

IMPLANT SERVICES <i>(a la carte elective packages)</i>	TDC PLAN	TDC PRIVATE
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Endosteal Implant	1236	1545
Custom Abutment	670	875
Crown-Porcelain-Noble Metal Implant Supp	979	1391
Bridge-Porcelain-Noble Metal Implant Supp	980	1391
Overdenture	3245	4017
O Ring Replacement (per implant)	52	78
Locator Replacement (per implant)	52	78
GBR/ Ridge Augmentation	2344	2575
Lateral/Direct Sinus Lift	2344	2575
Vertical/Indirect Sinus Lift	1339	1545
Internal Sinus Lift	721	875

COSMETIC PROCEDURES <i>(a la carte elective packages)</i>	TDC PLAN	TDC PRIVATE
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Cosmetic Bonding (per tooth)	351	438
Porcelain Veneer (laminare)	618	773
ZOOM Bleaching (in office)	387	464
Bleaching Trays (within 3 mos of ZOOM Whitening)	129	258
Bleaching Trays (inc/ 1 kit of bleach)	258	361
Bleaching Touch Up Kit	47	67

ANESTHESIA <i>(a la carte elective packages)</i>	TDC PLAN	TDC PRIVATE
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Local Anesthesia	n/c	n/c
Nitrous Oxide Per Visit	78	103
Oral Sedation Per Visit	361	515
IV Sedation 1st 30 minutes (Oral Surgeon)	206	309
IV Sedation add 15 minutes (Oral Surgeon)	103	155



Plan Highlights:

- ▶ 24 -Hour Emergency Service
- ▶ Implants and Cosmetic Services
- ▶ Oral Sedation and IV Sedation
- ▶ Teeth Whitening
- ▶ 2 Free Cleanings, Exams and Xrays per year*
- ▶ NoAdditional Lab Fees
- ▶ No Hidden Specialist Fees
- ▶ All Services at the advertised rate
- ▶ Up to 60% Savings on all procedures

TDC
TOTAL DENTAL CARE

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TDC DENTAL PLAN



2017 Fee Schedule

DIAGNOSTIC <i>(included with all a la carte packages)</i>	TDC PLAN	TDC PRIVATE
Consultation (no xrays)	n/c	47
Comprehensive Exam	n/c	67
Limited Exam	42	83
Palliative Treatment	26	47
Periodic Exam (recall)	n/c	52
Diagnostic Casts	52	83
Oral/Facial Photographic Images	21	47
Full Mouth Xrays	n/c	83
Panorex	n/c	67
DentScan (per arch)	181	258
Oral Cancer Testing	37	67
Caries Susceptibility Testing	16	26
Saliva Testing	37	52
Periapical Xray 1st Film	n/c	21
Periapical Xray each additional	n/c	11
Bitewing Xray single film	n/c	16
Bitewing Xrays 2films	n/c	21
Bitewing Xrays 4 films	n/c	37

PREVENTIVE <i>(a la carte preventive packages)</i>	TDC PLAN	TDC PRIVATE
Child Cleaning & Polish	n/c	47
Adult Cleaning & Polish*	n/c	83
Topical Fluoride Treatment	32	42
Fluoride Varnish	37	47
Sealant (per tooth)	21	42
Space Maintainer Unilateral	206	258
Space Maintainer Bilateral	335	464
Nightguard	387	541
Occlusal Guard	309	464
Fluoride Trays for Home Use	150	250

* Periodontal Therapy (Scaling and Root Planing and Perio Maint listed seperately) 1 routine cleaning covered per member in a 6 month period

RESTORATIVE <i>(a la carte basic packages)</i>	TDC PLAN	TDC PRIVATE
Composite (white fillings)		
Anterior (front)		
1 Surface	130	160
2 Surface	134	191
3 Surface	160	217
Posterior (back)		
1 Surface	134	191
2 Surface	160	217
3 Surface	227	284
4 Surface	263	320
Sedative Filling	37	47

