

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 8  
 Anna's Floral Designs

Group No.: 25305

Insurance Co. ID: 17  
 Ameritas

Plan Type: *Dental*

PO Box 5874  
 Lincoln, NE 68516  
 (800)555-9055 x  
 Contact: Mrs. Kimberly Hamilton

# Fictitious Data

**Coverage By Class**

**% Ded Wait Pd**

Class	Code Range	%	Ded	Wait Pd
Diagnostic	[0100.00-0199.99]:	100 %	N	0
Xray	[0200.00-0999.99]:	100 %	N	0
Preventive	[1000.00-1999.99]:	100 %	N	0
Restorative	[2000.00-2599.99]:	80 %	Y	0
	[2900.00-2999.99]			
Inlays&Onlays	[2510.00-2664.99]:	50 %	Y	0
Posts	[2950.00-2955.99]:	80 %	Y	0
Endodontics	[3000.00-3999.99]:	80 %	Y	0
Periodontics	[4000.00-4999.99]:	80 %	Y	0
Prosthodontics-R.	[5000.00-5999.99]:	50 %	Y	0
Prosthodontics-F.	[6000.00-6999.99]:	50 %	Y	0
Crowns	[2600.00-2899.99]:	50 %	Y	0
Oral Surgery	[7000.00-7999.99]:	80 %	Y	0
Orthodontics	[8000.00-8999.99]:	50 %	Y	0
Adj. Services	[9000.00-9999.99]:	80 %	N	0

Max Coverage: 1,000.00  
 Max Coverage Ortho: 0.00  
 Family Deductible: 50.00  
 Individual Deductible: 25.00  
 Prior Authorization Req.: Y  
 Effective Month: January  
 Form Number: 1  
 Estimation Type: **% PPO**

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
110.00	Initial Oral Exam	61.00	40.00	40.00	100 %	01/04/2010
120.00	Periodic oral evaluation - est.	36.00	36.00	36.00	100 %	01/04/2010
130.00	Emergency Oral Exam	61.00	43.00	43.00	100 %	01/04/2010
140.00	Limited Oral Evaluation - Pro	48.00	25.00	25.00	100 %	01/04/2010
150.00	Comprehensive Oral Eval - No	69.00	45.00	45.00	100 %	01/04/2010
160.00	Detailed and Extensive Oral E	150.00	118.00	118.00	100 %	01/04/2010
210.00	Intraoral - Complete Series (Ir	121.00	95.00	95.00	100 %	01/04/2010
211.00		28.00	0.00	0.00	100 %	01/04/2010
220.00	Intraoral - Periapical - First Fi	20.00	22.00	20.00	100 %	01/04/2010
230.00	Intraoral - Periapical - Each A	29.00	20.00	20.00	100 %	01/04/2010
240.00	Intraoral - Occlusal Film	26.00	19.00	19.00	100 %	01/04/2010
250.00	Extraoral - First Film	34.00	24.00	24.00	100 %	01/04/2010
260.00	Extraoral - Each Additional Fi	34.00	25.00	25.00	100 %	01/04/2010
272.00	Bitewings - Two Films	35.00	43.00	35.00	100 %	01/04/2010
273.00	Bitewings - three films	61.00	45.00	45.00	100 %	01/04/2010

Bluebook entries continued on next page....

Sample

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 Ameritas

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PO Box 5874  
 Lincoln, NE 68516  
 (800)555-9055 x  
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**Fictitious Data**

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
274.00	Bitewing Films, 4 Films	52.00	49.00	49.00	100 %	01/04/2010
320.00	TMJ, Including Injection	210.00	209.00	209.00	100 %	01/04/2010
321.00	Tmj Articulation X-ray Surve	49.00	43.00	43.00	100 %	01/04/2010
330.00	Panographic-type Film	81.00	79.00	79.00	100 %	01/04/2010
340.00	Cephalometric Film Only	32.00	31.00	31.00	100 %	01/04/2010
341.00	Cephalometric Film, Each Ad	25.00	13.00	13.00	100 %	01/04/2010
350.00	Orthodontic X-ray Survey	91.00	70.00	70.00	100 %	01/04/2010
1110.00	Prophylaxis - Adult	66.00	57.00	57.00	100 %	01/04/2010
1120.00	Prophylaxis Children Under 1	63.00	51.00	51.00	100 %	01/04/2010
1201.00	Prophylaxis And Fluoride Tx	63.00	53.00	53.00	100 %	01/04/2010
1203.00	Topical Application Of Fluori	17.00	15.00	15.00	100 %	01/04/2010
1204.00	Topical Application Of Fluori	17.00	0.00	0.00	100 %	01/04/2010
1205.00	Prophylaxis And Fluoride Tx	66.00	58.00	58.00	100 %	01/04/2010
1330.00	Oral Hygiene Instructions	38.00	0.00	0.00	100 %	01/04/2010
1351.00	Sealant-per Tooth	43.00	19.00	19.00	100 %	01/04/2010
1360.00	Infection Control Charge	5.00	0.00	0.00	100 %	01/04/2010
1510.00	Fixed,unilateral Band Type Sp	200.00	150.00	150.00	100 %	01/04/2010
1511.00	Fixed Stainless Steel Crown S	168.00	165.00	165.00	100 %	01/04/2010
1515.00	Fixed Lingual Bar Space Mai	227.00	220.00	220.00	100 %	01/04/2010
1525.00	Removable Plastic Space Mai	227.00	220.00	220.00	100 %	01/04/2010
1526.00	Additional Clasps On Space I	23.00	20.00	20.00	100 %	01/04/2010
1530.00	Fixed Or Removable Inhibiti	147.00	145.00	145.00	100 %	01/04/2010
2140.00	Amalgam - 1 Surfaces	96.00	62.50	50.00	80 %	01/04/2010
2150.00	Amalgam - 2 Surfaces	106.00	92.50	74.00	80 %	01/04/2010
2160.00	Amalgam - 3 Surfaces	125.00	112.50	90.00	80 %	01/04/2010
2161.00	Amalgam - 4+ Surfaces	152.00	150.00	120.00	80 %	01/04/2010
2330.00	Anterior Resin Restoration	103.00	100.00	80.00	80 %	01/04/2010
2331.00	Anterior Resin 2 Surface	103.00	100.00	80.00	80 %	01/04/2010
2334.00	Pin Retention Per Tooth	70.00	68.75	55.00	80 %	01/04/2010
2335.00	Anterior Resin Involving Incis	157.00	150.00	120.00	80 %	01/04/2010

Bluebook entries continued on next page....

