
<u>FEE SCHEDULE</u>	<u>REGULAR</u>	<u>PLAN FEE</u>
	<u>FEE</u>	

Prosthetics:

Partial Dentures		
Upper	\$1400	\$995
Lower	\$1400	\$995
Full Denture		
Upper	\$1400	\$995
Lower	\$1400	\$995
Immediate Upper	\$1400	\$995
Immediate Lower	\$1400	\$995
Flipper (Interim Partial Denture)	\$550	\$475
Relines		
Permanent (Laboratory)	\$380	\$275
Soft Tissue (Temporary)	\$160	\$125

Endodontics (Root Canal):

One Root	\$570	\$490
Two Roots	\$665	\$585
Three Roots	\$800	\$695
Four Roots	\$800	\$695
Pulpotomy (When Referred Out)	\$155	\$120
Post and Core Under Crowns	\$350	\$295
Crown Build-Up (CBU)	\$220	\$180
Occlusal Adjustment	\$95	\$55

TMJ Therapy:

Occlusal Stint (Night Guard)	\$485	\$400
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Oral Surgery:

Extraction		
Simple	\$150	\$125
Surgical	\$215	\$175

Miscellaneous:

Palliative Treatment	\$95	\$75
Local Anesthesia	\$51	\$35
Platinum Bleaching Kit	\$300	\$275
Nitrous Oxide (Laughing Gas)	\$60 1/2 hr	\$45 1/2 hr

*There is a \$35.00 per hour charge for a confirmed No Show:
24 hour cancellation notice required.
Fees subject to change annually.*

IN OFFICE
DENTAL SAVING PROGRAM



*We Are Here In Time of Need,
And That Time Is Now.*

Dr. Paul M. Frazier

Announcing a Dental Savings
Program, prepared exclusively for
OUR OWN CASH PAYING PATIENTS!

**YOUR DENTAL HEALTH IS
OUR #1 CONCERN**

Dr. Paul M. Frazier
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COST OF PROGRAM:

Initial Consultation Fee

(Includes two cleanings in a 12 month period.)

Individual:

Adults 1st Sign-up.....	\$175.00
Adults Renewal.....	\$160.00
Children (8-15 yrs.).....	\$125.00
Children Renewal.....	\$115.00

Family:

Couple 1st Sign-up.....	\$275.00
Couple Renewal.....	\$260.00
Family (one child).....	\$295.00
Family Renewal.....	\$285.00
Each Additional Child.....	\$115.00

Above costs are per year.
(12 months from date of initial payment)

We accept MasterCard, Visa, Discover and
American Express (which can also be used
as payment).

Financing Available through Care Credit
Financial.

This is **not** dental insurance. This program gives you the opportunity to obtain the **low fees** as indicated in our fee schedule and at the same time provide yourself with the basic **Preventative Dental Treatments**. Cleanings must be completed in a twelve month period from date of purchase.

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All Office Visits	\$70	\$45

Diagnostic and Prevention

Sterilization Fee	\$10	\$5
Cavity Detecting X-rays (once per year)	\$50	Included
Prophylaxis (cleaning—2 per year)	\$150	Included
Additional cleanings (if needed)	\$75	\$55
Exam with Prophylaxis (2 per year)	\$70	Included
Sealants	\$40	\$25
Panolipse	\$90	\$60
Evaluation	\$70	\$50

Fillings:

Composite - Tooth Colored, all Surfaces	\$135 to \$265	\$135
Sedative	\$90	\$75

Crown (Caps) and Bridgework:

All Porcelain Crowns	\$1040	\$850
Porcelain Crowns	\$875	\$695
Full Gold Crowns	\$875	\$695
Fixed Bridgework (per tooth)	\$875	\$695
Re-cement Crown	\$85	\$60
Re-cement Bridge	\$135	\$80
Implant Crown (includes hardware)	\$1350	\$1130
Veneers Porcelain	\$875	\$695

Cosmetic Dentistry:

Full Bonding Per Tooth	\$300	\$260
Close Spaces (per space)	\$300	\$215
Incisal	\$150	\$135

Periodontics (Gum Treatment):

Root Planning	\$140-\$200	\$95-\$150
Periodontal Maintenance	\$110	\$80
Soft Tissue Management	\$600-\$1500	\$361-\$960

Evaluation (With or Without Rotadent)	\$70	\$50
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Fees Effective 07/09