

ADA CODE *	Preventative Services	STANDARD FEE	DISCOUNT FEE	SAVINGS
D0120	PERIODIC ORAL EVALUATION	55.00	44.00	11.00
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	83.50	66.80	16.70
D0150	COMPREHENSIVE ORAL EVALUATION	96.00	76.80	19.20
D0170	RE-EVAL. - LIMITED, PROBLEM FOCUSED	79.00	63.20	15.80
D0220	INTRAORAL-PERIAPICAL 1ST FILM	39.00	31.20	7.80
D0230	INTRAORAL-PERIAPICAL 2 ND FILM	35.00	28.00	7.00
D0240	INTRAORAL-OCCLUSAL FILM	48.00	38.40	9.60
D0272	BITEWINGS-2 FILMS	51.00	40.80	10.20
D0274	BITEWINGS-4 FILMS	71.00	56.80	14.20
D0330	PANORAMIC FILM	121.50	97.20	24.30
D1109	PROPHYLAXIS-ADULT	97.00	77.60	19.40
D1120	PROPHYLAXIS-CHILD	77.00	61.60	15.40
D1208	FL2 TOPICAL FLUORIDE	42.50	34.00	8.50
D1351	SEALANT PER TOOTH	58.00	46.40	11.60
ADA CODE *	Appliances	STANDARD FEE	DISCOUNT FEE	SAVINGS
D1510	SPACE MAINTAINER-FIXED-UNILATERAL	400.00	320.00	80.00
D1515	SPACE MAINTAINER-FIXED-BILATERAL	564.00	451.20	112.80
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAX	564.00	451.20	112.80
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MAND	564.00	451.20	112.80
D8210	REMOVABLE APPLIANCE THERAPY	700.00	560.00	140.00
D8220	FIXED APPLIANCE THERAPY	700.00	560.00	140.00
D9940	OCCLUSAL GUARD, BY REPORT	625.00	500.00	125.00
ADA CODE *	Restorative/Fillings Services	STANDARD FEE	DISCOUNT FEE	SAVINGS
D2330	RESIN-ONE SURFACE, ANTERIOR	180.00	144.00	36.00
D2331	RESIN-TWO SURFACES, ANTERIOR	220.00	176.00	44.00
D2332	RESIN-THREE SURFACES, ANTERIOR	268.00	214.40	53.60
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	415.00	332.00	83.00
D2335	RESIN-FOUR OR MORE SURFACES, ANTERIOR	325.00	260.00	65.00
D2391	RESIN-BASED COMPOSITE-ONE SURFACE, POST.	196.00	156.80	39.20
D2392	RESIN-BASED COMPOSITE-TWO SURFACE, POST.	246.00	196.80	49.20
D2393	RESIN-BASED COMPOSITE-THREE SURF., POST.	306.00	244.80	61.20
D2394	RESIN-BASED COMPOSITE-FOUR+ SURF., POST.	360.50	288.40	72.10
ADA CODE *	Crowns	STANDARD FEE	DISCOUNT FEE	SAVINGS
D2930	CROWN-STAINLESS STEEL-PRIMARY	310.00	248.00	62.00
ADA CODE *	Endodontic Services	STANDARD FEE	DISCOUNT FEE	SAVINGS
D3220	PULPOTOMY	223.00	178.40	44.60
D3230	PULPAL THERAPY-ANTERIOR,PRIMARY TOOTH	329.00	263.20	65.80
D3240	PULPAL THERAPY-POSTERIOR,PRIMARY TOOTH	339.00	271.20	67.80
ADA CODE *	Oral Surgery - Extractions	STANDARD FEE	DISCOUNT FEE	SAVINGS
D7140	EXTRACTION	180.00	144.00	36.00
ADA CODE *	Other	STANDARD FEE	DISCOUNT FEE	SAVINGS
D9230	ANALGESIA	98.00	78.40	19.60

Discount Program	Initial Fee	Renewal Fee
Individual	\$10.00	\$5.00
Family	\$15.00	\$10.00

\*List is based on commonly used codes

\*\*Fees are subject to change

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