

Discount Fee Schedule

DIAGNOSTIC TREATMENT

ADA Code	TREATMENT	Ave Price	Plan Price
D0120	Periodic Oral Evaluation	\$60	\$27
D0140	Limited Oral Evaluation	\$83	\$52
D0150	Comprehensive Oral Evaluation	\$90	\$48
D0160	Detailed Extensive Oral Evaluation	\$160	\$70
D0170	Re-evaluation, Limited	\$85	\$44
D0180	Comprehensive Periodic Evaluation	\$118	\$69
D0210	Intraoral- Complete Series	\$145	\$72
D0220	Intraoral- Periapical - First Film	\$31	\$15
D0230	Intraoral- Periapical - Each Add Film	\$27	\$8
D0270	Bitewing- Single Film	\$45	\$21
D0272	Bitewing- Two Films	\$47	\$21
D0273	Bitewing- Three Films	\$57	\$38
D0274	Bitewing- Four Films	\$67	\$41
D0277	Vertical Bitewings- 7-8 Films	\$119	\$67
D0330	Panoramic Film	\$121	\$71
D0470	Diagnostic Cast	\$150	\$68

PREVENTATIVE TREATMENT

D1010	ZOOM Teeth Whitening	\$500	\$300
D1110	Prophylaxis - Adult	\$100	\$60
D1206	Topical Fluoride Varnish	\$45	\$25
D1208	Topical Application of Fluoride	\$40	\$26
D1320	Tobacco Counsel for Oral Disease	\$84	\$40
D1330	Oral Hygiene Instruction	\$70	\$42
D1351	Enamel Sealant - Per Tooth	\$59	\$35
D1510	Space Maintainer Fixed Unilateral	\$340	\$235
D1515	Space Maintainer Fixed Bilateral	\$495	\$365

RESTORATIVE PROCEDURES

D2330	Resin Composite- 1 Surface, Anterior	\$186	\$96
D2331	Resin Composite- 2 Surfaces, Anterior	\$241	\$129
D2332	Resin Composite- 3 Surfaces, Anterior	\$287	\$152
D2335	Resin Composite- 4 Surfaces Anterior	\$375	\$274
D2390	Resin Composite Crown, Anterior	\$500	\$255
D2391	Resin Composite- 1 Surface, Posterior	\$195	\$149
D2392	Resin Composite- 2 Surfaces, Posterior	\$265	\$189
D2393	Resin Composite- 3 Surfaces, Posterior	\$327	\$244
D2394	Resin Composite- 4 Surfaces, Posterior	\$391	\$297
D2620	Inlay Porcelain/Ceramic- 2 Surfaces	\$1,300	\$599
D2642	Onlay Porcelain/Ceramic- 2 Surfaces	\$1,200	\$715
D2643	Onlay Porcelain/Ceramic- 3 Surfaces	\$1,200	\$725
D2644	Onlay Porcelain/Ceramic- 4+ Surfaces	\$1,217	\$625
D2662	Onlay Composite/Resin- 2 Surfaces	\$1,093	\$605
D2663	Onlay Composite/Resin- 3 Surfaces	\$1,195	\$865
D2710	Crown - Composite/Resin- Indirect	\$1,093	\$499
D2740	Crown - Porcelain/Ceramic Substrate	\$1,280	\$1,066
D2750	Crown - Porcelain Fused Noble Metal	\$1,250	\$869
D2751	Crown - Porcelain Fused Base Metal	\$1,247	\$699
D2752	Crown - Porcelain Fused Noble Metal	\$1,250	\$869
D2780	Crown - 3/4 Cast High Noble Metal	\$1,250	\$886

RESTORATIVE PROCEDURES

ADA Code	TREATMENT	Ave Price	Plan Price
D2783	Crown- 3/4 Cast Porcelain/Ceramic	\$1,300	\$886
D2790	Crown- Full Cast High Noble Metal	\$1,298	\$799
D2799	Crown- Provisional	\$689	\$234
D2920	Recement Crown	\$130	\$59
D2940	Protective Restoration	\$130	\$40
D2950	Core Buildup, Including Pins	\$298	\$189
D2952	Post and Core (Addition to Crown)	\$500	\$249
D2954	Prefab Post & Core (Add to Crown)	\$435	\$172
D2961	Labial Veneer Resin Lab	\$1,140	\$868
D2962	Labial Veneer Porcelain Lab	\$1,400	\$1,049
D2970	Temporary Crown Temporary Tooth	\$379	\$250

ENDODONTIC PROCEDURES (Root Canals)

D3110	Pulp Cap- Direct	\$105	\$34
D3120	Pulp Cap- Indirect	\$105	\$42
D3221	Pulpal Debridement	\$228	\$159
D3240	Pulpal Therapy- Posterior	\$350	\$246
D3310	Endodontic Therapy, Anterior	\$898	\$525
D3320	Endodontic Therapy, Bicuspid	\$940	\$637
D3330	Endodontic Therapy, Molar	\$1,174	\$798
D3332	Partial Endodontic Therapy	\$594	\$224
D3346	Retreat RCT/Anterior	\$1,200	\$749
D3347	Retreat RCT/Bicuspid	\$1,400	\$756
D3348	Retreat RCT/Molar	\$1,500	\$1,033

PERIODONTIC PROCEDURES (Gum Treatment)

D4210	Gingect/Gingipsty- 4+ Teeth/Quad	\$800	\$495
D4211	Gingect/Gingipsty- 1-3 Teeth/ Quad	\$380	\$234
D4249	Clinical Crown Lengthening	\$813	\$575
D4260	Osseous Surgery- 4+ Teeth/Quad	\$1,225	\$665
D4341	Perio Scaling/Root Planing- 4+/Quad	\$295	\$175
D4342	Perio Scaling/Root Planing- 1-3/Quad	\$203	\$168
D4355	Full Mouth Debridement	\$200	\$125
D4910	Periodontal Maintenance	\$151	\$95