Sample

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Plan Type: *Dental*

PO Box 5874  
 Lincoln, NE 68516  
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# Fictitious Data

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
2392.00	Resin Composite-2 Surfaces, 1	85.00	81.25	65.00	80 %	01/04/2010
2510.00	Gold Restoration One Surface	429.00	400.00	200.00	50 %	01/04/2010
2520.00	Gold Restoration Two Surface	513.00	400.00	200.00	50 %	01/04/2010
2530.00	Gold Restoration Three Or More	593.00	500.00	250.00	50 %	01/04/2010
2540.00	Onlay, In Addition To Inlay	145.00	140.00	70.00	50 %	01/04/2010
2610.00	Porcelain Inlay 1 Surface	481.00	440.00	220.00	50 %	01/04/2010
2620.00	Porcelain Inlay 2 Surfaces	491.00	480.00	240.00	50 %	01/04/2010
2630.00	Porcelain Inlay 3 Surfaces	551.00	540.00	270.00	50 %	01/04/2010
2640.00	Porcelain Inlay 4 Surfaces	514.00	500.00	250.00	50 %	01/04/2010
2650.00	Inlay-composite/resin 1 Surface	427.00	400.00	200.00	50 %	01/04/2010
2651.00	Inlay-composite/resin 2 Surfaces	485.00	400.00	200.00	50 %	01/04/2010
2652.00	Inlay-composite/resin 3 Surfaces	539.00	520.00	260.00	50 %	01/04/2010
2710.00	Crown - Resin (Indirect)	297.00	290.00	145.00	50 %	01/04/2010
2740.00	Porcelain Crown	680.00	500.00	250.00	50 %	01/04/2010
2745.00	Crown On Implant	970.00	960.00	480.00	50 %	01/04/2010
2750.00	Crown Porcelain High Noble Metal	680.00	520.00	260.00	50 %	01/04/2010
2751.00	Crown Porcelain Non Precious Metal	659.00	600.00	300.00	50 %	01/04/2010
2752.00	Crown Porcelain Semi Precious Metal	680.00	520.00	260.00	50 %	01/04/2010
2790.00	Cast Crown High Noble Metal	680.00	600.00	300.00	50 %	01/04/2010
2791.00	Cast Crown Predominantly Base Metal	630.00	600.00	300.00	50 %	01/04/2010
2792.00	Cast Crown/noble Metal	680.00	640.00	320.00	50 %	01/04/2010
2810.00	3/4 Crown Cast Metal	630.00	600.00	300.00	50 %	01/04/2010
2830.00	Stainless Steel Crown Primary	135.00	130.00	65.00	50 %	01/04/2010
2831.00	Stainless Steel Crown Permanent	227.00	200.00	100.00	50 %	01/04/2010
2891.00	Cast Post Core Or Coping Lat	249.00	240.00	120.00	50 %	01/04/2010
2910.00	Inlay(recementation)	54.00	50.00	40.00	80 %	01/04/2010
2920.00	Crown(recementation)	54.00	50.00	40.00	80 %	01/04/2010
2940.00	Sedative Filing	34.00	31.25	25.00	80 %	01/04/2010
2950.00	Core Buildup, Including Any	189.00	187.50	150.00	80 %	01/04/2010
2952.00	Preformed Dowel And Post	190.00	187.50	150.00	80 %	01/04/2010

Bluebook entries continued on next page....

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PO Box 5874  
 Lincoln, NE 68516  
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**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
2960.00	Bonded Veneer Chairside	298.00	287.50	230.00	80 %	01/02/2006
2961.00	Resin Veneer Laboratory	351.00	343.75	275.00	80 %	01/02/2006
2962.00	Porcelain Laminate Laborator	659.00	650.00	520.00	80 %	01/02/2006
3110.00	Direct Pulp Cap	54.00	50.00	40.00	80 %	01/02/2006
3120.00	Indirect Pulp Cap & Temp Re	59.00	56.25	45.00	80 %	01/02/2006
3210.00	Therapeutic Pulpotomy	78.00	75.00	60.00	80 %	01/02/2006
3220.00	Vital Pulpotomy	78.00	75.00	60.00	80 %	01/02/2006
3310.00	Root Canal One Canal	416.00	380.00	304.00	80 %	01/02/2006
3320.00	Root Canal Two Canals	497.00	450.00	360.00	80 %	01/02/2006
3330.00	Root Canal Three Canals	605.00	500.00	400.00	80 %	01/02/2006
3340.00	Root Canal Four Canals	691.00	687.50	550.00	80 %	01/02/2006
3350.00	Apexification	542.00	500.00	400.00	80 %	01/02/2006
3410.00	Apioectomy	416.00	375.00	300.00	80 %	01/02/2006
3421.00	Apioectomy Bicuspid	497.00	437.50	350.00	80 %	01/02/2006
3430.00	Retrograde Filling Per Tooth	58.00	56.25	45.00	80 %	01/02/2006
3450.00	Root Amputation- Per Root	108.00	100.00	80.00	80 %	01/02/2006
3460.00	Endodontic Endosseous Impla	1,080.00	1,075.00	860.00	80 %	01/02/2006
3920.00	Hemisection	154.00	125.00	100.00	80 %	01/02/2006
3957.00	Replacement Bleach Solution	108.00	106.25	85.00	80 %	01/02/2006
3958.00	Initial Retainer For Bleaching	54.00	54.00	43.20	80 %	01/02/2006
3959.00	Replacement Retainer For Ble	108.00	108.00	86.40	80 %	01/02/2006
3960.00	Bleaching Of Discolored Teet	216.00	216.00	172.80	80 %	01/02/2006
3961.00	Beaching Discolored Teeth Nc	98.00	98.00	78.40	80 %	01/02/2006
3962.00	Bleaching Of Vital Teeth Per	98.00	98.00	78.40	80 %	01/02/2006
4110.00	Perio Exam With Charting	38.00	31.25	25.00	80 %	01/02/2006
4210.00	Gingivectomy Or Gingivoplas	216.00	200.00	160.00	80 %	01/02/2006
4211.00	Gingivectomy Or Gingivoplas	54.00	54.00	43.20	80 %	01/02/2006
4260.00	Oss Surg Inc Flap Entry/Clos	642.00	642.00	513.60	80 %	01/02/2006
4262.00	Osseous Graft/Quadrant	378.00	378.00	302.40	80 %	01/02/2006
4268.00	Guided Tissue Regeneration	486.00	486.00	388.80	80 %	01/02/2006

