

MAXDENT™ PLATINUM

DIAGNOSTICS

ADA CODES	PROCEDURE	PLATINUM	UCR Prices
D0120	PERIODIC ORAL EVALUATION	\$ 40.00	\$ 65.00
D0140	LIMITED ORAL EVALUATION	\$ 55.00	\$ 85.00
D0150	COMPREHENSIVE ORAL EVALUATION	\$ 65.00	\$ 95.00
D0210	X-RAYS / INTRAORAL-COMPLETE SERIES	\$ 100.00	\$ 150.00
D0220	X-RAYS / INTRAORAL-PERIAPICAL/FIRST	\$ 25.00	\$ 35.00
D0230	X-RAYS / INTRAORAL-PERIAPICAL/ADDITIONAL	\$ 20.00	\$ 30.00
D0270	X-RAYS / BITEWINGS/SINGLE	\$ 15.00	\$ 25.00
D0272	X-RAYS / BITEWINGS/TWO	\$ 30.00	\$ 50.00
D0274	X-RAYS / BITEWINGS/FOUR	\$ 50.00	\$ 80.00
D0330	X-RAYS / PANORAMIC	\$ 90.00	\$ 135.00

PREVENTIVE

ADA CODES	PROCEDURE	PLATINUM	UCR Prices
D1110	PROPHYLAXIS/EXCLUDING FLUORIDE/ADULT	\$ 80.00	\$ 125.00
D1120	PROPHYLAXIS/EXCLUDING FLUORIDE/CHILD	\$ 55.00	\$ 85.00
D1351	SEALANT/TOOTH	\$ 40.00	\$ 65.00
D1208	TOPICAL APPLICATION OF FLUORIDE	\$ 35.00	\$ 50.00

RESTORATIVE

ADA CODES	PROCEDURE	PLATINUM	UCR Prices
D2330	RESIN/ONE SURFACE/ANTERIOR	\$ 120.00	\$ 185.00
D2331	RESIN/TWO SURFACES/ANTERIOR	\$ 150.00	\$ 230.00
D2332	RESIN/THREE SURFACES/ANTERIOR	\$ 180.00	\$ 275.00
D2335	RESIN/FOUR OR MORE SURFACES/ANTERIOR	\$ 225.00	\$ 345.00
D2391	COMPOSITE/ONE SURFACE/POSTERIOR	\$ 130.00	\$ 200.00
D2392	COMPOSITE/TWO SURFACES/POSTERIOR	\$ 170.00	\$ 260.00
D2393	COMPOSITE/THREE SURFACES/POSTERIOR	\$ 210.00	\$ 320.00
D2394	COMPOSITE/FOUR OR MORE SURFACES/POSTERIOR	\$ 250.00	\$ 380.00
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$ 795.00	\$ 1,350.00
D2750	CROWN/PORCELAIN FUSED TO HIGH NOBLE METAL	\$ 795.00	\$ 1,250.00
D2920	RECEMENT CROWN	\$ 80.00	\$ 125.00
D2932	PREFAB RESIN CROWN	\$ 230.00	\$ 350.00
D2954	PREFAB POST AND CORE IN ADDITION TO CROWN	\$ 245.00	\$ 375.00

ENDODONTICS

ADA CODES	PROCEDURE	PLATINUM	UCR Prices
D3220	PULPOTOMY/NO FINAL RESTORE	\$ 160.00	\$ 250.00
D3310	ROOT CANAL THERAPY/ANTERIOR/NO FINAL RESTORE	\$ 565.00	\$ 875.00
D3320	ROOT CANAL THERAPY/BICUSPID/NO FINAL RESTORE	\$ 635.00	\$ 975.00
D3330	ROOT CANAL THERAPY/MOLAR/NO FINAL RESTORE	\$ 745.00	\$ 1,150.00

PERIODONTICS

ADA CODES	PROCEDURE	PLATINUM	UCR Prices
D4210	GINGIVECTOMY/FOUR OR MORE/SPACES PER QUADRANT	\$ 420.00	\$ 650.00
D4211	GINGIVECTOMY/ONE TO THREE/SPACES PER QUADRANT	\$ 255.00	\$ 395.00
D4342	SCALING AND ROOT PLANING/ONE TO THREE/SPACES PER QUADRANT	\$ 159.00	\$ 275.00
D4910	PERIODONTAL MAINTENANCE	\$ 95.00	\$ 150.00

