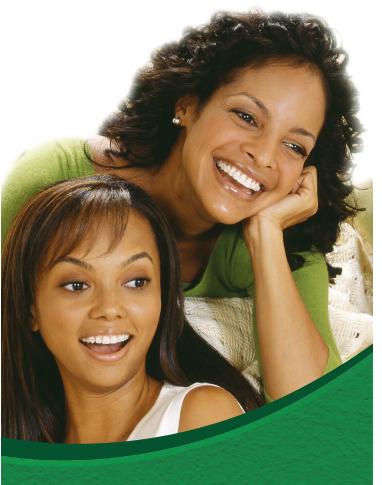


All the dental specialists your family needs, all in one place

Greenberg Dental & Orthodontics is pleased to offer you a simple dental discount program. If you don't have dental insurance, or your insurance doesn't cover a service you need, our discount program is for you. Membership in the Dental Discount Program offered by Greenberg Dental & Orthodontics is accepted at all Greenberg Dental & Orthodontics offices and provides discounts for a full range of general and specialty services.

As a member of the Dental Discount Program offered by Greenberg Dental & Orthodontics, you'll save between 20%– 70% off our traditional fees. We make it easy and affordable for you to take care of your dental health by providing you with significant discounts on dental exams and major dental work.

Dental Discount Program offered by Greenberg Dental & Orthodontics is NOT INSURANCE and is valid only at Greenberg Dental & Orthodontics (Greenberg) offices. Members pay Greenberg at the time of service. This discount dental program may be duplicative of your dental insurance. Dental Discount Program offered by Greenberg Dental & Orthodontics cannot be combined with any other dental or medical insurance program and does not coordinate benefits with any other dental or medical insurance program. Membership benefits are limited to the discounted fees as itemized in the Schedule of Fees provided to you. Specialty services may not be available in all areas.



• Orthodontics Included For adults and children

• No Limit On Visits Or Services Visit the dentist as many times as you need

• No Deductible You know your price before you go

• No Claim Forms No insurance forms

• No Waiting Period Sign up today and use your benefits today

Sign up today and use your benefits today!

Individual and Family Plans

Individual Rate \$89/year
Family Rate\$139/year

Discounts on General and Specialty Fee Services are included. Specialty Services not available in all locations.

Over 70 Locations To Serve You In Florida

For a FULL list visit our website: www.GreenbergDental.com



Greenberg Dental Discount Program



No Dental Insurance? No Problem!

Free Initial Exam and X-rays When You Sign Up Today!

General Dentistry Fee Schedule

CDT Code		Member Co-Pay	Prevailing Fee*	% Savings	CDT Code	Description	Member Co-Pay	Prevailing Fee*	% Savings	
Appointments - Diagnostic					Endodontics - Root Canals					
D0120	Periodic oral exam	\$30	\$63	52%	D3310	Root Canal - Front Tooth (Anterior)	\$600	\$868	31%	
D0140	Limited oral exam	\$30	\$105	71%	D3320	Root Canal - Middle Tooth (Bicuspid)	\$700	\$1,063	34%	
D0150	Comprehensive oral exam	\$40	\$111	64%	D3330	Root Canal - Back Tooth (Molar)	\$800	\$1,319	39%	
Radiographs - X-rays					Prosthodontics - Dentures & Partials					
D0220	Intraoral - periapical	\$15	\$35	57%	D5110	Upper denture	\$1,200	\$1,983	39%	
D0272	Bitewing - two films	\$25	\$58	57%	D5120	Lower denture	\$1,200	\$1,983	39%	
D0274	Bitewing - four films	\$30	\$81	63%	D5211	Upper partial - resin (plastic) base	\$750	\$1,673	55%	
D0330	Panoramic film (includes bitewings)	\$60	\$141	57%	D5212	Lower partial - resin (plastic) base	\$750	\$1,945	61%	
Drouge					D5213	Upper partial - cast metal base w/resin saddles	s \$1,200	\$2,191	45%	
Prevent		\$60	\$114	47%	D5214	Lower partial - cast metal base w/resin saddle	s \$1,200	\$2,191	45%	
D1110	Prophylaxis (cleaning) Prophylaxis - child	\$00 \$40	\$114 \$78	47%	Prosthodontics - Fixed - Bridge Pontics					
D1120	Topical application of fluoride - child	\$40 \$20	\$70 \$45	49% 56%	D6241	Pontic - porcelain fused to base metal	\$700	\$1,240	44%	
D1200	Sealant - per tooth	\$20 \$25	\$ 4 5 \$70	50 % 64%	D6245	Pontic - porcelain/ceramic	\$800	\$1,385	42%	
		φ2J	\$70	04 /0	D6751	Crown - porcelain fused to base metal	\$700	\$1,272	45%	
Restorative Fillings					D6740	Retainer - porcelain/ceramic	\$800	\$1,400	43%	
D2330	White - anterior one surface	\$100	\$190	47%	Oral Cu	waaw. Extractions				
D2331	White - anterior two surfaces	\$125	\$242	48%		irgery - Extractions	± ∲100	ф <u>о</u> ро	450/	
D2332	White - anterior three surfaces	\$150	\$296	49%	D7140	Extraction, erupted tooth or exposed roo		\$220	45%	
D2391	White - one surface posterior	\$150	\$222	32%	D7210	Surgical extraction - erupted tooth	\$160	\$314	49%	
D2392	White - two surfaces posterior	\$175	\$291	40%	Periodontics - Gum Treatment					
D2393	White - three surfaces posterior	\$225	\$361	38%	D4341	Periodontal scaling & root planing - per quadra	ant \$160	\$301	47%	
Crown	Single Posterations				D4355	Full mouth debridement	\$90	\$206	56%	
	Crown - Single Restorations D2740 Crown - porcelain/ceramic substrate (metal-free) \$800 \$1,418 44%			Adjunctive - General Services						
D2740 D2751	Crown - porcelain fused to base metal	\$700	\$1,410	46%	D9972	Bleaching - per arch	\$250	\$435	43%	
D2950	Core buildup	\$150	\$325	54%						
D2954	Prefabricated post and core in addition to crown	n \$200	\$410	51%						