Bluebook entries continued on next page....

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# Fictitious Data

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Code	Description	Fee	Allowed	Paid	Pct	Date
4272.00	Vestibuloplasty,submucosal R	326.00	326.00	260.80	80 %	01/02/2006
4340.00	Full Mouth Root Planing	422.00	375.00	300.00	80 %	01/02/2006
4341.00	Perio S/RP - 4+ Teeth per Qu	145.00	130.00	104.00	80 %	01/02/2006
4345.00	Perio Scaling With Inflammat	97.00	93.75	75.00	80 %	01/02/2006
4355.00	Full Mouth Debridement	97.00	97.00	77.60	80 %	01/02/2006
4910.00	Periodontal Maintenance	97.00	77.00	61.60	80 %	01/02/2006
5110.00	Complete Upper Denture	950.00	800.00	400.00	50 %	01/02/2006
5120.00	Complete Lower Denture	950.00	800.00	400.00	50 %	01/02/2006
5130.00	Immediate Full Upper Dentur	950.00	800.00	400.00	50 %	01/02/2006
5140.00	Immediate Full Lower Dentur	950.00	800.00	400.00	50 %	01/02/2006
5211.00	Partial Acrylic Upper Or Low	513.00	513.00	256.50	50 %	01/02/2006
5213.00	Partial Upper Or Lower Chror	1,274.00	1,274.00	637.00	50 %	01/02/2006
5310.00	Teeth And Clasps Extra Per U	52.00	52.00	26.00	50 %	01/02/2006
5400.00	Denture Adjustment	63.00	63.00	31.50	50 %	01/02/2006
5510.00	Repair Broken Complete Dent	189.00	189.00	94.50	50 %	01/02/2006
5520.00	Replace Missing Tooth Comp	81.00	81.00	40.50	50 %	01/02/2006
5610.00	Broken Full Denture No Teeth	162.00	162.00	81.00	50 %	01/02/2006
5620.00	Repair Cast Framework	189.00	189.00	94.50	50 %	01/02/2006
5640.00	Partial Repair First Tooth Or C	81.00	81.00	40.50	50 %	01/02/2006
5660.00	Partial Repair First Clasp	162.00	162.00	81.00	50 %	01/02/2006
5680.00	Repair Broken Clasp On Parti	45.00	45.00	22.50	50 %	01/02/2006
5690.00	Partial Repair Each Additiona	51.00	51.00	25.50	50 %	01/02/2006
5700.00	Denture Duplication (jump Ca	378.00	378.00	189.00	50 %	01/02/2006
5730.00	Office Reline (cold Cure) Acr	189.00	189.00	94.50	50 %	01/02/2006
5750.00	Denture Reline Laboratory	270.00	270.00	135.00	50 %	01/02/2006
5820.00	Anterior Stayplate(temporary)	378.00	378.00	189.00	50 %	01/02/2006
5850.00	Special Tissue Conditioning P	108.00	108.00	54.00	50 %	01/02/2006
5862.00	Precision Attachment (remove	307.00	307.00	153.50	50 %	01/02/2006
5974.00	Endosseous Implant (in The B	1,350.00	1,350.00	675.00	50 %	01/02/2006
5982.00	Surgical Stent	314.00	314.00	157.00	50 %	01/02/2006