REMOVABLES

ADA CODES	PROCEDURE	PLATINUM	UCR Prices
D5110	COMPLETE DENTURE/MAXILLARY(UPPER)	\$ 1,300.00	\$ 2,000.00
D5120	COMPLETE DENTURE/MANDIBULAR(LOWER)	\$ 1,300.00	\$ 2,000.00
D5130/40	IMMEDIATE DENTURE/MANDIBULAR	\$ 1,400.00	\$ 2,150.00
D5213	PARTIAL DENTURE/MAXILLARY/METAL FRAME/RESIN	\$ 1,300.00	\$ 2,000.00
D5214	PARTIAL DENTURE/MANDIBULAR/METAL FRAME/RESIN	\$ 1,300.00	\$ 2,000.00
D5510	REPAIR BROKEN DENTURE BASE	\$ 195.00	\$ 300.00
D5520	REPLACE MISSING/BROKEN TEETH/EACH	\$ 145.00	\$ 225.00

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D5610	REPAIR RESIN DENTURE BASE	\$ 180.00	\$ 275.00
D5630	REPAIR/REPLACE BROKEN CLASP	\$ 195.00	\$ 300.00
D5640	REPLACE BROKEN TEETH/EACH	\$ 145.00	\$ 225.00
D5650	ADD TOOTH TO PARTIAL	\$ 160.00	\$ 250.00
D5660	ADD CLASP TO EXISTING PARTIAL	\$ 210.00	\$ 320.00

FIXED

ADA CODES	PROCEDURE	PLATINUM	UCR Prices
D6240	PONTIC/PORCELAIN FUSED TO HIGH NOBLE METAL	\$ 749.00	\$ 1,350.00
D6750	CROWN/PORCELAIN FUSED TO HIGH NOBLE METAL	\$ 795.00	\$ 1,350.00
D6930	RECEMENT FIXED PARTIAL DENTURE	\$ 125.00	\$ 195.00

ORAL SURGERY

ADA CODES	PROCEDURE	PLATINUM	UCR Prices
D7140	EXTRACTION ERUPTED TOOTH/EXPOSED ROOT	\$ 125.00	\$ 195.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH/	\$ 195.00	\$ 300.00
D7230	REMOVAL OF IMPACTED TOOTH/PARTIALLY BONY	\$ 260.00	\$ 400.00
D7240	REMOVAL OF IMPACTED TOOTH/COMPLETELY BONY	\$ 225.00	\$ 345.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$ 195.00	\$ 300.00
D7510	INCISION AND DRAINAGE OF ABCESS	\$ 225.00	\$ 350.00

ADJUNCTIVE

ADA CODES	PROCEDURE	PLATINUM	UCR Prices
D9110	PALLIATIVE TREATMENT/EMERGENCY	\$ 105.00	\$ 160.00
D9310	CONSULTATION	\$ 130.00	\$ 200.00

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MAXDENT PLATINUM TERMS/CONDITIONS

- *MUST BE A VIP MEMBER ON AUTO RENEWAL AND FULLY PAID MEMBERSHIP FOR THE CALENDAR YEAR
- *FREE TAKE HOME WHITENING KIT/CALENDAR YEAR (RESTRICTIONS APPLY)*
- *THIS IS A MEMBERS ONLY DENTAL PLAN, NOT AN INSURANCE PRODUCT!
- *CHARGES ARE PAYABLE BY THE MEMBER DIRECTLY TO THE DENTIST BEFORE SERVICES RENDERED.
- *WORK IN PROGRESS IS NOT A COVERED EXPENSE.
- *ALL UNLISTED PROCEDURES ARE CHARGED AT A 35% DISCOUNT BASED ON UCR FEES.

PLATINUM PLAN ADVANTAGES

- *PRIORITY APPOINTMENT BOOKING/MEMBERS ONLY DIRECT PHONE NUMBER AND DEDICATED CASE MANAGER
- *LABORATORY FEES ARE INCLUDED IN THE YEARLY PREMIUM.
- *FREE COURTESY TRANSPORTATION FOR MAJOR PROCEDURES
- *DIRECT EMAIL ACCESS TO PRIMARY TREATING DENTIST
- *MEMBERS HAVE TO KEEP THEIR 6 MONTHS HYGIENE APPOINTMENT TO BE ELIGIBLE FOR THE TAKE HOME KIT
- *ONE KIT/MEMBER/CALENDAR YEAR

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