

## ORAL SURGERY

(performed by General Dentist)

SERVICE DESCRIPTION	PLAN FEE
Initial Consultation .....	\$ N/C
Simple Extraction .....	\$ 100.00
Surgical Extraction .....	\$ 125.00

\*Any procedures that must be performed by an oral surgeon will require a consultation to determine fee.

\*\*\* Not to exceed four treatments.

† This applies to second cleaning in any member year.

‡ Dentist will surcharge for immediate denture.

Dependent children covered under family plan until age 18 or full time student until 23

Rates Are Subject To Periodic Change ..... 8/07\*



# TOTAL FAMILY DENTAL PLAN

**Total Family Dentistry  
of St. James, P.C.**  
331 First Avenue, P.O Box 2156  
St. James, N.Y. 11780

**800-254-5505**

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## Fee Schedule

# TOTAL FAMILY DENTAL PLAN FEE SCHEDULE

## GENERAL DENTISTRY

SERVICE DESCRIPTION	PLAN FEE
<b>Diagnostic &amp; Preventive (Annual Check-Up)</b>	
Full mouth x-rays or panorex .....	\$ N/C
Additional x-rays (on recall visits) .....	\$ N/C
Oral examination and diagnosis .....	\$ N/C
Teeth cleaning	
(prophy, routine polishing) .....	\$ 65.00
Recall visit cleaning (6 month) .....	\$ 65.00
(prophy, routine polishing in any member year) †	
Topical fluoride treatment for children .....	\$ 35.00
Palliative Treatment .....	\$ 35.00
Sealants (pit and fissure: per tooth) .....	\$ 40.00
Consultation (or second opinion) .....	\$ N/C

## RESTORATIVE DENTISTRY

SERVICE DESCRIPTION	PLAN FEE
Silver amalgam:	
one surface .....	\$ 90.00
two surfaces .....	\$ 100.00
three surfaces or more .....	\$ 110.00
Composite resins: (with etch and bonding agent)	
simple (one surface) .....	\$ 95.00
complex (two surfaces) .....	\$ 105.00
three surfaces .....	\$ 120.00
Posterior composites:	
one surface .....	\$ 115.00
two surfaces .....	\$ 130.00
three surfaces or more .....	\$ 155.00

## COSMETIC DENTISTRY

SERVICE DESCRIPTION	PLAN FEE
Bonding:	
Laminate veneer .....	\$ 850.00

## FIXED PROSTHODONTICS

SERVICE DESCRIPTION	PLAN FEE
Pontics .....	\$ 800.00
Porcelain on semi to high noble metal crown .....	\$ 800.00
Post and core .....	\$ 200.00
Recement crown .....	\$ 45.00
Recement bridge-per abutment .....	\$ 40.00
Composite core build-up .....	\$ 105.00

## REMOVABLE PROSTHODONTICS

SERVICE DESCRIPTION	PLAN FEE
Complete maxillary denture † (including adjustments) .....	\$ 900.00
Complete mandibular denture † (including adjustments) .....	\$ 900.00
Partials:	
acrylic (upper or lower metal clasps) .....	\$ 700.00
cast alloy with palatal or lingual bar .....	\$ 950.00
Denture adjustments (or dentures made at another office) .....	
Night guard or Flipper .....	\$ 350.00
Reline:	
laboratory processed.....	\$ 300.00
Broken denture (no teeth involved) .....	\$ 100.00
Replace tooth .....	\$ 100.00

## ENDODONTICS (performed by General Dentists)

SERVICE DESCRIPTION	PLAN FEE
Pulpotomy .....	\$ 110.00
Root canal therapy	
single rooted .....	\$ 450.00
bi-rooted .....	\$ 550.00
tri-rooted .....	\$ 700.00

## ORTHODONTICS

SERVICE DESCRIPTION	PLAN FEE
Initial Consultation .....	\$ N/C

## PEDIATRICS

SERVICE DESCRIPTION	PLAN FEE
Pediatric pulpotomy .....	\$ 125.00
Stainless steel crown .....	\$ 190.00
Strip composite crown .....	\$ 200.00
Space maintainer (unilateral) .....	\$ 275.00
Space Maintainer (bilateral) .....	\$ 375.00
Pedi partial .....	\$ 425.00
Fixed habit appliance (For tongue thrusting & tooth grinding) .....	\$ 425.00

## PERIODONTICS

SERVICE DESCRIPTION	PLAN FEE
Consultation/Diagnosis/ Charting .....	
Full mouth Scaling/Prophylaxis (Home Care Instructions): By Hygienist .....	\$ 100.00
Periodontal Scaling/Quadrant (Root Planing-Curettage) .....	\$ 175.00
Surgical Procedures:	
A. Close Curettage/Quadrant (non-surgical approach) .....	\$ 195.00
B. Osseous Surgery/Quadrant (not including osseous grafting) .....	\$ 725.00
C. Osseous Graft/Site (not to exceed \$100./Quadrant) .....	\$ 250.00
D. Soft Tissue Graft (muco-gingival/Quadrant) .....	\$ 725.00
(may be full or partial Quadrant)	
Maintenance (up to one hour approximately) .....	\$ 135.00