

IN-HOUSE DENTAL PLAN

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Enrollment Fees for 2026

One person ---\$200.00
Couple-----\$290.00
Child-----\$120.00--(14 yrs old and younger)
Child-----\$150.00--(15 yrs old until 21)

FEE SCHEDULE

ADA

<u>CODE</u>	<u>DIAGNOSTIC PROCEDURES</u>	<u>PLAN FEE</u>	<u>REGULAR FEE</u>
9430	Office Visit	No Charge	200.00
0120	Periodic oral examination	No Charge	200.00
0130	Emergency examination	No Charge	200.00
0140	Limited oral evaluation	No Charge	200.00
0150	Comprehensive exam	No Charge	200.00
0210	FMX --Full series x-rays	No Charge	270.00
0330	Panoramic film	No Charge	270.00
0220	Intraoral x-ray, first	No Charge	90.00
0230	Intraoral x-ray, additional	No Charge	90.00
0270	One Bitewing x-ray	No Charge	90.00
0272	Two Bitewing x-ray	No Charge	190.00
		(2 times per year)	
0274	Four Bitewing x-ray	No Charge	250.00
		(2 times per year)	
0460	Pulp vitality test	No Charge	90.00
	<u>PREVENTIVE PROCEDURES</u>		
1110	Prophylaxis-adult (simple cleaning) (2 times per year)	No Charge	200.00
1110	Prophylaxis (more than 2x's a year-adult or child)	90.00	180.00
1120	Prophylaxis – child (2 times per year) Additional child prophy is \$65.00	No Charge	180.00
1201	Prophylaxis--child with fluoride	90.00	190.00
1208	Fluoride treatment (2 times per year)	0.00	90.00
1351	Sealant-per tooth	40.00	90.00
	<u>COSMETIC PROCEDURES</u>		
2962	Porcelain veneer-per tooth	1000.00	1200.00
9972	Bleaching (whitening) – At Home System	75.00	75.00

<u>ADA CODE</u>	<u>RESTORATIVE PROCEDURES</u>	<u>PLAN FEE</u>	<u>REGULAR FEE</u>
2140	Amalgam-1 surface	100.00	200.00
2150	Amalgam-2 surfaces	110.00	225.00
2160	Amalgam-3 surfaces	120.00	200.00
2161	Amalgam-4 surfaces	130.00	220.00
2330	Composite-1 surface	130.00	260.00
2331	Composite-2 surfaces	135.00	270.00
2332	Composite-3 surfaces	140.00	280.00
2335	Composite-4 surfaces	150.00	300.00
2391	Composite-1 surface posterior	130.00	260.00
2392	Composite-2 surfaces posterior	135.00	270.00
2393	Composite-3 surfaces posterior	140.00	280.00
2394	Composite-4 surfaces posterior	155.00	310.00
2750	Crown-porcelain fused to high noble metal	600.00	1100.00
2751	Crown-porcelain fused to base metal	600.00	1100.00
2740	Zirconia Crown	600.00	1200.00
2720	Gold Crown	700.00	1200.00
2920	Recement crown	80.00	120.00
2930	Prefabricated stainless steel crown-primary tooth	110.00	220.00
2940	Sedative filling	55.00	85.00
2950	Crown buildup	180.00	360.00
2951	Retentive pin	30.00	45.00
2952	Cast post	185.00	300.00
2953	Cast post as part of crown	150.00	260.00
2954	Prefabricated	170.00	280.00
2970	Temporary crown	250.00	480.00
<u>ENDODONTIC PROCEDURES</u>			
3110	Pulp cap	55.00	110.00
3220	Pulpotomy	100.00	200.00
3310	Anterior root canal	480.00	960.00
3320	Bicuspid root canal	550.00	1100.00
3330	Molar root canal	820.00	1640.00
<u>PERIODONTIC PROCEDURES</u>			
4210	Gingivectomy per quadrant	160.00	600.00
4211	Gingivectomy per tooth	80.00	450.00
4220	Curretage per quadrant	130.00	300.00
4341	Root planning per quadrant	160.00	320.00
4355	Full Mouth Debridement	120.00	240.00
4260	Osseous surgery	800.00	1600.00
4910	Periodontal maintenance	100.00	170.00
<u>PROSTHODONTICS REMOVABLE</u>			
5110	Full upper denture	950.00	1860.00
5120	Full lower denture	950.00	1860.00
5130	Immediate upper denture, not including relining	950.00	1860.00
5140	Immediate lower denture, not including relining	950.00	1860.00
5213	Upper partial denture	950.00	1860.00
5214	Lower partial denture	950.00	1840.00
5410	Denture adjustments- if	60.00 / \$NC	90.00
5411	denture has been fabricated		
5421	by other dentist or by our office after one year		
5422	-\$50.00. No Charge for one year after denture was made if denture was made in our office		

