COMFORT DENTAL GOLD MEMBERSHIP PLAN
NEW MEXICO REDUCED FEE SCHEDULE

ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS
PREVENTIVE AND DIAGNOSTIC			
0110	Initial Oral Exam	120	N/C
0120	Periodic Oral Exam	70	N/C
0130	Emergency Oral Exam (office hours)	80	N/C
0210	Complete Series X-Rays	139	N/C
0220	Single Periapical X-Ray	32	N/C
0230	Each additional film	25	N/C
0274	Bitewing X-Rays	70	N/C
0330	Pano	150	65
0470	Diagnostic Casts	125	40
9430	Office Visit	80	30
1110	Simple teeth cleaning (children and adults) (up to 2 per year). Patients with gum disease are not covered under this category (Refer to Periodontics Section)	130	N/C
1203	Fluoride Treatment (Limit one per year to age 18)	45	N/C
1330	Preventive Dental Education, Home Care	55	N/C
1351	Sealants (Pit & Fissure) per tooth	45	35
1510	Space Maintainer Unilateral	275	150
1515	Space Maintainer Bilateral	380	195
9310	Consultation	100	15
9440	After hours Office Visit	200	100
----	Missed/Canceled Appointments (without 24 hours notice)	70	50
0431	VelScope Cancer Screening	50	10

The following Orthodontic fees apply only when treatment is performed at a Comfort Braces Center.

ORTHODONTICS (BRACES) CHILDREN/ADULTS			
----	Orthodontic Consultation	60	N/C
----	Records	300	189
----	Down Payment	1500	N/C
----	Monthly Adjustment Fee (Child)	150	129
----	Monthly Adjustment Fee (Adult)	175	139
----	Retainers	600	369
RESTORATIVE (FILLINGS)			
Anterior Resin Restorations			
2330	One surface	165	110
2331	Two surfaces	195	135
2332	Three surfaces	300	160
2335	Four or more surfaces	360	200
Posterior Resin Restorations			
2391	One surface	200	110
2392	Two surfaces	250	180
2393	Three or more surfaces	350	230
CROWN AND BRIDGE			
2740	Porcelain Crown	1250	850
2750-52	Porcelain with Metal Crown	1250	800
2790	Full Crown	1250	800*
2810	3/4 Metal Crown	1250	800*
2930	Stainless Steel Crown (Primary)	350	165
2920	Recement Crown	150	90
2950	Crown Build-up including any pins	325	150
2954	Pre-fab post & core	390	175
2962	Cosmetic Porcelain Veneer	1400	900
6210-12	Cast Pontic	1200	850*
6240-42	Porcelain with metal Pontic	1200	850
6750-52	Porcelain with metal Bridge Abutment	1200	850
6780	3/4 Metal Bridge Abutment	1200	850*
6790-92	Full Metal Crown	1200	850
PROSTHODONTICS - REMOVABLE			
5110	Complete Upper Denture	1650	1000
5120	Complete Lower Denture	1650	1000
5130	Immediate Upper Denture	1650	1000
5140	Immediate Lower Denture	1650	1000
5213	Upper Partial - Cast	1600	1000
5214	Lower Partial - Cast	1600	1000
5225/5226	Valplast Partial	1725	1000
5820	Treatment Partial - Acrylic/Flipper	600	330
REPAIRS/RELINES			
5410-22	Denture adjustments (Upper or Lower, complete or partial)	140	80
5510	Repair broken complete denture base	440	260***
5520	Replace missing or broken teeth complete or partial denture (per tooth)	250	185***
5620-30	Repair Cast Framework/Clasp	350	220***
5650	Add tooth to existing partial denture	320	220***
5710	Rebase	500	295
5730	Reline Chairside	300	150
5750	Reline Lab	450	290
OTHER SERVICES			
9110	Emergency Palliative Treatment	180	90
9210	Local Anesthetic	N/C	N/C
9230	Nitrous Oxide - Flat Fee	60	30
9951	Occlusal Adjustment - limited	90	45
9972	Take Home Bleaching - per arch	295	150
----	In Office Bleaching - per arch	570	280
2951	Pin Retention per tooth	180	70
2940	Sedative Filling	130	70
3110-20	Pulp Cap	110	45

The following ORAL SURGERY, ENDODONTIC and PERIODONTIC payments apply only when treatment is performed at a participating dental office. If the services of a specialist are required, these payments do not apply and the patient will receive services from a participating specialist, where available, at a 20% discount off of the specialist's UCR.

ORAL SURGERY			
7140	Simple Extraction	210	110
7120	Each Additional Routine Extraction	210	110
7210	Surgical Extraction Erupted	310	175
7220	Soft Tissue Impaction	340	185
7230	Partial Bony Impaction	420	250
7240	Complete Bony Impaction	510	310
7250	Surgical Root Recovery	265	140
7270	Tooth Reimplantation and Stabilization	580	260
7280	Surgical Exposure of Impacted Tooth	290	140
7286	Biopsy of Oral-Tissue-soft	200	90
7310	Alveoloplasty/Quad with Extraction	295	145
7320	Alveoloplasty/Quad without Extractions	280	145
7510	Intra-Oral I & D Abscess	180	90
6010	Implant	2200	1500
6056	Implant Abutment - Pre-Fabricated	400	250
6057	Implant Abutment - Custom	550	400
6058	Implant Abut Supported - Ceramic	1550	900
6059	Implant Abut Supported - PFM	1550	900
6065	Implant Abut Supported - screw retained crown	1650	950
ENDODONTICS (root canal treatment)			
3220	Therapeutic Pulpotomy	180	75
3221	Pulpal debridement	165	130
3310	Rct Anterior	940	580
3320	Rct Bicuspid	1000	680
3330	Rct Molor	1200	880
PERIODONTICS (gum treatment)			
4999	Periodontal Exam and Charting	90	60
4210	Gingivectormy/Quad	550	275
4220	Gingival Curettage/Quad	290	150
4260	Osseous surgery/Quad (including flap entry and closure	800	475
4341	Scaling/Root Planing/Quad	450	180
4342	Scaling/Root Planing/1-3 teeth/Quad	200	120
4910	Periodontal Maintenance (following therapy)	185	105

*All patient payments are exclusive of gold. If gold is used, there will be an additional cost added to the patient payments ***Plus Lab Fee.
UCR** Usual, Customary and Reasonable Fees for New Mexico. Procedures or services not listed will be performed at UCR.

Effective 11/2025

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