



## 15 MOST COMMON SERVICES AND THEIR FEES

1. D1110 Adult prophylaxis/cleaning \$145
2. D0120 Periodic oral evaluation (by a dentist) \$80
3. D1206 Topical application of fluoride varnish \$52
4. D0277 Bitewing intraoral images, 7-8 images \$153
5. D0220 Single periapical x-ray image \$46
6. D2950 Core build up \$347
7. D0150 Comprehensive examination \$158
8. D4910 Periodontal maintenance \$209
9. D2740 Ceramic crown (tooth colored) \$1854
10. D0140 Limited oral evaluation (problem focused, x-rays not included) \$122
11. D0230 Each additional intraoral x-ray \$33
12. D0210 Full mouth series of x-rays \$212
13. D2391 One surface posterior composite filling \$275
14. D2392 Two surface posterior composite filling \$381
15. D0180 Comprehensive periodontal evaluation (by a hygienist) \$58

### Disclosure:

“The health care price listed for any given health care service is an estimate. Actual charges for the health care service are dependent on the circumstances, including any complications, or exceptional treatment, at the time the service is rendered.

If you are covered by a dental plan, you are strongly encouraged to consult with your insurer to determine accurate information about the benefit for a particular health care service provided at this office. If you are not covered by a dental plan, you are encouraged to contact our billing office at 303-530-4145 to discuss payment options prior to receiving a service from a provider at this office, since posted dental fees may not reflect the actual amount of your financial responsibility.”

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Posted in compliance with Colorado State Law (SB) 65.