COMFORT DENTAL GOLD MEMBERSHIP PLAN
TEXAS REDUCED FEE SCHEDULE

ADA CODE	MEMBER'S SERVICES	UCR**	MEMBER PAYS
PREVENTIVE AND DIAGNOSTIC			
0110	Initial Oral Exam	105	N/C
0120	Periodic Oral Exam	65	N/C
0130	Emergency Oral Exam (office hours)	90	N/C
0210	Complete Series X-Rays	185	N/C
0220	Single Periapical X-Ray	25	N/C
0230	Each additional film	20	N/C
0274	Bitewing X-Rays	90	N/C
0330	Pano	160	70
0470	Diagnostic Casts	90	30
9430	Office Visit	30	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)	115	N/C
1203	Fluoride Treatment (Limit one per year to age 18)	100	N/C
1330	Preventive Dental Education, Home Care	45	N/C
1351	Sealants (Pit & Fissure) per tooth	75	28
1510	Space Maintainer Unilateral	300	175
1515	Space Maintainer Bilateral	350	250
9310	Consultation	60	15
9440	After hours Office Visit	150	85
----	Missed/Canceled Appointments (without 24 hours notice)	75	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	N/C	N/C
----	Records	500	261
----	To-Start Braces (Records/First Month's Fee)	600	450
----	Down Payment	N/C	N/C
----	Monthly Adjustment Fee (Child)	200	179
----	Monthly Adjustment Fee (Adult)	200	189
----	Retainers	550	450
8680	Orthodontic Retension	85	65
RESTORATIVE (FILLINGS)			
Amalgam Restorations/Permanent-Primary Teeth			
2140	One tooth surface	110	95
2150	Two surfaces	140	105
2160	Three surfaces	180	120
2161	Four or more surfaces	211	175
Anterior Resin Restorations			
2330	One surface	150	100
2331	Two surfaces	200	125
2332	Three surfaces	300	150
2335	Four or more surfaces	404	200
Posterior Resin Restorations			
2391	One surface	215	130
2392	Two surfaces	265	155
2393	Three surfaces	325	175
2394	Four or more	435	200
CROWN AND BRIDGE			
2740	Porcelain Crown	1385	800
2750-52	Porcelain with Metal Crown	1385	750
2790	Full Crown	1385	800***
2810	3/4 Metal Crown	1200	699
2930	Stainless Steel Crown (Primary)	250	165
2910	Recement Crown	105	75
2950	Crown Build-up including any pins	311	150
2952	Cast Post and Core	350	175
2954	Pre-fab post & core	388	175
2962	Cosmetic Porcelain Veneer	1200	800
6210-12	Cast Pontic	1385	700***
6240-42	Porcelain with metal Pontic	1385	700
6245	Porcelain Pontic	1385	700
6740	Porcelain Bridge Retainer	1385	800
6750-52	Porcelain with metal Bridge Abutment	1385	800
6780	3/4 Metal Bridge Abutment	1200	700
6790-92	Full Metal Crown	1385	800***
6930	Recement Bridge	200	100
PROSTHODONTICS- REMOVABLE			
5110	Complete Upper Denture	1300	880
5120	Complete Lower Denture	1300	880
5130	Immediate Upper Denture	1500	940
5140	Immediate Lower Denture	1500	940
5213	Upper Partial - Cast	1500	950
5214	Lower Partial - Cast	1500	950
5225/5226	Valplast Partial	1500	975
5820	Treatment Partial - Acrylic/Flipper	500	375
9940	Nightguard (occlusal guard)	550	385
REPAIRS/RELINES			
5410-22	Denture adjustments (Upper or Lower, complete or partial)	150	75
5510	Repair broken complete denture base	600	300
5520	Replace missing or broken teeth complete or partial denture (per tooth)	300	165
5620-30	Repair Cast Framework/Clasp	300	250
5650	Add tooth to existing partial denture	200	185
5710	Rebase	550	295
5730	Reline Chairside	400	165
5750	Reline Lab	450	275
5999	Vallast combo partial, vinyl clasp	1750	1200
OTHER SERVICES			
9110	Emergency Palliative Treatment	200	90
9210	Local Anesthetic	N/C	N/C
9230	Nitrous Oxide - Flat Fee	85	45
9951	Occlusal Adjustment - limited	100	40
9972	Take Home Bleaching- per arch	250	125
----	In Office Bleaching- per arch	650	275
2951	Pin Retention per tooth	50	25
2940	Sedative Filling	125	60
3110-20	Pulp Cap	95	65

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	215	125
7120	Each Additional Routine Extraction	215	125
7210	Surgical Extraction Erupted	335	175
7220	Soft Tissue Impaction	335	200
7230	Partial Bony Impaction	485	285
7240	Complete Bony Impaction	585	340
7250	Surgical Root Recovery	250	150
7270	Tooth Reimplantation and Stabilization	1500	250
7280	Surgical Exposure of Impacted Tooth	500	200
7286	Biopsy of Oral-Tissue-soft	350	200
7310	Alveoloplasty/Quad with Extraction	300	150
7320	Alveoloplasty/Quad without Extractions	400	125
7510	Intra-Oral I & D Abscess	250	80
IMPLANTS			
6010	Implant	2350	1295
6056	Simple Abutment	750	200
6057	Custom Abutment	550	400
6065	Abutment supported - Screw retained crown	1500	900
6058	Implant Abut Supported Ceramic	1500	900
6059	Implant Abut Supported PFM	1500	900
ENDODONTICS (root canal treatment)			
3220	Therapeutic Pulpotomy	180	100
3221	Pulpal debridement	250	130
3310	Rct Anterior	895	450
3320	Rct Bicuspid	1035	525
3330	Rct Molor	1255	750
3410	Apicoectomy	750	450
3331	Treatment of Root Canal Obstruction	365	295
PERIODONTICS (gum treatment)			
4999	Periodontal Exam and Charting	150	50
4210	Gingivectormy/Quad	450	300
4220	Gingival Curettage/Quad	200	130
4260	Osseous surgery/Quad (including flap entry and closure	1000	450
4341	Scaling/Root Planing/Quad	295	165
4342	Scaling/Root Planing/1-3teeth/Quad	185	115
435	Debridement	210	110
4910	Periodontal Maintenance (following therapy)	165	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 Texas. Procedures or services not listed will be performed at UCR.

Effective 11/1/2025