<u>ADA CODE</u>	<u>PROSTHODONTICS REMOVABLE</u>	<u>PLAN FEE</u>	<u>REGULAR FEE</u>
5510	Repair broken full denture	90+Lab fee	370.00
5520	Replace missing tooth-full denture	90+Lab fee	370.00
5610	Repair partial denture base	90+Lab fee	370.00
5630	Repair broken clasp on partial denture	90+Lab fee	370.00
5640	Replace broken tooth-partial denture	90+Lab fee	370.00
5650	Add tooth to partial denture	90+Lab fee	370.00
5660	Add clasp to partial denture	90+Lab fee	370.00
5750	Lab reline	190.00	380.00
5820	Maxillary Interim Partial Denture	300.00	600.00
5821	Mandibular Interim Partial Denture	300.00	600.00
<u>PROSTHODONTICS, FIXED BRIDGES</u>			
6241	Porcelain fused to base metal- pontic	600.00	1200.00
6751	Porcelain fused to base metal- abutment	600.00	1200.00
6240	Porcelain fused to metal - Pontic	600.00	1200.00
6750	Porcelain fused to metal - Abutment	600.00	1200.00
6930	Recement bridge	75.00	100.00
6950	Precision attachment	250.00	482.00
6955	Facing repair	100.00	160.00
<u>PROSTHODONTICS, IMPLANTS</u>			
D6010	Surgical Implant	1600.00	2600.00
D6056	Implant Abutment	0.00	500.00
D6067	Implant Crown	0.00	500.00
<u>ORAL SURGERY</u>			
7140	Extraction – Primary & Permanent tooth	95.00	190.00
7210	Surgical extraction	160.00	270.00
	By Dr. Spiegel	350.00	350.00
7220	Removal of impacted tooth-soft tissue	160.00	270.00
7250	Surgical removal of root tips	160.00	270.00
7281	Surgical exposure of unerupted tooth	130.00	250.00
7311	Alveoloplasty with extractions-per quadrant	130.00	250.00
7321	Alveoloplasty without extractions -per quadrant	130.00	250.00
7511	Incision and drainage	120.00	210.00
7963	Frenulectomy	150.00	290.00
7970	Excision of hyperplastic tissue-per arch	130.00	250.00
7971	Excision of periocoronal gingiva	130.00	250.00
9930	Treatment of complications	120.00	220.00
<u>ADJUNCTIVE SERVICES</u>			
9110	Palliative treatment	no charge	140.00
9440	Office visit-off hours	200.00	400.00

Our In House Plan will provide coverage for one year from the date of enrollment. The plan is only effective for one year and if the benefits are not used within the allotted time the benefits will be forfeited. It is the patient's responsibility to schedule the necessary appointments within the allotted time period. The fees on our In House Plan apply to services performed by a general dentist in our office only. Occasionally, the services of a specialist are required and these fees will not apply. *Any and all Fees are subject to change without notice at any given time.*** This is not insurance; by joining this plan, patient receives discounted fees for which he/she is responsible at the time services are rendered.