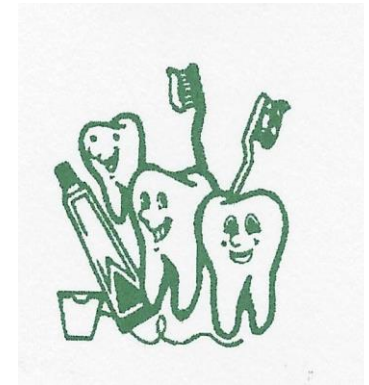


# Oral Surgery

By general dentist

Service Description	Plan Fee
Simple Extraction	180
Surgical Extraction	250



# TOTAL FAMILY DENTAL PLAN

**Total Family Dentistry  
of St. James**

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

**631-584-5523  
Fax 631-686-6311**

**[www.totalfamilydentistry.com](http://www.totalfamilydentistry.com)**

Fee schedule subject to change.  
Family coverage limited up to the age of 26.

**FEE SCHEDULE**

**2023**

## 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 <sup>st</sup> 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	95
Scaling and root planning/Quad	120
Full mouth debridement	120
Child Cleaning & Polish	75
Topical Fluoride Treatment	35
Sealant (per tooth)	50
Night Guard	350

## Restorative

Service Description	Plan Fee
<b>Amalgam Silver Fillings:</b>	
1 Surface	160
2 Surface	205
3 Surface	250
<b>Composite White Fillings:</b>	
Anterior (Front)	
1 Surface	170
2 Surface	215
3 Surface	260
4 Surface	350
Posterior (Back)	
1 Surface	190
2 Surface	235
3 Surface	280
4 Surface	350
Sedative Filling	40

## Cosmetic Dentistry

Service Description	Plan Fee
Porcelain Veneer (lamine)	Varies
Zoom Bleaching	500
Bleaching Trays upper/lower	400
Bleaching Touch Up Kit	50

## Fixed Prosthodontics

Service Description	Plan Fee
Crown (per Tooth)	
Crown-Porcelain & Noble metal	1200
Crown-PROCERA (all Porcelain)	1250
Bridge (per tooth)	
Bridge-Porcelain & Nobel Metal	1200
Bridge-PROCERA (all Porcelain)	1250
Post and Core (Cast)	375
Post and Core (prefabricated)	310
Core Build Up	160
Recement Crown	50
Recement Bridge (per tooth)	45
Remove Crown/Bridge	85

## Removable Prosthodontics

Service Description	Plan Fee
Complete Denture (per arch)	1600
Partial Denture (per arch)-metal	1650
Partial Denture (per arch)-valplast	1700
Reline Denture (lab)	420

## Endodontics

Service Description	Plan Fee
Pulpotomy	185
Anterior Root Canal*	825
Pre Molar Root Canal*	950
Molar Root Canal*	1200
*initial root canals only	