*Bluebook entries continued on next page....*

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 Ameritas

Plan Type: Dental

# Fictitious Data

PO Box 5874  
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**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
6040.00	Subperiosteal Implant	890.00	890.00	445.00	50 %	01/02/2006
6050.00	Mandibular Transosseous Imp	2,781.00	2,781.00	1,390.50	50 %	01/02/2006
6055.00	Implant Connecting Bar	1,080.00	1,080.00	540.00	50 %	01/02/2006
6210.00	Cast Pontic High Noble Metal	680.00	680.00	340.00	50 %	01/02/2006
6211.00	Cast Pontic Prdominantly Bas	630.00	630.00	315.00	50 %	01/02/2006
6212.00	Cast Pontic Noble Metal	680.00	680.00	340.00	50 %	01/02/2006
6240.00	Porcelain Pontic High Noble M	680.00	680.00	340.00	50 %	01/02/2006
6241.00	Porcelain Pontic Non Precious	659.00	659.00	329.50	50 %	01/02/2006
6242.00	Porcelain Pontic Semi Preciou	680.00	680.00	340.00	50 %	01/02/2006
6545.00	Acid Etch Retainer-maryland	227.00	227.00	113.50	50 %	01/02/2006
6600.00	Bridge Sectioning	54.00	54.00	27.00	50 %	01/02/2006
6752.00	Porcelain Crown Noble Metal	680.00	600.00	300.00	50 %	01/02/2006
6790.00	Cast Crown High Noble (brid	680.00	600.00	300.00	50 %	01/02/2006
6930.00	Bridge(recementation)	66.00	66.00	33.00	50 %	01/02/2006
6940.00	Simple Stress Breakers	189.00	189.00	94.50	50 %	01/02/2006
6950.00	Precision Attachment	307.00	307.00	153.50	50 %	01/02/2006
7210.00	Surgical Removal Of Erupted	161.00	161.00	128.80	80 %	01/02/2006
7220.00	Removal Of Impacted Tooth(s	190.00	187.50	150.00	80 %	01/02/2006
7230.00	Removal Of Impacted Tooth(q	211.00	211.00	168.80	80 %	01/02/2006
7240.00	Removal Of Impacted Tooth(c	221.00	221.00	176.80	80 %	01/02/2006
7250.00	Removal Of Residual Root	162.00	162.00	129.60	80 %	01/02/2006
7260.00	Closure Of Oral Fistula Of M:	162.00	162.00	129.60	80 %	01/02/2006
7270.00	Tooth Reimplantation/Stabiliz	162.00	162.00	129.60	80 %	01/02/2006
7272.00	Transplant Of Tooth Or Tooth	162.00	162.00	129.60	80 %	01/02/2006
7280.00	Surgical Access Of Unerupted	162.00	162.00	129.60	80 %	01/02/2006
7281.00	Crown Exposure To Aid Erup	103.00	103.00	82.40	80 %	01/02/2006
7286.00	Biopsy Of Oral Tissue - Soft	81.00	81.00	64.80	80 %	01/02/2006
7310.00	Alvelectomy(w/removal Of r	135.00	135.00	108.00	80 %	01/02/2006
7320.00	Alveoloplasty Not w/Extractic	162.00	162.00	129.60	80 %	01/02/2006
7341.00	Alveoloplasty With Ridge Ext	430.00	430.00	344.00	80 %	01/02/2006

Bluebook entries continued on next page....

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Group No.: 25305

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*Ameritas*Plan Type: *Dental*PO Box 5874  
Lincoln, NE 68516  
(800)555-9055 x  
Contact: Mrs. Kimberly Hamilton**Fictitious Data****Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
7360.00	Reduction Of Tuberosity,unilat	80.00	80.00	64.00	80 %	01/02/2006
7425.00	Excision Of Pericoronal Tissu	68.00	68.00	54.40	80 %	01/02/2006
7450.00	Remov Odontogenic Up To 1.	215.00	215.00	172.00	80 %	01/02/2006
7451.00	Removal Odontogenic > 1.25	326.00	326.00	260.80	80 %	01/02/2006
7470.00	Removal Of Palatal Torus	245.00	245.00	196.00	80 %	01/02/2006
7471.00	Removal Of Lateral Exostosis	245.00	245.00	196.00	80 %	01/02/2006
7510.00	Incision And Drainage-Soft T	63.00	63.00	50.40	80 %	01/02/2006
7520.00	Extraoral Incision & Drainage	109.00	109.00	87.20	80 %	01/02/2006
7530.00	Removal Of Foreign Body	164.00	164.00	131.20	80 %	01/02/2006
7540.00	Removal Of Foreign Body Fr	164.00	164.00	131.20	80 %	01/02/2006
7550.00	Part Ostectomy/Sequestrecton	227.00	227.00	181.60	80 %	01/02/2006
7910.00	Suture Of Recent Small Wour	83.00	83.00	66.40	80 %	01/02/2006
7960.00	Frenectomy	153.00	153.00	122.40	80 %	01/02/2006
7970.00	Excision Of Hyperplastic Tiss	181.00	181.00	144.80	80 %	01/02/2006
7980.00	Sialolithotomy-intraorally	42.00	42.00	33.60	80 %	01/02/2006
7981.00	Sialolithotomy-extraorally	245.00	245.00	196.00	80 %	01/02/2006
7993.00	Implant Of Facial Bones- Allc	83.00	83.00	66.40	80 %	01/02/2006
8080.00	Complete Ortho Case	3,000.00	3,000.00	1,500.00	50 %	01/02/2006
9972.00	External Bleaching - Per Arch	800.00	800.00	640.00	80 %	01/02/2006

**There are 184 bluebook entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 4  
**Baltimore City Police**

Group No.: 7897987

Insurance Co. ID: 2  
**Aetna**

9220 Sand Lake Circle  
 Orlando, FL 32098  
 1(800)892-8200 x019

Plan Type: **Dental**

Contact:

# Fictitious Data

Coverage By Class	%	Ded	Wait Pd		
Diagnostic	[0100.00-0199.99]: 100 %	N	0		
Xray	[0200.00-0999.99]: 100 %	N	0	Max Coverage:	1,000.00
Preventitive	[1000.00-1999.99]: 100 %	N	0	Max Coverage Ortho:	0.00
Restorative	[2000.00-2599.99]: 80 %	Y	0		
	[2900.00-2999.99]			Family Deductible:	50.00
Inlays&Onlays	[2510.00-2664.99]: 50 %	Y	0	Individual Deductible:	25.00
Posts	[2950.00-2955.99]: 80 %	Y	0		
Endodontics	[3000.00-3999.99]: 80 %	Y	0	Prior Authorization Req.:	Y
Periodontics	[4000.00-4999.99]: 80 %	Y	0	Effective Month:	January
Prosthodontics-R.	[5000.00-5999.99]: 50 %	Y	0		
Prosthodontics-F.	[6000.00-6999.99]: 50 %	Y	0	Form Number:	1
Crowns	[2600.00-2899.99]: 50 %	Y	0		
Oral Surgery	[7000.00-7999.99]: 80 %	Y	0	Estimation Type:	<b>Percent</b>
Orthodontics	[8000.00-8999.99]: 50 %	Y	0		
Adj. Services	[9000.00-9999.99]: 80 %	N	0		

