

<b>DIAGNOSTIC</b>		<b>Your Fee</b>
0110	Bio-Hazard Disposal Fee.....	\$12.00
0120	Periodic Oral Eval. ( <i>Recall Only</i> ).....	39.00
0140	Limited Oral Exam ( <i>Emerg. Exam - Problem Focused</i> ) ( <i>During Regular Office Hours</i> ).....	73.00
0150	Examination/Office Visit.....	N/C
0180	Comprehensive Perio Evaluation ( <i>Includes perio probing and charting</i> ).....	82.00

<b>RADIOGRAPHS</b>		<b>Your Fee</b>
0210	X-Rays - Complete Series .....	114.00
0220	Intraoral periapical - single, first film .....	13.00
0230	Intraoral periapical - each additional film .....	11.00
0240	Intraoral - occlusal film .....	11.00
0272	Bitewings - two films .....	14.00
0274	Bitewings - four films.....	16.00
0330	Panoramic.....	99.00

<b>PREVENTIVE</b>		<b>Your Fee</b>
<i>(Dental cleaning, includes minor scaling and polishing)</i>		
a 1110	Adult Prophylaxis.....	75.00
a 1120	Child Prophylaxis.....	60.00
14345(savon code)	Difficult Cleaning ( <i>excessive buildup</i> ) .....	167.00
<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>		

<b>FLUORIDE TREATMENTS</b>		<b>Your Fee</b>
1206	Topical Application of Fluoride Varnish.....	45.00
1208	Topical Application of Fluoride .....	34.00
1351	Sealants, per tooth .....	47.00

<b>RESTORATIVE</b>		<b>Your Fee</b>
<b>Amalgam Restoratives</b> (Silver fillings) ( <i>primary or permanent teeth</i> )		
2140	Amalgam - one surface.....	110.00
2150	Amalgam - two surfaces.....	145.00
2160	Amalgam - three surfaces.....	167.00
2161	Amalgam - four or more surfaces.....	197.00

<b>Composite Restorations</b> (White fillings)		<b>Your Fee</b>
2330	One surface-anterior ( <i>includes class III restorations</i> ) .....	177.00
2331	Two Surfaces-anterior .....	223.00
2332	Three Surfaces-anterior .....	277.00
2335	Four or more surfaces or involving incisal angle - anterior .....	348.00
2391	One surface-posterior .....	198.00
2392	Two surface-posterior.....	255.00
2393	Three surface-posterior.....	320.00
2394	Four or more surface - posterior .....	384.00

<b>CROWNS</b>		<b>Your Fee</b>
d 2740	Porcelain/Ceramic ( <i>Procera, Empress, Cerec, Etc.</i> ).....	1,143.00
bc2750	Porcelain fused to high noble .....	971.00
c 2751	Porcelain fused to base metal .....	883.00
bc2752	Porcelain fused noble .....	923.00
bc2780	Crown / 3/4 cast high noble.....	936.00
bc2790	Crown / full cast high noble.....	991.00
bc2792	Crown / full cast noble .....	911.00
bc2794	Crown / Titanium and titanium alloys .....	1,045.00
2920	Re-cement Crowns .....	89.00
2930	Prefabricated stainless steel crown primary tooth .....	246.00
2931	Prefabricated stainless steel crown permanent tooth.....	296.00
2932	Prefabricated resin crown.....	313.00
2934	Prefabricated esthetic coated stainless steel crown ( <i>primary tooth</i> ) .....	347.00

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

<b>CROWNS</b> ( <i>continued</i> )		<b>Your Fee</b>
2940	Protective Restoration.....	\$104.00
2950	Core build-up including any pins.....	224.00
2951	Pin retention - per tooth in addition to restoration .....	65.00
2952	Post and core in addition to crown indirectly fabricated .....	377.00
2954	Prefabricated post and core in addition to crown .....	305.00

<b>ENDODONTICS</b> (Root Canals)		<b>Your Fee</b>
3110	Pulp cap - direct ( <i>exposed pulp - excluding final restoration</i> ), per tooth.....	73.00
3120	Pulp cap - indirect ( <i>nearly exposed pulp, excluding final restoration</i> ) per tooth .....	71.00

