

#### 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%-80% 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
- Specialty Services

**Pediatrics** Oral Surgery Endodontics root canals Periodontics

children's specialist including implants gum disease Prosthodontics dentures, partials

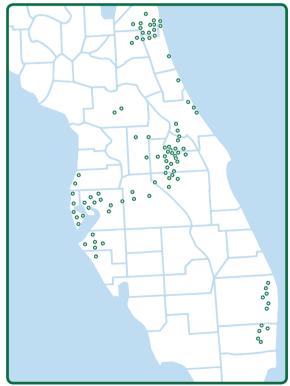
Sign up today and use your benefits today!

### 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 90 Locations** To Serve You In Florida



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**

# **Specialty 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	\$54	44%	D3310	Root Canal - Front Tooth (Anterior)	\$500	\$776	36%		
D0140	Limited oral exam	\$30	\$91	67%	D3320	Root Canal - Middle Tooth (Bicuspid)	\$600	\$951	37%		
D0150	Comprehensive oral exam	\$40	\$96	58%	D3330	Root Canal - Back Tooth (Molar)	\$700	\$1,179	41%		
Radiographs - X-rays					Prosthodontics - Dentures & Partials						
D0220	Intraoral - periapical	\$12	\$30	60%	D5110	Upper denture	\$900	\$1,829	51%		
D0272	Bitewing - two films	\$26	\$48	46%	D5120	Lower denture	\$900	\$1,829	51%		
D0274	Bitewing - four films	\$26	\$68	62%	D5211	Upper partial - resin (plastic) base	\$650	\$1,544	58%		
D0330	Panoramic film (includes bitewings)	\$60	\$115	48%	D5212	Lower partial - resin (plastic) base	\$650	\$1,794	64%		
Preven	tive				D5213	Upper partial - cast metal base w/resin sadd	es \$950	\$2,021	53%		
D1110	Prophylaxis (cleaning)	\$54	\$94	43%	D5214	Lower partial - cast metal base w/resin saddle	es \$950	\$2,021	53%		
D1120	Prophylaxis - child	\$30	\$66	55%	D5410	Denture adjustment (upper)	\$40	\$100	60%		
D1208	Topical application of fluoride - child	\$14	\$40	65%	D5411	Denture adjustment (lower)	\$40	\$100	60%		
D1351	Sealant - per tooth	\$25	\$62	60%	Prosthodontics - Fixed - Bridge Pontics						
Restora	ative Fillings				D6241	Pontic - porcelain fused to base metal	\$590	\$1,063	44%		
D2140	Amalgam - Silver one surface, child or adul	t \$70	\$154	55%	D6245	Pontic - porcelain/ceramic	\$690	\$1,187	42%		
D2150	Amalgam - Silver two surfaces, child or adul		\$199	57%	D6751	Crown - porcelain fused to base metal	\$590	\$1,093	46%		
D2160	Amalgam - Silver three surfaces, child or adul		\$240	58%	D6740	Retainer - porcelain/ceramic	\$690	\$1,203	43%		
D2330	Resin - White - anterior one surface	\$70	\$164	57%	Oral Surgery - Extractions						
D2331	Resin - White - anterior two surfaces	\$86	\$210	59%	D7140	Extraction, erupted tooth or exposed roo	\$100	\$196	49%		
D2332	Resin - White - anterior three surfaces	\$100	\$257	61%	D7210	Surgical extraction - erupted tooth	\$140	\$297	53%		
Crown	Cingle Posterotions				D7510	Incision and drainage of abscess - intraor	al \$110	\$369	70%		
D2740	Crown - Single Restorations				Periodontics - Gum Treatment						
D2740 D2751	Crown - porcelain/ceramic substrate (metal-free Crown - porcelain fused to base metal	\$590	\$1,213 \$1,115	43% 47%	D4341	Periodontal scaling & root planing - per quadra	nt \$130	\$258	50%		
D2751	Re-cement crown	\$590 \$50	\$1,115	55%	D4355	Full mouth debridement	\$70	\$176	60%		
D2950	Core buildup	\$120	\$287	58%	Adjunctive - General Services						
D2954	Prefabricated post and core in addition to crown		\$362	53%	D9972	Bleaching - both upper and lower arches	\$198	\$354	44%		
DZJJ4	i relabilicated post and core in addition to crowl	ι ψ1/0	ΨΟυΖ	JJ /0	DJJ/Z	Dieaching - Dour upper and lower diches	φισυ	φυυ <del>Υ</del>	<del>'1'1</del> /0		