ENDONTONICS <i>(a la carte basic packages)</i>	TDC PLAN	TDC PRIVATE
Direct/Indirect Pulp Cap	67	103
Pulpotomy	88	103
Anterior Root Canal*	361	515
Bicuspid Root Canal*	593	747
Molar Root Canal*	809	979

* Initial Root Canal Therapy Only- Retreats not included

FIXED PROSTHODONTICS <i>(a la carte major package)</i>	TDC PLAN	TDC PRIVATE
Crowns (per tooth)		
Crown- Porcelain & Noble Metal	669	1236
Crown-EMAX (all porcelain)	1076	1545
Crown-BRUXZIR (zirconia)	1076	1545
Bridges (per tooth)		
Bridge- Porcelain & Noble Metal	670	1236
Bridge- EMAX (all porcelain)	876	1545
Bridge- BRUXZIR (zirconia)	876	1545

Other	TDC PLAN	TDC PRIVATE
Prefab Post & Core	258	309
Cast Post & Core	318	438
Core Build Up	198	243
Lab Processed Temporary (per tooth)	217	278
Recement Crown/Bridge (per tooth)	37	52
Remove Crown/Bridge	88	155
Post Removal	191	258

REMOVABLE PROSTHODONTICS <i>(a la carte major package)</i>	TDC PLAN	TDC PRIVATE
Complete Denture (per arch)	876	1298
Simply Natural Denture (per arch)	1185	1545
Partial Denture (per arch)	1005	1391
Valplast Partial Denture (per arch)	1288	1545
Temporary Full/Partial Denture (per arch)	412	566
Immediate Denture (per arch)	876	1298
Interim Partial Denture/Flipper (single tooth)	361	515
Repairs		
Denture Adjustments (New Denture or < 1 year)	n/c	n/c
Denture Adjustments (Pre-existing or > 1yr)	21	52
Add/Repair tooth -existing partial denture	124	155
Add/Repair clasp -existing partial denture	134	181
Reline Denture	232	335
Repair Acrylic	134	165

PEDIATRICS <i>(a la carte basic packages)</i>	TDC PLAN	TDC PRIVATE
Pulpotomy	88	103
Mineral Trioxide Aggregate (MTA)	258	335
Stainless Steel Crown	129	181
Composite Crown	185	206
Surgical Exposure (including materials and placement)	670	804

PERIODONTICS	TDC PLAN	TDC PRIVATE
Consultation w/ Periodontist	67	83
Perio Exam (1x year following Perio Therapy)	n/c	32
Full Mouth Debridement	103	134
Scaling & Root Planning (per quadrant)	114	134
Irrigation w/medication	11	26
Osseous Surgery (per quadrant)	603	799
Bone Graft 1st site	275	325
Bone Graft each add site	145	206
Soft Tissue Graft	387	515
Gingivectomy (per tooth)	206	258
Gingivectomy (per quadrant)	433	459
Crown Lengthening	490	567
Periodontal Maintenance*	95	134
Biological Membrane (not including Bone Graft)	412	464

* Following active therapy - 1 visit every 3 months is routine for this procedure. TDC PLAN - every other visit n/c as long as d.o.s is 90-110 days from last perio maint appt. A la carte - charges apply for each perio maint visit, regardless of frequency.

ORAL SURGERY <i>(a la carte basic packages)</i>	TDC PLAN	TDC PRIVATE
Consultation w/Oral Surgeon	57	78
Simple Extraction	129	165
Surgical Extraction	181	258
Soft Tissue Impaction	227	284
Partial Bony Impaction	309	387
Full Bony Impaction	387	464
Full Bony Complicated	438	515
Alveoplasty w/extraction	191	217
Alveoplasty w/out extraction	294	325
Apicoectomy - Anterior	387	644
Apicoectomy - Bicuspid	423	706
Apicoectomy - Molar	515	845
Apicoectomy each addt'l root	155	268
Retrograde Fill (per root)	140	217
Cyst Removal	103	217
Hemisection	134	160
Biopsy of Soft Tissue	309	387
Biopsy of Hard Tissue	407	433