FEES ASSOCIATED WITH MOST COMMON PROCEDURES

Adult prophy aka. routine cleaning - $140.00

Child prophy aka. child's routine cleaning - $106.00

Periodontal maintenance aka. cleaning for patients with gum disease - $199.00

Fluoride treatment (varnish) - $41.00

Period exam aka. doctor's examination done 2x/year usually accompanying the cleaning - $81.00

Limited/emergency exam - $114.00

Bitewing x-rays aka. cavity detection x-rays (annual) - $95.00

Panoramic x-ray aka. full mouth x-ray (every 3-5 year) - $166.00

Full mouth serious of x-rays aka. panoramic and bitewing x-rays taken at the same time - $195.00

PA x-rays (individual x-rays of teeth taken for various reasons) - $46.00

Routine "filling(s)" (this will range depending on the size of the filling and material) - $250-$550.00

Sealant (per tooth, x4 if doing 4 molars) - $83.00

Crown (crown only, no build-up required) - $1,591.00

Crown and build-up, if build-up is required - $1,960.00

Occlusal guard aka. night guard - $749.00

April 1, 2026 (subject to annual fee change)
See back side for "why your insurance doesn't pay?" information.

UNDERSTANDING YOUR DENTAL INSURANCE

A dental plan is a contract your employer or you set up with an insurance company. Your employer or you choose how much coverage to buy, not your dentist. Because of this, the treatment your dentist recommends and what your plan agrees to pay for can be two different things. Below are the terms that most often explain the gap. *Here is common insurance terms and their meanings, and why your plan may not cover everything your dentist recommends.*

UCR (Usual, Customary, Reasonable)- The rate an insurer sets as "typical" for a procedure in your area, based on its own data. If your dentist's fee is higher, the difference isn't automatically covered — and it doesn't mean the fee was unreasonable.

Annual Maximum- The most a plan will pay toward your care in a benefit year, fixed by your employer's contract. This dollar cap usually doesn't rise with inflation, so it may buy less coverage each year.

Plan Limits- Rules on how often a service is covered (for example, two cleanings a year), regardless of what your own oral health actually needs.

Preferred / In-Network Providers- Dentists who have agreed to a network's pricing. You can still see any dentist you choose; an out-of-network visit may just cost more out of pocket. We are not in-network providers but that does not mean you cannot come here. WE WILL FILE THE CLAIM FOR YOU.

Pre-existing Conditions- Some plans won't pay to replace a tooth or restoration that was already missing or in place before your coverage started.

"Not Dentally Necessary"- A plan can deny payment based on its own internal guidelines, even when your dentist believes the treatment is the right call for you.

Coordination of Benefits (COB)- If you're covered under two plans, they coordinate so combined payments don't exceed 100% of the bill. Having two plans rarely means everything is paid in full.

Least Expensive Alternative Treatment (LEAT)- When more than one treatment could address a problem, a plan may pay only for the lowest-cost adequate option- even if another approach would serve you better long-term. Example, your insurance may choose the fee associated with a silver filling instead of a tooth-colored composite filling, which means you get less coverage/

Explanation of Benefits (EOB)- The statement your insurer sends after a claim, showing what was billed, what the plan paid, and what you're responsible for. Questions about it should go to your insurer or your dental office's billing staff. WE RECOMMEND SAVING THESE UP TO ONE YEAR IN A FILE.

Good to Remember

- Your dentist recommends treatment based on your health, not on what a plan will pay for.
- Ask your dental office about payment plans or financing if a treatment isn't fully covered.
- Billing questions go to your insurer; plan-design questions (what's covered, at what level) go to your employer/HR.
- Insurance is one tool for managing cost — it shouldn't be the deciding factor in your oral health.

Adapted for patient use from American Dental Association education materials (ADA.org).