

DIAGNOSTIC	Your Fee
0110 Bio-Hazard Disposal Fee.....	\$12.00
0120 Periodic Oral Eval. (Recall Only).....	.26.00
0140 Limited Oral Exam (Emerg. Exam - Problem Focused) (During Regular Office Hours).....	50.00
0150 Examination/Office Visit.....	N/C
0180 Comprehensive Perio Evaluation (Includes perio probing and charting).....	56.00

RADIOGRAPHS	
0210 X-Rays - Complete Series	77.00
0220 Intraoral periapical - single, first film	8.00
0230 Intraoral periapical - each additional film.....	6.00
0240 Intraoral - occlusal film	6.00
0272 Bitewings - two films	9.00
0274 Bitewings - four films.....	12.00
0330 Panoramic.....	67.00

PREVENTIVE	
<i>(Dental cleaning, includes minor scaling and polishing)</i>	
a 1110 Adult Prophylaxis.....	52.00
a 1120 Child Prophylaxis.....	40.00
14345(savon code) Difficult Cleaning (excessive buildup)	114.00
<i>Note: The above fees are for regular cleanings. The first cleaning may be charged as a difficult cleaning (Savon code) or under periodontal section.</i>	

FLUORIDE TREATMENTS	
1206 Topical Application of Fluoride Varnish.....	31.00
1208 Topical Application of Fluoride	22.00
1351 Sealants, per tooth	32.00

RESTORATIVE	
Amalgam Restoratives (Silver fillings) (primary or permanent teeth)	
2140 Amalgam - one surface.....	75.00
2150 Amalgam - two surfaces.....	98.00
2160 Amalgam - three surfaces.....	114.00
2161 Amalgam - four or more surfaces.....	134.00

Composite Restorations	
(White fillings)	
2330 One surface-anterior (includes class III restorations)	122.00
2331 Two Surfaces-anterior	153.00
2332 Three Surfaces-anterior	190.00
2335 Four or more surfaces or involving incisal angle - anterior	238.00
2391 One surface-posterior	135.00
2392 Two surface-posterior.....	174.00
2393 Three surface-posterior.....	218.00
2394 Four or more surface - posterior	263.00

CROWNS	
d 2740 Porcelain/Ceramic (Procera, Empress, Cerec, Etc.).....	785.00
bc2750 Porcelain fused to high noble	665.00
c 2751 Porcelain fused to base metal	606.00
bc2752 Porcelain fused noble	636.00
bc2780 Crown / 3/4 cast high noble.....	645.00
bc2790 Crown / full cast high noble.....	680.00
bc2792 Crown / full cast noble	627.00
bc2794 Crown / Titanium and titanium alloys	716.00
2920 Re-cement Crowns	62.00
2930 Prefabricated stainless steel crown primary tooth	168.00
2931 Prefabricated stainless steel crown permanent tooth.....	202.00
2932 Prefabricated resin crown.....	215.00
2934 Prefabricated esthetic coated stainless steel crown (primary tooth)	237.00

The prices for these crowns are base prices. Please refer to the codes next to the ADA numbers for lab fees and metal charges.

CROWNS (continued)		Your Fee
2940 Protective Restoration.....		\$72.00
2950 Core build-up including any pins.....		162.00
2951 Pin retention - per tooth in addition to restoration		45.00
2952 Post and core in addition to crown indirectly fabricated		258.00
2954 Prefabricated post and core in addition to crown		210.00

ENDODONTICS (Root Canals)	
3110 Pulp cap - direct (exposed pulp - excluding final restoration), per tooth.....	50.00
3120 Pulp cap - indirect (nearly exposed pulp, excluding final restoration) per tooth	48.00

Root Canal Therapy (includes clinical procedures, and follow up care).	
3220 Therapeutic Pulpotomy.....	114.00
3310 Anterior	402.00
3320 Bicuspid.....	519.00
3330 Molar.....	636.00
<i>The above fees DO NOT include final restoration (post, crown, etc.)</i>	

PERIODONTICS Surgical Services (including usual postoperative services)	
4210 Gingivectomy or gingivoplasty - (4 or more contiguous teeth or bound teeth spaces) (per quadrant)	413.00
4211 Gingivectomy or gingivoplasty -(1 to 3 contiguous teeth or bound teeth spaces) (per quadrant)	159.00
4249 Clinical Crown Lengthening (hard tissue).....	503.00