<b>Root Canal Therapy</b> ( <i>includes clinical procedures, and follow up care</i> ).		<b>Your Fee</b>
3220	Therapeutic Pulpotomy.....	167.00
3310	Anterior .....	586.00
3320	Bicuspid.....	759.00
3330	Molar.....	928.00

*The above fees DO NOT include final restoration (post, crown, etc.)*

<b>PERIODONTICS Surgical Services</b> ( <i>including usual postoperative services</i> )		<b>Your Fee</b>
4210	Gingivectomy or gingivoplasty - ( <i>4 or more contiguous teeth or bound teeth spaces</i> ) (per quadrant) .....	604.00
4211	Gingivectomy or gingivoplasty - ( <i>1 to 3 contiguous teeth or bound teeth spaces</i> ) (per quadrant) .....	234.00
4249	Clinical Crown Lengthening ( <i>hard tissue</i> ).....	732.00

<b>Adjunctive Periodontal Services</b>		<b>Your Fee</b>
4341	Perio Scaling and Root Planning ( <i>4 + teeth per quadrant</i> ) .....	241.00
4342	Perio Scaling and Root Planning ( <i>1-3 teeth per quadrant</i> ).....	167.00
4355	Full Mouth Debridement ( <i>to enable comprehensive evaluation and diagnosis</i> ) .....	220.00

<b>Other Periodontal Procedures</b>		<b>Your Fee</b>
4910	Periodontal maintenance ( <i>after completion of active periodontal treatment</i> ).....	161.00
4921	Gingival irrigation (per quad).....	62.00

<b>PROSTHODONTICS</b>		<b>Your Fee</b>
<b>Complete Dentures</b> ( <i>including routine post-delivery care</i> )		
d5110	Complete Denture ( <i>Maxillary</i> ).....	1,409.00
d5120	Complete Denture ( <i>Mandibular</i> ) .....	1,409.00
<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>		

<b>Immediate Denture</b> (Immediate denture prices <b>DO NOT</b> include extractions) ( <i>includes limited follow up care only; does not include required future rebasing/relining procedures or a complete new denture</i> )		<b>Your Fee</b>
d5130	Immediate Denture ( <i>Maxillary</i> ) .....	1,515.00
d5140	Immediate Denture ( <i>Mandibular</i> ).....	1,526.00

<b>Partial Dentures</b> ( <i>Including routine post-delivery care</i> )		<b>Your Fee</b>
<b>Cast Chrome Base</b> with acrylic saddles ( <i>including any conventional clasps, rests and teeth</i> )		
D5213	Partial Denture ( <i>Maxillary</i> ) .....	1,497.00
D5214	Partial Denture ( <i>Mandibular</i> ) .....	1,495.00

<b>Adjustments to Dentures or Partials</b>		<b>Your Fee</b>
5410/11	Complete Denture ( <i>Maxillary/Mandibular</i> ).....	78.00
5421/22	Partial Denture ( <i>Maxillary/Mandibular</i> ).....	78.00

- A. First cleaning may be a difficult cleaning •**
- B. Plus Gold/Metal Charges**
- C. Plus Lab Fee not to exceed \$185.00**
- D. Plus Actual Lab Fee •**
- F. Plus lab fee not to exceed \$195.00 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.....\$346.00  
 5740/41 Partial denture (*Maxillary/Mandibular*).....339.00

**Laboratory**  
 d5750/51 Complete denture (*Maxillary/Mandibular*).....435.00  
 d5760/61 Partial denture (*Maxillary/Mandibular*).....429.00

**Interim Prosthesis**  
 5810 Interim complete denture (*Maxillary*).....704.00  
 5811 Interim complete denture (*Mandibular*).....704.00  
 5820 Interim partial denture (*Maxillary*) .....587.00  
 5821 Interim partial denture (*Mandibular*).....587.00

**Other Prosthetic Services**  
 Tissue conditioning - per applications of the treatment material  
 5850 Maxillary .....172.00  
 5851 Mandibular .....176.00