### Bluebook Entries

Code	Description	Fee	Allowed	Paid	Pct	Date
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**No Bluebook Entries for this plan.**



## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 5  
 Baltimore County Fire Fighters

Group No.: 92900

Insurance Co. ID: 2

**Aetna**  
 9220 Sand Lake Circle  
 Orlando, FL 32098  
 1(800)892-8200 x019

Plan Type: *Dental*

Contact:

# Fictitious Data

**Coverage By Class**

**% Ded Wait Pd**

		%	Ded	Wait Pd
Diagnostic	[0100.00-0199.99]:	100 %	N	0
Xray	[0200.00-0999.99]:	100 %	N	0
Preventitive	[1000.00-1999.99]:	100 %	N	0
Restorative	[2000.00-2599.99]:	80 %	Y	0
	[2900.00-2999.99]			
Inlays&Onlays	[2510.00-2664.99]:	50 %	Y	0
Posts	[2950.00-2955.99]:	80 %	Y	0
Endodontics	[3000.00-3999.99]:	80 %	Y	0
Periodontics	[4000.00-4999.99]:	80 %	Y	0
Prosthodontics-R.	[5000.00-5999.99]:	50 %	Y	0
Prosthodontics-F.	[6000.00-6999.99]:	50 %	Y	0
Crowns	[2600.00-2899.99]:	50 %	Y	0
Oral Surgery	[7000.00-7999.99]:	80 %	Y	0
Orthodontics	[8000.00-8999.99]:	50 %	Y	0
Adj. Services	[9000.00-9999.99]:	80 %	N	0

Max Coverage: 1,000.00  
 Max Coverage Ortho: 0.00  
 Family Deductible: 50.00  
 Individual Deductible: 25.00  
 Prior Authorization Req.: Y  
 Effective Month: January  
 Form Number: 1  
 Estimation Type: **Percent**

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
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**No Bluebook Entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 7  
**Bank Of America**

Group No.: 39393

Insurance Co. ID: 5  
**Connecticut General**

P.O. Box 3839  
 Bakersfield, CA 91722  
 (800)929-2999 x

Plan Type: **Dental**

# Fictitious Data

Contact:

**Coverage By Class**

**% Ded Wait Pd**

		%	Ded	Wait Pd
Diagnostic	[0100.00-0199.99]:	100 %	N	0
Xray	[0200.00-0999.99]:	100 %	N	0
Preventitive	[1000.00-1999.99]:	100 %	N	0
Restorative	[2000.00-2599.99]:	80 %	Y	0
	[2900.00-2999.99]			
Inlays&Onlays	[2510.00-2664.99]:	50 %	Y	0
Posts	[2950.00-2955.99]:	80 %	Y	0
Endodontics	[3000.00-3999.99]:	80 %	Y	0
Periodontics	[4000.00-4999.99]:	80 %	Y	0
Prosthodontics-R.	[5000.00-5999.99]:	50 %	Y	0
Prosthodontics-F.	[6000.00-6999.99]:	50 %	Y	0
Crowns	[2600.00-2899.99]:	50 %	Y	0
Oral Surgery	[7000.00-7999.99]:	80 %	Y	0
Orthodontics	[8000.00-8999.99]:	50 %	Y	0
Adj. Services	[9000.00-9999.99]:	80 %	N	0

Max Coverage: 1,000.00  
 Max Coverage Ortho: 0.00  
 Family Deductible: 50.00  
 Individual Deductible: 25.00  
 Prior Authorization Req.: Y  
 Effective Month: January  
 Form Number: 1  
 Estimation Type: **Percent**

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
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**No Bluebook Entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 9  
*Baxter Refinishing*

Group No.: 4652034

Insurance Co. ID: 16  
**General American**

Plan Type: *Dental*

# Fictitious Data

PO Box 99958  
 St. Louis, MO 63147  
 (800)555-4652 x  
 Contact: Mr. Ron Demme

**Coverage By Class**

**% Ded Wait Pd**

		%	Ded	Wait Pd
Diagnostic	[0100.00-0199.99]:	100 %	N	0
Xray	[0200.00-0999.99]:	100 %	N	0
Preventitive	[1000.00-1999.99]:	100 %	N	0
Restorative	[2000.00-2599.99]:	80 %	Y	0
	[2900.00-2999.99]			
Inlays&Onlays	[2510.00-2664.99]:	50 %	Y	0
Posts	[2950.00-2955.99]:	80 %	Y	0
Endodontics	[3000.00-3999.99]:	80 %	Y	0
Periodontics	[4000.00-4999.99]:	80 %	Y	0
Prosthodontics-R.	[5000.00-5999.99]:	50 %	Y	0
Prosthodontics-F.	[6000.00-6999.99]:	50 %	Y	0
Crowns	[2600.00-2899.99]:	50 %	Y	0
Oral Surgery	[7000.00-7999.99]:	80 %	Y	0
Orthodontics	[8000.00-8999.99]:	50 %	Y	0
Adj. Services	[9000.00-9999.99]:	80 %	N	0

Max Coverage: 1,000.00  
 Max Coverage Ortho: 0.00  
 Family Deductible: 50.00  
 Individual Deductible: 25.00  
 Prior Authorization Req.: Y  
 Effective Month: January  
 Form Number: 1  
 Estimation Type: **Flat Fee PPO**

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Copay	Date
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**No Bluebook Entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 6  
**Black & Decker**

