

Pediatric Dentistry

By pediatric dentist

Service Description	Plan Fee
Pulpotomy	140
Stainless Steel Crown	225
Strip Composite Crown	245
Space Maintainer (unilateral)	300
Space Maintainer (bilateral)	400
Fixed Habit Appliance	450

Periodontics

By Periodontist

Service Description	Plan Fee
Consultation	110
Scaling & Root planning (per Quad)	200
Osseous Surgery (per Quadrant)	750
Soft Tissue Graft	750
Bone Graft 1 st site	275
Bone Graft each additional site	175
Periodontal maintenance	150

Oral Surgery

By general dentist

Service Description	Plan Fee
Simple Extraction	120
Surgical Extraction	140



TOTAL FAMILY DENTAL PLAN

**Total Family Dentistry
of St. James**

**331 First Ave
Saint James, NY 11780**

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www.totalfamilydentistry.com

FEE SCHEDULE

2014

Diagnostic

Service Description	Plan Fee
Consultation	n/c
Comprehensive exam	n/c
Periodic exam	n/c
Full Mouth X-rays	n/c
Panorex	n/c
Periapical X-ray 1 st film	n/c
Periapical X-ray each additional	n/c
Bitewing X-ray single film	n/c
Bitewing X-ray 2 films	n/c
Bitewing X-ray 4 films	n/c

Preventive

Service Description	Plan Fee
Adult Cleaning & Polish	75
Scaling and root planning/Quad	100
Full mouth debridement	100
Child Cleaning & Polish	75
Topical Fluoride Treatment	35
Sealant (per tooth)	40
Night Guard	350

Restorative

Service Description	Plan Fee
Amalgam Silver Fillings:	
1 Surface	105
2 Surface	130
3 Surface	145
Composite White Fillings:	
Anterior (Front)	
1 Surface	110
2 Surface	130
3 Surface	155
Posterior (Back)	
1 Surface	130
2 Surface	155
3 Surface	220
4 Surface	255
Sedative Filling	35

Cosmetic Dentistry

Service Description	Plan Fee
Porcelain Veneer (lamine)	900
Zoom Bleaching	700
Bleaching Trays upper/lower	400
Bleaching Touch Up Kit	50

Fixed Prosthodontics

Service Description	Plan Fee
Crown (per Tooth)	
Crown-Porcelain & Noble metal	850
Crown-PROCERA (all Porcelain)	900
Bridge (per tooth)	
Bridge-Porcelain & Nobel Metal	850
Bridge-PROCERA (all Porcelain)	900
Post and Core (Cast)	300
Post and Core (prefabricated)	250
Core Build Up	150
Recement Crown	45
Recement Bridge (per tooth)	35
Remove Crown/Bridge	85

Removable Prosthodontics

Service Description	Plan Fee
Complete Denture (per arch)	950
Partial Denture (per arch)-metal	1000
Partial Denture (per arch)-valplast	1100
Reline Denture (lab)	350

Endodontics

Service Description	Plan Fee
Pulpotomy	110
Anterior Root Canal*	500
Pre Molar Root Canal*	600
Molar Root Canal*	800
*initial root canals only	