CDT Code		Member Co-Pay	Prevailing Fee*	% Savings
Periodo	ontist - Gum Treatment Specialist	40	1400	90
D0180	Periodontal exam (applied towards treatment	t) \$46	\$151	70%
D0210	Full Mouth Series of X-rays (including BW'	s) \$70	\$111	37%
D4249	Clinical crown lengthening - hard tissue	\$540	\$1,295	58%
D4260	Osseous Surgery 4 contiguous teeth	\$780	\$1,968	60%
D4261	Osseous Surgery 1-3 contiguous teeth	\$426	\$1,056	60%
D4273	Subepithelial connective tissue graft-per toot	h \$680	\$1,709	60%
D4341	Perio scale & root planing 4/more teeth/quad	\$198	\$306	35%
D4342	Perio scale & root planing 1-3 teeth/quad	\$136	\$177	23%
D4355	Full mouth debridement - perio	\$120	\$210	43%
D4910	Periodontal maintenance after therapy	\$110	\$189	42%
Pedodo	ntist - Children's Specialist			
D0140	Limited Oral Exam (applied towards treatment	30 \$30	\$97	69%
D0272	Bitewing - two films	\$26	\$52	50%
D0330	Panoramic film	\$50	\$126	60%
D1120	Child Cleaning - Prophylaxis	\$36	\$75	52%
D1208	Topical application of fluoride	\$18	\$40	55%
D1351	Sealant per tooth	\$32	\$63	49%
D1510	Space maintainer - fixed - unilateral	\$186	\$359	48%
D2140	Amalgam - Silver one surface, child or adult	t \$75	\$189	60%
D2150	Amalgam - Silver two surface, child or adul	t \$95	\$245	61%
D2160	Amalgam - Silver three surface, child or adult	t \$120	\$296	59%
D2330	Resin - White - anterior one surface	\$105	\$179	41%
D2331	Resin - White - anterior two surfaces	\$125	\$228	45%
D2332	Resin - White - anterior three surfaces	\$160	\$279	43%
D2391	Resin - one surface posterior	\$105	\$209	50%
D2392	Resin - two surfaces posterior	\$125	\$274	54%
D2393	Resin - three surfaces posterior	\$160	\$340	53%
D2930	Stainless steel, primary	\$140	\$366	62%
D2931	Stainless steel, permanent	\$160	\$368	57%
D2929	Prefab Porc/Ceramic Crown-Primary tooth	\$290	\$473	39%
D2940	Sedative filling	\$40	\$124	68%
D2950	Core buildup	\$120	\$311	61%
D3220	Therapeutic pulpotomy (excl. restoration)	\$128	\$234	45%
D7140	Extraction, erupted primary tooth or exposed root	\$100	\$221	55%
D9230	Nitrous Oxide Sedation	\$60	\$86	30%

CDT Code	Description	Member Co-Pay	Prevailing Fee*	% Savings
Endodo	ntist - Root Canal Specialist			
D0140	Limited Oral Exam (applied towards treatment	) \$30	\$97	69%
D2950	Crown Buildup	\$120	\$311	61%
D3310	Root Canal - Front tooth (Anterior)	\$750	\$840	11%
D3320	Root Canal - Middle tooth (bicuspid)	\$850	\$1,029	17%
D3330	Root Canal - Back Tooth (Molar)	\$950	\$1,276	26%
D3331	Treatment of RCT Obstruction	\$150	\$329	54%
D3346	Retreat Previous Root Canal - Anterior	\$800	\$1,120	29%
D3347	Retreat Previous Root Canal - Bicuspid	\$900	\$1,318	32%
D3348	Retreat Previous Root Canal - Molar	\$1,000	\$1,630	39%
Prostho	dontist - Denture, Partial and Implan	t Restora	tive Speci	alist
D0140	Limited Oral Exam (applied towards treatment	) \$30	\$97	69%
D5110	Upper denture - premium	\$1,658	\$2,209	25%
D5120	Lower denture - premium	\$1,658	\$2,209	25%
05211	Upper partial - resin (plastic) base - premium	\$1,398	\$1,864	25%
05212	Lower partial - resin (plastic) base - premium	\$1,626	\$2,166	25%
05213	Upper partial - cast metal base w/resin saddles	\$1,832	\$2,441	25%
D5214	Lower partial - cast metal base w/resin saddles	\$1,832	\$2,441	25%
D2740	Crown - porcelain/ceramic substrate	\$947	\$1,263	25%
D2751	Crown - porcelain fused to base metal	\$870	\$1,160	25%
Prostho	dontist - Fixed Bridges			
D6241	Pontic - porcelain fused to base metal	\$848	\$1,131	25%
D6245	Pontic - porcelain/ceramic	\$950	\$1,266	25%
D6751	Crown - porcelain fused to base metal	\$890	\$1,186	25%
D6740	Retainer - porcelain/ceramic	\$980	\$1,306	25%
Oral Su	rgeon - Extractions - Specialist			
D0140	Limited Oral Exam (applied towards treatment)	\$30	\$97	69%
D7210	Surgical extraction - erupted tooth	\$216	\$334	35%
D7220-D7	7240 Removal of Impacted Tooth	\$300	\$654	54%
D9239	IV Moderate Sedation	\$300	\$800	63%
Orthodo	ontist - Braces - Specialist (auto debi	it require	d)	
D8660	Orthodontic Exam	FREE	\$400	100%
D8080	Comprehensive Ortho Treatment-Child (24 months		\$5,230	24%
D8090	Comprehensive Ortho Treatment-Adult (24 months)		\$5,300	21%
D8999	Ceramic (Clear) Braces - Upper Teeth	\$250	\$500	50%
	Ceramic (Clear) Braces - Upper and Lower Teet Damon Brackets	h \$400 \$4,495	\$800	50%

Rates are subject to periodic change without prior notification. This fee schedule applies to procedures performed by General Dentists and Orthodontists only. Non-listed procedures are provided to all members at 25% off the dentists' usual and customary fee. Specialty services may not be available in all areas. For procedures performed by Dental Specialists, please refer to the Greenberg Dental Discount Program. \*Greenberg Dental traditional fee 2018.

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' usual and customary fee.

Specialty services may not be available in all areas. \*Greenberg Dental traditional fee 2018. Revised 1.1.18.