Group No.: 778-09

Insurance Co. ID: 4  
**Cigna**

# Fictitious Data

P.O. Box C1920  
 Meridan, CT 06450  
 (203)555-9387 x

Plan Type: **Dental**

Contact:

**Coverage By Class**

**% Ded Wait Pd**

		%	Ded	Wait Pd
Diagnostic	[0100.00-0199.99]:	100 %	N	0
Xray	[0200.00-0999.99]:	100 %	N	0
Preventitive	[1000.00-1999.99]:	100 %	N	0
Restorative	[2000.00-2599.99]:	80 %	Y	0
	[2900.00-2999.99]			
Inlays&Onlays	[2510.00-2664.99]:	50 %	Y	0
Posts	[2950.00-2955.99]:	80 %	Y	0
Endodontics	[3000.00-3999.99]:	80 %	Y	0
Periodontics	[4000.00-4999.99]:	80 %	Y	0
Prosthodontics-R.	[5000.00-5999.99]:	50 %	Y	0
Prosthodontics-F.	[6000.00-6999.99]:	50 %	Y	0
Crowns	[2600.00-2899.99]:	50 %	Y	0
Oral Surgery	[7000.00-7999.99]:	80 %	Y	0
Orthodontics	[8000.00-8999.99]:	50 %	Y	0
Adj. Services	[9000.00-9999.99]:	80 %	N	0

Max Coverage: 1,000.00  
 Max Coverage Ortho: 1,000.00  
 Family Deductible: 50.00  
 Individual Deductible: 25.00  
 Prior Authorization Req.: Y  
 Effective Month: January  
 Form Number: 1  
 Estimation Type: **Percent**

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
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**No Bluebook Entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 21  
**Blue Cross & Blue Shield**

Group No.: 798798

Insurance Co. ID: 1  
**Blue Cross & Blue Shield Of New Jersey**

Plan Type: **Medical**

929 Halpern Circle  
 Woodbridge, NJ 07095  
 1(800)222-3929 x  
 Contact: Mrs. Buckingham

# Fictitious Data

**Coverage By Class**

**%**

Anesthesia	100 %
Surgery	100 %
Radiology	100 %
Pathology/Lab	80 %
Medicine	80 %
Consultations	80 %

Prior Authorization Req.: Y  
 Form Number: 1  
 Estimation Type: **Medical**

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
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**No Bluebook Entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 10  
 Central Christian Assembly

Group No.: 622113

Insurance Co. ID: 6  
 Preferred Health Network

38740 International Place  
 Columbia, MD 21045  
 (800)612-5232 x

Plan Type: *Dental*

Contact: Angela Brewster

# Fictitious Data

**Coverage By Class**

**Cov'd Wait Pd**

Diagnostic	[0100.00-0199.99]:	N	0		
Xray	[0200.00-0999.99]:	N	0	Max Coverage:	1,000.00
Preventive	[1000.00-1999.99]:	Y	0	Max Coverage Ortho:	0.00
Restorative	[2000.00-2599.99]:	Y	0		
	[2900.00-2999.99]			Family Deductible:	50.00
Inlays&Onlays	[2510.00-2664.99]:	Y	0	Individual Deductible:	25.00
Posts	[2950.00-2955.99]:	Y	0		
Endodontics	[3000.00-3999.99]:	Y	0	Prior Authorization Req.:	Y
Periodontics	[4000.00-4999.99]:	Y	0	Effective Month:	January
Prosthodontics-R.	[5000.00-5999.99]:	Y	0		
Prosthodontics-F.	[6000.00-6999.99]:	Y	0	Form Number:	1
Crowns	[2600.00-2899.99]:	Y	0		
Oral Surgery	[7000.00-7999.99]:	Y	0	Estimation Type:	<b>DMO/CAP</b>
Orthodontics	[8000.00-8999.99]:	Y	0		
Adj. Services	[9000.00-9999.99]:	N	0		

**Bluebook Entries**

Code	Description	Fee	Plan Fee	Paid	Copay	Date
120.00	Periodic Oral Evaluation	38.00	20.00	15.00	5.00	01/02/2006
1110.00	Prophylaxis - Adult	66.00	40.00	30.00	10.00	01/02/2006
2386.00	Posterior Resin Two Surface I	146.00	96.00	78.00	18.00	01/02/2006
2387.00	Posterior Resin Three Surface	186.00	105.00	82.00	23.00	01/02/2006
2752.00	Crown Porcelain Semi Precio	680.00	300.00	150.00	150.00	01/02/2006
3330.00	Root Canal Three Canals	605.00	500.00	350.00	150.00	01/02/2006
7110.00	Extraction-single Uncomplica	96.00	60.00	40.00	20.00	01/02/2006
7120.00	Additional Uncomplicated Ex	91.00	55.00	35.00	20.00	01/02/2006

**There are 8 bluebook entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 24  
 Cigna Capitation Plan

Group No.:

Insurance Co. ID: 4  
 Cigna

Plan Type: *Dental*

# Fictitious Data

P.O. Box C1920  
 Meridan, CT 06450  
 (203)555-9387 x  
 Contact:

**Coverage By Class**

**Cov'd Wait Pd**

Class	Code Range	Cov'd	Wait Pd	Details
Diagnostic	[0100.00-0199.99]:	N	0	
Xray	[0200.00-0999.99]:	N	0	
Preventitive	[1000.00-1999.99]:	N	0	Max Coverage: n/a
Restorative	[2000.00-2599.99]:	Y	0	Max Coverage Ortho: 0.00
	[2900.00-2999.99]			
Inlays&Onlays	[2510.00-2664.99]:	Y	0	Family Deductible: 0.00
Posts	[2950.00-2955.99]:	Y	0	Individual Deductible: 0.00
Endodontics	[3000.00-3999.99]:	Y	0	
Periodontics	[4000.00-4999.99]:	Y	0	Prior Authorization Req.: Y
Prosthodontics-R.	[5000.00-5999.99]:	Y	0	Effective Month: January
Prosthodontics-F.	[6000.00-6999.99]:	Y	0	
Crowns	[2600.00-2899.99]:	Y	0	Form Number: 1
Oral Surgery	[7000.00-7999.99]:	Y	0	
Orthodontics	[8000.00-8999.99]:	Y	0	Estimation Type: <b>DMO/CAP</b>
Adj. Services	[9000.00-9999.99]:	Y	0	