**PROSTHODONTICS (Bridges and Implants)**  
**Single Crowns- Implant Supported** (*Does Not Include Implant*)  
 d 6065 Porcelain/Ceramic (*Procera, Empress, Cerec, etc.*).....1,143.00  
 bf 6066 Porcelain fused to high noble.....971.00  
 bf 6067 Metal crown high noble.....991.00

**Fixed Bridges** (*Each abutment and each pontic constitutes a unit in a bridge*)  
**Bridge Pontics:**  
 bf 6210 Cast high noble .....991.00  
 f 6211 Cast non-precious metal.....877.00  
 bf 6212 Cast noble.....911.00  
 bf 6214 Pontic -Titanium and titanium alloys .....1,045.00  
 bf 6240 Porcelain fused high noble.....971.00  
 f 6241 Porcelain fused to base metal.....883.00  
 bf 6242 Porcelain fused noble.....923.00  
 d 6245 Porcelain/Ceramic (*Procera, Empress, Cerec, etc.*).....1,143.00

**Bridge Abutments** (*crowns connected to the sides of the Pontics*)  
 6545 Cast metal retainer for bonded fixed prosthesis ... 648.00  
 d 6740 Porcelain/Ceramic (*Procera, Empress, Cerec, etc.*).....1,143.00  
 bf 6750 Porcelain fused high noble.....971.00  
 f 6751 Porcelain fused to base metal.....883.00  
 bf 6752 Porcelain fused noble.....923.00  
 bf 6794 Crown - Titanium and titanium alloys .....1,045.00

**Other Prosthetic Services**  
 6930 Re-cement fixed partial denture.....143.00  
*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*).....118.00  
 7140 Extraction, erupted tooth or exposed root (*elevation and/or forceps removal*).....139.00

**ORAL SURGERY (Including routine postoperative care for ALL procedures)**  
**Surgical Extractions**

7210 Surgical removal of erupted tooth .....237.00  
 7220 Removal of impacted tooth - soft tissue.....275.00  
 7230 Removal of impacted tooth - partly bony.....353.00  
 7240 Removal of impacted tooth - completely bony ....427.00  
 7241 Removal of impacted tooth completely bony with unusual surg. complications.....530.00  
 7250 Surgical removal of residual tooth roots (*cutting procedure*) .....273.00

- Fee schedule subject to change without written notice to members.
- This fee schedule supersedes all other fee schedules.
- This fee schedule is effective 10/01/2024

**ORTHODONTICS (Braces) Your Fee**

**Limited Orthodontic Treatment Of The:**  
 8010 Primary Dentition.....\$2,314.00  
 8020 Transitional Dentition .....2,383.00

**Comprehensive Orthodontic Treatment Of The:**  
 8080 Adolescent Dentition.....5,538.00  
 8090 Adult Dentition .....6,062.00

**Minor Treatment to Control Harmful Habits**  
 8210 Removable appliance therapy.....939.00  
 8220 Fixed appliance therapy .....1,110.00

**Other Orthodontic Services**  
 8660 Pre-orthodontic treatment visit (*initial exam including diagnostic aids and creation of records*) .....354.00  
 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  
 9230 Inhalation of Nitrous Oxide (*per 30 minutes*).....73.00  
 9243 Intravenous moderate (conscious) sedation/analgesia each 15 minute increment.....182.00  
 9248 Non-intravenous conscious sedation .....311.00

**ADJUNCTIVE GENERAL SERVICES**  
**Unclassified Treatment**  
 9110 Palliative Treatment (*emergency*).....114.00  
 9440 Office Visit (*after hrs.*).....220.00  
 9920 Behavior Mgmt. (*difficult child*).....120.00  
 9986 Missed appointment (*per 15 minutes of chairtime*) .....97.00

**BLEACHING KITS** (*includes materials and fabrication of custom trays.*)  
 9975 External bleaching for home application .....704.00

**SAVON SPECIFIC CODES (NOT ADA CODES)**  
 19901 Panoramic copy.....62.00  
 19902 Record copy .....39.00  
 19903 Palliative Treat (*non emergency*).....62.00

- 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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- b - Plus Gold/Metal Charges
- c - Plus Lab Fee not to exceed \$185.00
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- f - Plus Lab Fee not to exceed \$195.00 per tooth