Adjunctive Periodontal Services	
4341 Perio Scaling and Root Planning (4 + teeth per quadrant)	164.00
4342 Perio Scaling and Root Planning (1-3 teeth per quadrant).....	114.00
4355 Full Mouth Debridement (to enable comprehensive evaluation and diagnosis)	150.00

Other Periodontal Procedures	
4910 Periodontal maintenance (after completion of active periodontal treatment).....	110.00
4921 Gingival irrigation (per quad).....	43.00

PROSTHODONTICS	
Complete Dentures (including routine post-delivery care)	
d5110 Complete Denture (Maxillary).....	966.00
d5120 Complete Denture (Mandibular)	966.00
<i>This fee is for Medium Grade Acrylic Liner and Medium Grade IPN or similar teeth. If you want to upgrade an additional fee may be charged.</i>	

Immediate Denture	
(Immediate denture prices DO NOT include extractions) (includes limited follow up care only; does not include required future rebasing/ relining procedures or a complete new denture)	
d5130 Immediate Denture (Maxillary)	1,039.00
d5140 Immediate Denture (Mandibular).....	1,046.00

Partial Dentures (Including routine post-delivery care)	
Cast Chrome Base with acrylic saddles (including any conventional clasps, rests and teeth)	
D5213 Partial Denture (Maxillary)	1,027.00
D5214 Partial Denture (Mandibular)	1,026.00

Adjustments to Dentures or Partials	
5410/11 Complete Denture (Maxillary/Mandibular).....	53.00
5421/22 Partial Denture (Maxillary/Mandibular).....	53.00

- A. First cleaning may be a difficult cleaning •
- B. Plus Gold/Metal Charges
- C. Plus Lab Fee not to exceed \$170.00
- D. Plus Actual Lab Fee •
- F. Plus lab fee not to exceed \$180.00 per tooth

PROSTHODONTICS (continued) Your Fee

Denture Relining (*Reline is the process of resurfacing the tissue side of a denture with new base material*)

Chairside
 5730/31 Complete denture.....\$236.00
 5740/41 Partial denture (*Maxillary/Mandibular*).....232.00

Laboratory
 d5750/51 Complete denture (*Maxillary/Mandibular*).....298.00
 d5760/61 Partial denture (*Maxillary/Mandibular*).....294.00

Interim Prosthesis
 5810 Interim complete denture (*Maxillary*).....484.00
 5811 Interim complete denture (*Mandibular*).....484.00
 5820 Interim partial denture (*Maxillary*).....403.00
 5821 Interim partial denture (*Mandibular*).....403.00

Other Prosthetic Services
 Tissue conditioning - per applications of the treatment material
 5850 Maxillary.....117.00
 5851 Mandibular.....122.00

PROSTHODONTICS (Bridges and Implants)
Single Crowns- Implant Supported (*Does Not Include Implant*)
 d 6065 Porcelain/Ceramic (*Procera, Empress, Cerec, etc.*).....785.00
 bf 6066 Porcelain fused to high noble.....665.00
 bf 6067 Metal crown high noble.....680.00

Fixed Bridges (*Each abutment and each pontic constitutes a unit in a bridge*)
Bridge Pontics:
 bf 6210 Cast high noble.....680.00
 f 6211 Cast non-precious metal.....603.00
 bf 6212 Cast noble.....627.00
 bf 6214 Pontic -Titanium and titanium alloys.....716.00
 bf 6240 Porcelain fused high noble.....665.00
 f 6241 Porcelain fused to base metal.....606.00
 bf 6242 Porcelain fused noble.....636.00
 d 6245 Porcelain/Ceramic (*Procera, Empress, Cerec, etc.*).....785.00

Bridge Abutments (*crowns connected to the sides of the Pontics*)
 6545 Cast metal retainer for bonded fixed prosthesis ... 444.00
 d 6740 Porcelain/Ceramic (*Procera, Empress, Cerec, etc.*).....785.00
 bf 6750 Porcelain fused high noble.....665.00
 f 6751 Porcelain fused to base metal.....606.00
 bf 6752 Porcelain fused noble.....636.00
 bf 6794 Crown - Titanium and titanium alloys.....716.00

Other Prosthetic Services
 6930 Re-cement fixed partial denture.....97.00
The prices for these crowns are base prices. Please refer to the codes next to the ADA numbers for lab fees and metal charges.