**Bluebook Entries**

Code	Description	Fee	Plan Fee	Paid	Copay	Date
120.00	Periodic Oral Evaluation	38.00	10.00	0.00	10.00	01/02/2006
150.00	Comp Oral Eval-New Or Esta	49.00	10.00	0.00	10.00	01/02/2006
274.00	Bitewing Films, 4 Films	52.00	20.00	0.00	20.00	01/02/2006
1110.00	Prophylaxis - Adult	66.00	20.00	0.00	20.00	01/02/2006
1120.00	Prophylaxis Children Under 1	63.00	18.00	0.00	18.00	01/02/2006
2140.00	Amalgam - 1 Surface	96.00	40.00	0.00	40.00	01/02/2006
2150.00	Amalgam - 2 Surfaces	106.00	106.00	45.00	61.00	01/02/2006
2160.00	Amalgam - 3 Surfaces	125.00	125.00	50.00	75.00	01/02/2006
2330.00	Anterior Resin Restoration	103.00	45.00	0.00	45.00	01/02/2006
2750.00	Crown Porcelain High Noble	680.00	250.00	0.00	250.00	01/02/2006
3330.00	Root Canal Three Canals	605.00	280.00	0.00	280.00	01/02/2006

**There are 11 bluebook entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 11  
 Circuit Ct For Balto County

Group No.: 3526891

Insurance Co. ID: 7

**Lincoln National**

87900 Portman Blvd  
 Los Angeles, CA 90017  
 (800)555-1400 x

Contact: Mrs. Carol Morrison

Plan Type: **Dental**

# Fictitious Data

Coverage By Class	%	Ded	Wait Pd		
Diagnostic	[0100.00-0199.99]: 100 %	N	0		
Xray	[0200.00-0999.99]: 100 %	N	0		
Preventitive	[1000.00-1999.99]: 100 %	N	0	Max Coverage:	1,000.00
Restorative	[2000.00-2599.99]: 80 %	Y	0	Max Coverage Ortho:	0.00
	[2900.00-2999.99]				
Inlays&Onlays	[2510.00-2664.99]: 50 %	Y	0	Family Deductible:	50.00
Posts	[2950.00-2955.99]: 80 %	Y	0	Individual Deductible:	25.00
Endodontics	[3000.00-3999.99]: 80 %	Y	0		
Periodontics	[4000.00-4999.99]: 80 %	Y	0	Prior Authorization Req.:	Y
Prosthodontics-R.	[5000.00-5999.99]: 50 %	Y	0	Effective Month:	January
Prosthodontics-F.	[6000.00-6999.99]: 50 %	Y	0		
Crowns	[2600.00-2899.99]: 50 %	Y	0	Form Number:	1
Oral Surgery	[7000.00-7999.99]: 80 %	Y	0		
Orthodontics	[8000.00-8999.99]: 50 %	Y	0	Estimation Type:	<b>Percent</b>
Adj. Services	[9000.00-9999.99]: 80 %	N	0		

### Bluebook Entries

Code	Description	Fee	Allowed	Paid	Pct	Date
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**No Bluebook Entries for this plan.**



## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 12  
Comcast Cable

Group No.: 4785420

Insurance Co. ID: 9  
Delta Dental

Plan Type: Dental

# Fictitious Data

PO Box 8007609  
N Little Rock, AR 72116-7609  
(800)555-3114 x  
Contact:

**Coverage By Class**

**% Ded Wait Pd**

		%	Ded	Wait Pd
Diagnostic	[0100.00-0199.99]:	100 %	N	0
Xray	[0200.00-0999.99]:	100 %	N	0
Preventive	[1000.00-1999.99]:	100 %	N	0
Restorative	[2000.00-2599.99]:	80 %	Y	0
	[2900.00-2999.99]			
Inlays&Onlays	[2510.00-2664.99]:	50 %	Y	0
Posts	[2950.00-2955.99]:	80 %	Y	0
Endodontics	[3000.00-3999.99]:	80 %	Y	0
Periodontics	[4000.00-4999.99]:	80 %	Y	0
Prosthodontics-R.	[5000.00-5999.99]:	50 %	Y	0
Prosthodontics-F.	[6000.00-6999.99]:	50 %	Y	0
Crowns	[2600.00-2899.99]:	50 %	Y	0
Oral Surgery	[7000.00-7999.99]:	80 %	Y	0
Orthodontics	[8000.00-8999.99]:	50 %	Y	0
Adj. Services	[9000.00-9999.99]:	80 %	N	0

Max Coverage: 1,000.00  
Max Coverage Ortho: 1,000.00  
  
Family Deductible: 50.00  
Individual Deductible: 25.00  
  
Prior Authorization Req.: Y  
Effective Month: January  
  
Form Number: 1  
  
Estimation Type: **Percent**

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
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No Bluebook Entries for this plan.