PROSTHODONTICS REMOVABLE

D5110	Complete Upper Denture	\$1,824	\$994
D5120	Complete Lower Denture	\$1,824	\$994
D5130	Immediate Upper Denture	\$1,903	\$990
D5140	Immediate Lower Denture	\$1,903	\$965
D5211	Partial Upper Denture- Resin Base	\$1,500	\$1,015
D5212	Partial Lower Denture- Resin Base	\$1,500	\$1,020
D5213	Partial Upper Denture- Metal Base	\$1,860	\$1,025
D5214	Partial Lower Denture- Metal Base	\$1,860	\$1,025
D5225	Partial Upper Denture- Flex Base	\$1,625	\$998
D5226	Partial Lower Denture- Flex Base	\$1,625	\$998
D5510	Repair Broken Complete Denture	\$275	\$142
D5520	Replace Denture Teeth (Each)	\$208	\$90
D5610	Repair Resin Partial Denture Base	\$274	\$96

PROSTHODONTICS REMOVABLE

ADA Code	TREATMENT	Ave Price	Plan Price
D5640	Replace Partial Denture Teeth (Each)	\$206	\$87
D5650	Add Tooth to Existing Partial Denture	\$275	\$96
D5660	Add Clasp to Existing Partial Denture	\$311	\$126
D5710	Rebase Complete Upper Denture	\$726	\$343
D5711	Rebase Complete Lower Denture	\$726	\$530
D5730	Reline Complete Upper Denture	\$450	\$153
D5731	Reline Complete Lower Denture	\$407	\$150
D5750	Reline Complete Upper Denture- Lab	\$565	\$260
D5751	Reline Complete Lower Denture- Lab	\$500	\$260

PROSTHODONTICS, FIXED BRIDGES

(Each Abutment and each Pontic constitutes a unit in a bridge)

D6210	Pontic- Cast High Noble Metal	\$1,250	\$739
D6240	Pontic- Porcelain Fused High Noble Metal	\$1,217	\$775
D6241	Pontic- Porcelain Fused Base Metal	\$1,165	\$662
D6242	Pontic- Porcelain Fused Noble Metal	\$1,200	\$695
D6245	Pontic- Porcelain/Ceramic	\$1,250	\$889
D6740	Crown- Porcelain/Ceramic	\$1,320	\$773
D6750	Crown- FPD Porcelain Fused to High Noble Metal	\$1,280	\$785
D6751	Crown- FPD Porcelain Fused Base Metal	\$1,200	\$674
D6790	Crown- Full Case High Noble Metal	\$1,286	\$695
D6930	Recement Fixed Partial Denture	\$200	\$97

ORAL SURGERY

D7111	Extraction, Coronal Remnant- Deciduous Tooth	\$130	\$78
D7140	Extraction, Erupted Tooth/Exposed Root	\$210	\$117
D7210	Surgical Removal of Erupted Tooth	\$315	\$165
D7220	Removal of Impacted Tooth - Soft Tissue	\$355	\$192
D7230	Removal of Impacted Tooth - Partially Bony	\$435	\$224
D7240	Removal of Impacted Tooth - Completely Bony	\$578	\$293
D7250	Surgical Removal of Residual Roots	\$320	\$175
D7286	Biopsy of Oral Tissue- Soft	\$450	\$195
D7310	Alveoloplasty with Extraction	\$325	\$180
D7320	Alveoloplasty without Extraction	\$460	\$207

ORTHODONTIC TREATMENT

D8080	Invisalign- Adolescent	\$1,000	off
D8090	Invisalign- Adult	\$1,000	off

ADJUNCTIVE GENERAL SERVICES

ADA Code	TREATMENT	Ave Price	Plan Price
D9110	Emergency Treatment/Palliative	\$150	\$75
D9120	Fixed Partial Denture Sectioning	\$315	\$85
D9215	Local Anesthesia	\$75	\$35
D9230	Inhalation of Nitrous Oxide	\$80	\$36
D9310	Consultation - Specialist DDS/MD	\$160	\$85
D9430	Office Visit for Observation	\$95	\$45
D9440	Office Visit After Hours	\$206	\$75
D9630	Other Drugs/Medicaments	\$65	\$35
D9911	Application of Desensitizing Resin	\$79	\$42
D9940	Occlusal Guard, By Report	\$787	\$385
D9951	Occlusal Adjustment, Limited	\$182	\$135
D9952	Occlusal Adjustment, Complete	\$695	\$285
D9972	External Bleaching per Arch	\$595	\$385
D9974	Internal Bleaching per Tooth	\$330	\$168

Savings based on national average usual and customary rates

Cornerstone Onsite offers many more procedures than the ones listed above. For more information about what procedures we offer and their discounted costs, please call 1-(855) 432-5550.

Most procedures, including those not listed, still qualify for a 20-60% discount at all Cornerstone Onsite offices.

The dentist may charge additional fees for any procedure that presents unusual difficulties and circumstances. The dentist will discuss fees with patient prior to treatment.

Some advanced procedures may be referred to an outside specialist dentist or physician. The discount plan does not apply to procedures done by outside specialists, however, Cornerstone Onsite will work with you to find the best and most cost effective option. Rates of each specialist will be made available to patients upon request.

The Cornerstone Onsite Discount Program is NOT insurance and is valid only at Cornerstone Onsite offices nationwide.