SIMPLE EXTRACTIONS
 7111 Coronal Remnants - Deciduous Tooth (*includes soft tissue retained coronal remnants*).....82.00
 7140 Extraction, erupted tooth or exposed root (*elevation and/or forceps removal*).....94.00

ORAL SURGERY (Including routine postoperative care for ALL procedures)
Surgical Extractions
 7210 Surgical removal of erupted tooth162.00
 7220 Removal of impacted tooth - soft tissue.....187.00
 7230 Removal of impacted tooth - partly bony.....242.00
 7240 Removal of impacted tooth - completely bony 292.00
 7241 Removal of impacted tooth completely bony with unusual surg. complications.....364.00
 7250 Surgical removal of residual tooth roots (*cutting procedure*)180.00

- Fee schedule subject to change without written notice to members.
- This fee schedule supersedes all other fee schedules.
- This fee schedule is effective 04/21/2023

ORTHODONTICS (Braces) Your Fee

Limited Orthodontic Treatment Of The:
 8010 Primary Dentition..... \$1,588.00
 8020 Transitional Dentition 1,744.00

Comprehensive Orthodontic Treatment Of The:
 8080 Adolescent Dentition..... 3,796.00
 8090 Adult Dentition 4,159.00

Minor Treatment to Control Harmful Habits
 8210 Removable appliance therapy..... 645.00
 8220 Fixed appliance therapy 760.00

Other Orthodontic Services
 8660 Pre-orthodontic treatment visit (*initial exam including diagnostic aids and creation of records*) 243.00
 8670 Periodic Orthodontic treatment visit (*as part of contract*)..... N/C
Any orthodontic procedure not listed will be discounted by 25% from the doctor's own usual fee. Lab fees are not discounted.

All Savon orthodontic treatment prices are based on a 24 month treatment plan by a general dentist and include standard or usual treatment. Prolonged treatment may result in additional fees.

ANESTHESIA
 9215 Local Anesthesia (*in conjunction with procedures*)..... N/C
 9223 Deep sedation/general anesthesia (each 15 minute increment) 257.00
 9230 Inhalation of Nitrous Oxide (*per 30 minutes*)..... 50.00
 9243 Intravenous moderate (conscious) sedation/analgesia each 15 minute increment..... 128.00
 9248 Non-intravenous conscious sedation 213.00

ADJUNCTIVE GENERAL SERVICES
Unclassified Treatment
 9110 Palliative Treatment (*emergency*)..... 77.00
 9440 Office Visit (*after hrs.*)..... 150.00
 9920 Behavior Mgmt. (*difficult child*)..... 83.00
 9986 Missed appointment (*per 15 minutes of chairtime*) 66.00

BLEACHING KITS (*includes materials and fabrication of custom trays.*)
 9975 External bleaching for home application 484.00

SAVON SPECIFIC CODES (NOT ADA CODES)
 19901 Panoramic copy..... 42.00
 19902 Record copy 26.00
 19903 Palliative Treat (*non emergency*)..... 42.00

- The fees listed on this schedule are as provided by a General Dentist.**
- Any procedure not listed on the full fee schedule shall be charged at 50% off the General Dentist's own usual fee.
 - 50% Discount on unlisted fees DOES NOT include lab fees.
 - Lab fees are never discounted.
 - Payment due at the time of service.
 - Doctors may require a deposit prior to services.
 - Doctors will explain level of calc/tartar deposits. (Periodontal problems)
 - Any procedure done by a specialist is done at a 25% discount.
 - SPECIALISTS ARE NOT BOUND TO THIS FEE SCHEDULE.**

- The Listing of any procedure on this schedule does not guarantee that all general dentists are qualified to perform all procedures.
- Each dental office is independently owned and Savon assumes no responsibility for any dental services provided.

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- C. Plus Lab Fee not to exceed \$170.00
- D. Plus Actual Lab Fee •
- F. Plus lab fee not to exceed \$180.00 per tooth