

## Rosa Clark Dental Sliding Fee Scale 2025

PROC. CODES	ADULT/ CHILD	SERVICES	Self Pay Plan 1	Self Pay Plan 2	Self Pay Plan 3	Self Pay Plan 4	Above 200% of FPL No Discount
			15% of Cost	25% of Cost	50% of Cost	75% of Cost	Prevailing Local Rates
			At or below 100%	At 101% - 125%	At 126% - 150%	At 151% - 200% of	
Diagnostic							
D0120	Adult	Periodic Oral Evaluation	\$9	\$15.00	\$30.00	\$45.00	\$60.00
D0140	Adult	Limit Oral Eval Problem Focus	\$13	\$22.00	\$44.00	\$66.00	\$88.00
D0145	Child	Oral Eval PT Under 3 Counsel Caregiver	\$9	\$15.00	\$30.00	\$45.00	\$60.00
D0150	Adult & Child	Comprehensive Oral Evaluation	\$15	\$24.25	\$48.50	\$72.75	\$97.00
DO180	Adult & Child	Comprehensive Periodic Eval	\$20	\$32.50	\$65.00	\$97.50	\$130.00
D0210	Child	Full Mouth Series	\$23	\$38.00	\$76.00	\$114.00	\$152.00
D0220	Child	Intraoral Periapical	\$5	\$8.50	\$17.00	\$25.50	\$34.00
D0230	Adult & Child	Intraoral Each Additional	\$4	\$6.75	\$13.50	\$20.25	\$27.00
D0240	Child	Intraoral Occlusal	\$7	\$11.50	\$23.00	\$34.50	\$46.00
D0270	Child	Dental Bitewing Single Film	\$5	\$8.50	\$17.00	\$25.50	\$34.00
D0272	Adult & Child	Dental Bitewing Two Films	\$8	\$12.50	\$25.00	\$37.50	\$50.00
D0274	Adult & Child	Dental Bitewing Four Films	\$10	\$17.25	\$34.50	\$51.75	\$69.00
D0330	Adult & Child	Dental Panoramic Film	\$18	\$30.50	\$61.00	\$91.50	\$122.00
Preventive							
D1110	Adult	Prophylaxis	\$14	\$24.00	\$48.00	\$72.00	\$96.00
D1120	Child	Dental Prophylaxis	\$0	\$19.00	\$38.00	\$57.00	\$76.00
D1206	Child	Fluoride Varnish	\$0	\$12.00	\$24.00	\$36.00	\$48.00
D1208	Child	Topical Fluoride W/O Propy Child	\$0	\$11.00	\$22.00	\$33.00	\$44.00
D1351	Child	Dental Sealant Per Tooth	\$0	\$15.50	\$31.00	\$46.50	\$62.00
D4341	Adult	SRP 4+ teeth per quad	\$44	\$72.75	\$145.50	\$218.25	\$291.00
D4342	Adult	SRP 1-3 teeth per quad	\$30	\$49.50	\$99.00	\$148.50	\$198.00
D4355	Adult	Full Mouth Debridement	\$30	\$50.50	\$101.00	\$151.50	\$202.00
D4910	Adult	Perio Maint	\$23	\$38.25	\$76.50	\$114.75	\$153.00
D9920	Child	Application Desentizing agents	\$7	\$11.00	\$22.00	\$33.00	\$44.00
D9944	Adult	Custom Teeth Night Guards	\$45	\$75.00	\$150.00	\$225.00	\$300.00

PROC. CODES	ADULT/ CHILD	SERVICES	Self Pay Plan 1	Self Pay Plan 2	Self Pay Plan 3	Self Pay Plan 4	Above 200% of FPL No Discount
			15% of Cost	25% of Cost	50% of Cost	75% of Cost	
			At or below 100%	At 101% - 125%	At 126% - 150%	At 151% - 200% of	Prevailing Local Rates
Restorative							
D2391	Adult & Child	Composite One Surface Permanent	\$29	\$47.75	\$95.50	\$143.25	\$191.00
D2392	Adult & Child	Composite Two Surfaces Permanent	\$38	\$62.50	\$125.00	\$187.50	\$250.00
D2393	Adult & Child	Composite Three Surfaces Permanen	\$45	\$75.50	\$151.00	\$226.50	\$302.00
D2394	Adult & Child	Composite 4 Or> Surfaces Permanen	\$49	\$82.25	\$164.50	\$246.75	\$329.00
D2330	Adult & Child	Composite. 1 Surface Anterior	\$26	\$43.50	\$87.00	\$130.50	\$174.00
D2331	Adult & Child	Resin Two Surfaces- Anterior	\$32	\$53.50	\$107.00	\$160.50	\$214.00
D2332	Adult & Child	Resin Three Surfaces- Anterior	\$39	\$65.50	\$131.00	\$196.50	\$262.00
D2335	Adult & Child	Resin4/> Surf Or W/Incis Anterior	\$49	\$82.25	\$164.50	\$246.75	\$329.00
D1354	Adult &Child	Therapeutic Fillings Per Tooth	\$8	\$12.50	\$25.00	\$37.50	\$50.00
*D2740	Adult	Dental Crown	\$186	\$310.25	\$620.50	\$930.75	\$1,241.00
D2930	Child	SSC	\$48	\$79.25	\$158.50	\$237.75	\$317.00
D3220	Child	Pulpotomy	\$23	\$37.50	\$75.00	\$112.50	\$150.00

\* Patient eligibility for crowns will be determined by the Director of Dental Services. Co-pay for crowns must be paid in advance

<b>Oral Surgery</b>							
D7111	Child	Extract coronal remnants Primary	\$24	\$40.25	\$80.50	\$120.75	\$161.00
D7140	Adult & Child	Extraction Erupted Tooth/Ear	\$28	\$47.25	\$94.50	\$141.75	\$189.00
D7210	Adult & Child	Extraction Surgical	\$48	\$79.75	\$159.50	\$239.25	\$319.00
D7220	Adult & Child	Extraction Soft Tissue	\$57	\$94.25	\$188.50	\$282.75	\$377.00
D7230	Adult & Child	Extraction Partial Bony	\$65	\$108.50	\$217.00	\$325.50	\$434.00
D7240	Adult & Child	Extraction Impacted tooth	\$81	\$135.50	\$271.00	\$406.50	\$542.00
D7241	Adult & Child	Extraction Impacted tooth bony	\$81	\$135.50	\$271.00	\$406.50	\$542.00
D7250	Adult & Child	Tooth Root Removal	\$81	\$135.50	\$271.00	\$406.50	\$542.00
D7510	Child	I & D Abscess Intraoral	\$41	\$67.50	\$135.00	\$202.50	\$270.00
D9230	Adult & Child	Nitrous, Analgesia	\$7	\$11.25	\$22.50	\$33.75	\$45.00
D7286	Adult	Biopsy of oral tissue - soft	\$52	\$86.75	\$173.50	\$260.25	\$347.00
D4210	Adult	Gingivectomy 4 or more teeth	\$88	\$146.50	\$293.00	\$439.50	\$586.00
D4211	Adult	Gingivectomy 3 or more teeth	\$44	\$72.50	\$145.00	\$217.50	\$290.00

Patients with Medicaid will not have a co-pay for covered services in the Mobile Dental Program.

Patients with all other insurance will pay the required insurance co-pay unless they qualify for the sliding fee scale