE BROKEN CLASP.....\$45.00
D2750	CROWN - PORCELAIN TO HIGH NOBLE METAL (GOLD AND LAB FEES ADDITIONAL)\$350.00	D5640	REPLACE BROKEN TEETH – (PER TOOTH)\$30.00
D2751	CROWN - PORCELAIN TO BASE METAL (LAB FEES ADDITIONAL)\$320.00	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE\$45.00
D2920	CEMENT CROWN\$20.00	D5660	ADD CLASP TO EXISTING PARTIAL DENTURE\$65.00
D2931	PREFABRICATED STAINLESS STEEL CROWN\$48.00	D5730	RELINE COMPLETE UPPER (CHAIRSIDE)\$75.00
D2940	SEDATIVE FILLING\$16.00	D5731	RELINE COMPLETE LOWER (CHAIRSIDE).....\$75.00
D2950	CORE BUILDUP, (INCLUDING ANY PINS)\$55.00	D5740	RELINE UPPER PARTIAL (CHAIRSIDE)\$75.00
D2951	PIN RETENTION – (PER TOOTH)\$20.00	D5741	RELINE LOWER PARTIAL (CHAIRSIDE).....\$75.00
D2952	CAST POST AND CORE IN ADDITION TO CROWN\$75.00	D5810	TEMPORARY COMPLETE UPPER DENTURE.....\$200.00
D2953	EACH ADDITIONAL CAST POST (SAME TOOTH)\$40.00	D5811	TEMPORARY COMPLETE LOWER DENTURE\$200.00
D2954	PREFAB POST / CORE IN ADDITION TO CROWN\$60.00	D5820	TEMPORARY PARTIAL - STAY PLATE UPPER.....\$180.00
D2970	TEMPORARY CROWN (FRACTURED TOOTH)\$40.00	D5821	TEMPORARY PARTIAL - STAY PLATE LOWER.....\$180.00

Schedule of Programs Fees (Continued)



PROSTHODONTICS – FIXED BRIDGES	SPECIALTY CARE SERVICES
D6241 PONTIC-PORCELAIN FUSED TO BASE METAL\$320.00 D6751 CROWN-PORCELAIN FUSED TO BASE METAL\$320.00 D6791 CROWN-FULL CAST FUSED TO BASE METAL\$270.00 D6930 RECEMENT BRIDGE\$20.00 D6940 STRESS BREAKER\$90.00 D6950 PRECISION ATTACHMENT (EACH).....\$225.00	All scheduled charges listed are for services rendered by a QCD OF AMERICA® affiliated general dentist. All treatments provided by a QCD OF AMERICA® affiliated specialty dentist (advanced degree) in Endodontics, Periodontics, Prosthodontics, Oral Surgery, Pediatric Dentistry or Orthodontics (Board Certified or Board Eligible only) will be charged at a 20% discount from the affiliated specialty dentist's usual and customary fee for the treatment.
A specific prosthodontic 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.	OTHER PROCEDURES AND PAYMENT FOR SERVICES
ORAL SURGERY	Any procedure not listed on the QCD OF AMERICA® Schedule of Dental Program Fees is available at the dentist's usual and customary fee less a 20% discount – this includes all lab fees. All fees included in the Schedule of Dental Fees are for payment at the time of service. The member may negotiate payment terms with the affiliated dentist, however, an
D7110 SINGLE TOOTH EXTRACTION\$36.00 D7120 EACH ADDITIONAL TOOTH\$34.00 D7130 ROOT REMOVAL – EXPOSED ROOTS\$48.00 D7210 SURGICAL EXTRACTION-ERUPTED\$68.00 D7220 REMOVAL OF IMPACTED TOOTH - SOFT TISSUE\$78.00 D7230 REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY\$109.00 D7240 REMOVAL OF IMPACTED TOOTH- COMPLETELY BONY\$129.00 D7241 REMOVAL OF IMPACTED TOOTH- COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS\$189.00 D7250 ROOT RECOVERY\$72.00 D7280 SURGICAL EXPOSURE PER TOOTH.....\$66.00 D7310 ALVEOLOPLASTY (PER QUADRANT WITH EXTRACTIONS)\$78.00 D7320 ALVEOLOPLASTY (PER QUADRANT WITHOUT EXTRACTIONS)\$84.00 D7960 FRENECTOMY\$99.00	ASEPSIS FEE
A specific oral surgery procedure may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to	An asepsis fee of \$8.00 per patient appointment is charged by all affiliated dentists to insure proper infection control for all QCD OF AMERICA® members.
ORTHODONTICS (QCD GENERAL DENTIST ONLY)	QCD OF AMERICA® - EXCLUSIONS AND LIMITATIONS
D8999 DIAGNOSTIC WORK UP RADIOGRAPHS, MODEL, RECORDS\$120.00 D8080 CHILD (QCD GENERAL DENTIST) CLASS I OR II FOR 24 MONTH TREATMENT\$2,200.00 D8090 ADULT (QCD GENERAL DENTIST) CLASS I OR II FOR 24 MONTH TREATMENT\$2,400.00 D8680 ORTHODONTIC RETENTION.....\$230.00	1) THE FOLLOWING EXCLUSIONS AND LIMITATIONS APPLY: A) SERVICES COVERED UNDER WORKMEN'S COMPENSATION OR EMPLOYER'S LIABILITY LAWS; B) COST OF ANY DENTAL CARE COVERED BY ANY MEDICAL INSURANCE; C) SERVICES WHICH, IN THE OPIONION OF THE ATTENDING DENTIST, ARE NOT NECESSARY FOR THE PATIENT'S DENTAL HEALTH OR CANNOT BE PERFORMED BECAUSE OF THE GENERAL HEALTH OF THE PATIENT; D) GENERAL ANESTHESIA, I.V. SEDATION, HOSPITALIZAITON, AND HOSPITAL OR MEDICAL CHARGES OF ANY TYPE. 2) QCD OF AMERICA® MEMBER FEES APPLY TO SERVICES RENDERED BY AFFILIATED DENTAL OFFICES AND ARE SUBJECT TO CHANGE IN THE FUTURE. 3) QCD OF AMERICA® MEMBER FEES DO NOT APPLY TO WORK IN PROGRESS OR IF THE PATIENT'S MEMBERSHIP IS NO LONGER VALID. 4) QCD OF AMERICA® ASSUMES NO RESPONSIBILITY OR LIABILITY FOR SERVICES RENDERED BY AFFILIATED DENTISTS. 5) ANY QCD OF AMERICA® MEMBER ACCEPTED FOR ORTHODONTIC TREATMENT MUST REMAIN A MEMBER OF THE PLAN FOR THE COMPLETE DURATION OF THE TREATMENT OR RISK ADDITIONAL CHARGES BY THE AFFILAITED 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.
A special 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.	
GENERAL SERVICES	
D9999 FAILED APPOINTMENT (WITHOUT 24 HOURS NOTICE)\$30.00 D9999 PALLATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES.....\$20.00 D9999 OFFICE VISIT-AFTER HOURS\$45.00	
IMPORTANT NOTICE	
THE QCD OF AMERICA® DENTAL BENEFIT PROGRAM DOES NO CONSTITUTE DENTAL INSURANCE AND IS NOT A HEALTH MAINTENANCE ORGANIZATION CONTRACT. QCD OF AMERICA® DOES NOT REIMBURSE THE AFFILIATED DENTIST OR IMDEMNIFY THE MEMBER FOR THE COST OF DENTAL SERVICES RECEIVED BY THE MEMBER.	