Specialty Fee Schedule

CDT Code		ember o-Pay	Prevailing Fee*	% Savings	CDT Code	Description	Member Co-Pay	Prevailing Fee*	% Savings	
Periodo	ontist - Gum Treatment Specialist				Endodonti	ist - Root Canal Specialist				
D0180	Periodontal exam (applied towards treatment	\$65	\$120	46%	D0140	Limited Oral Exam (applied towards treatm	nent) \$40	\$105	62%	
D0210	Full Mouth Series of X-rays (including BW's)	\$90	\$177	49%	D2950	Crown Buildup	\$180	\$325	45%	
D4249	Clinical crown lengthening - hard tissue	\$660	\$1,318	50%	D3310	Root Canal - Front tooth (Anterio			20%	
D4260	Osseous Surgery 4 contiguous teeth	\$960	\$2,003	52%						
D4261	Osseous Surgery 1-3 contiguous teeth	\$760	\$1,075	29%	D3320	Root Canal - Middle tooth (bicus)			21%	
D4273	Subepithelial connective tissue graft-per tooth	\$780	\$1,740	55%	D3330	Root Canal - Back Tooth (Molar)	\$1,15	0 \$1,500	23%	
D4341	Perio scale & root planing 4/more teeth/quad	\$220	\$301	27%	Oral Surgeon- Extractions - Specialist					
D4342	Perio scale & root planing 1-3 teeth/quad	\$150	\$201	25%	D0140	Limited Oral Exam (applied towards treatm	nent) \$40	\$105	62%	
D4355	Full mouth debridement - perio	\$120	\$210	43%	D7210	Surgical extraction - erupted tool	h \$226	\$314	28%	
D4910	Periodontal maintenance after therapy	\$110	\$189	42%	D7220-D7240	Removal of Impacted Tooth	\$350	\$654	46%	
Pedodo	ntist- Children Specialist				D9239	IV Moderate Sedation	\$350	\$468	25%	
D0140	Limited Oral Exam (applied towards treatment)	\$40	\$105	62%	Orthodontist - Braces - Specialist (auto debit required)					
D0272	Bitewing - two films	\$26	\$58	55%	D8660	Orthodontic Exam			1000/	
D0330	Panoramic film	\$60	\$141	57%			FREE		100%	
D1120	Child Cleaning - Prophylaxis	\$50	\$78	36%	D8080	Comprehensive Ortho Treatment-Child (24 mor	iths) \$4,19	5 \$5,600	25%	
D1208	Topical application of fluoride	\$20	\$45	56%	D8090	Comprehensive Ortho Treatment-Adult (24 mo	nths) \$4,49	5 \$6,000	25%	
D1351	Sealant per tooth	\$40	\$70	43%						
D1510	Space maintainer - fixed - unilateral	\$220	\$401	45%						
D2330	White - anterior one surface	\$120	\$190	37%						
D2331	White - anterior two surface	\$175	\$242	28%		Specialty So	ervi	Ces		
D2332	White - anterior three surface	\$200	\$296	32%	2					
D2391	White - one surface posterior	\$150	\$222	32%	E P	Pediatrics Child	ren's	Specia	alist	
D2392	White - two surfaces posterior	\$225	\$300	25%	0.		-1:	1 1		
D2393	White- three surfaces posterior	\$288	\$384	25%	Or	al Surgery Inclu	aing	Impla	nts	
D2930	Stainless steel, primary	\$220	\$340	35%	En	dodontics R	oot (Canals		
D2931	Stainless steel, permanent	\$300	\$404	26%						
D2929	Prefab Porc/Ceramic Crown-Primary tooth	\$390	\$519	25%	Pe	riodontics G	um D	isease		
D2940	Sedative filling	\$60	\$130	54%						
D2950	Core buildup	\$180	\$325	45%	Pro	osthodontics Den	tures,	, Parti	als	
D3220	Therapeutic pulpotomy (excl restoration)	\$180	\$276	35%						
D7140	Extraction, erupted primary tooth or exposed root	\$140	\$220	36%			*Dot	a ara aubias	to abanca	
D9230	Nitrous Oxide Sedation	\$100	\$150	25%			nate	es are subjec	to change	

Rates are subject to periodic change without prior notification. This fee schedule only applies to procedures performed by General Dentists. Non-listed procedures are provided to all members at 25% off the dentists' prevailing fee. *Greenberg Dental traditional fee 2022.

All Specialty services are NOT listed; only the most common procedures are listed. Non-listed procedures are provided to all members at 25% off the dentists' prevaiing fee. Specialty services may not be available in all areas. *Greenberg Dental traditional fee 2022. Version 06.08.22

www.GreenbergDental.com