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 23  
 Dept. Of Public Welfare

Group No.:

Insurance Co. ID: 21  
 Department Of Public Welfare

Plan Type: Dental

12345 Welfare Way  
 Reston, VA 20190  
 ( ) x  
 Contact:

# Fictitious Data

**Coverage By Class**

**Cov'd Wait Pd**

Diagnostic	[0100.00-0199.99]:	N	0		
Xray	[0200.00-0999.99]:	N	0	Max Coverage:	n/a
Preventitive	[1000.00-1999.99]:	N	0	Max Coverage Ortho:	0.00
Restorative	[2000.00-2599.99]:	Y	0		
	[2900.00-2999.99]			Family Deductible:	0.00
Inlays&Onlays	[2510.00-2664.99]:	Y	0	Individual Deductible:	0.00
Posts	[2950.00-2955.99]:	Y	0		
Endodontics	[3000.00-3999.99]:	Y	0	Prior Authorization Req.:	Y
Periodontics	[4000.00-4999.99]:	Y	0	Effective Month:	January
Prosthodontics-R.	[5000.00-5999.99]:	Y	0		
Prosthodontics-F.	[6000.00-6999.99]:	Y	0	Form Number:	1
Crowns	[2600.00-2899.99]:	Y	0		
Oral Surgery	[7000.00-7999.99]:	Y	0	Estimation Type:	<b>Medicaid</b>
Orthodontics	[8000.00-8999.99]:	Y	0		
Adj. Services	[9000.00-9999.99]:	Y	0		

**Bluebook Entries**

Code	Description	Fee	Plan Fee	Paid	Copay	Date
120.00	Periodic Oral Evaluation	38.00	25.00	25.00	0.00	01/02/2006
150.00	Comp Oral Eval-New Or Esta	49.00	25.00	25.00	0.00	01/02/2006
274.00	Bitewing Films, 4 Films	52.00	35.00	35.00	0.00	01/02/2006
1110.00	Prophylaxis - Adult	66.00	45.00	45.00	0.00	01/02/2006
1120.00	Prophylaxis Children Under 1	63.00	40.00	40.00	0.00	01/02/2006
1351.00	Sealant-per Tooth	43.00	33.00	33.00	0.00	01/02/2006
2140.00	Amalgam - 1 Surface	96.00	70.00	70.00	0.00	01/02/2006
2330.00	Anterior Resin Restoration	103.00	75.00	75.00	0.00	01/02/2006
2750.00	Crown Porcelain High Noble	680.00	380.00	380.00	0.00	01/02/2006
3330.00	Root Canal Three Canals	605.00	300.00	300.00	0.00	01/02/2006

**There are 10 bluebook entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 22  
*Flannigan's Flat Fee Plan*

Group No.:

Insurance Co. ID: 2

*Aetna*  
 9220 Sand Lake Circle  
 Orlando, FL 32098  
 1(800)892-8200 x019

Plan Type: *Dental*

Contact:

# Fictitious Data

**Coverage By Class**

**% Ded Wait Pd**

Coverage By Class	%	Ded	Wait Pd
Diagnostic [0100.00-0199.99]:	100 %	N	0
Xray [0200.00-0999.99]:	100 %	N	0
Preventitive [1000.00-1999.99]:	100 %	N	0
Restorative [2000.00-2599.99]:	80 %	Y	0
[2900.00-2999.99]			
Inlays&Onlays [2510.00-2664.99]:	50 %	Y	0
Posts [2950.00-2955.99]:	80 %	Y	0
Endodontics [3000.00-3999.99]:	80 %	Y	0
Periodontics [4000.00-4999.99]:	80 %	Y	0
Prosthodontics-R. [5000.00-5999.99]:	50 %	Y	0
Prosthodontics-F. [6000.00-6999.99]:	50 %	Y	0
Crowns [2600.00-2899.99]:	50 %	Y	0
Oral Surgery [7000.00-7999.99]:	80 %	Y	0
Orthodontics [8000.00-8999.99]:	50 %	Y	0
Adj. Services [9000.00-9999.99]:	80 %	Y	0

Max Coverage: 1,000.00  
 Max Coverage Ortho: 0.00  
 Family Deductible: 50.00  
 Individual Deductible: 25.00  
 Prior Authorization Req.: Y  
 Effective Month: January  
 Form Number: 1  
 Estimation Type: **Flat Fee**

**Bluebook Entries**

Code	Description	Fee	Paid	Date
110.00	Initial Exam	49.00	44.00	01/02/2006
120.00	Periodic Oral Evaluation	38.00	24.00	01/02/2006
150.00	Comp Oral Eval-New Or Esta	49.00	37.00	01/02/2006
210.00	Full Mouth Series	97.00	65.00	01/02/2006
274.00	Bitewing Films, 4 Films	52.00	25.00	01/02/2006
330.00	Panographic-type Film	81.00	50.00	01/02/2006
1120.00	Prophylaxis Children Under 1	63.00	32.00	01/02/2006
1351.00	Sealant-per Tooth	43.00	26.00	01/02/2006
2330.00	Anterior Resin Restoration	103.00	71.00	01/02/2006
2750.00	Crown Porcelain High Noble	680.00	550.00	01/02/2006
3330.00	Root Canal Three Canals	605.00	525.00	01/02/2006
4341.00	Perio S/RP - 4+ Teeth per Qu	145.00	120.00	01/02/2006
5110.00	Complete Upper Denture	950.00	700.00	01/02/2006

**There are 13 bluebook entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 13  
Home Depot

Group No.: 433680

Insurance Co. ID: 10

Plan Type: *Dental*

**Equicor**  
PO Box 4999  
Columbus, OH 43201  
(800)555-4999 x  
Contact: Ms. Lisa Hall

# Fictitious Data

**Coverage By Class**

**% Ded Wait Pd**

Class	Code Range	%	Ded	Wait Pd
Diagnostic	[0100.00-0199.99]:	100 %	N	0
Xray	[0200.00-0999.99]:	100 %	N	0
Preventitive	[1000.00-1999.99]:	100 %	N	0
Restorative	[2000.00-2599.99]:	80 %	Y	0
	[2900.00-2999.99]			
Inlays&Onlays	[2510.00-2664.99]:	50 %	Y	0
Posts	[2950.00-2955.99]:	80 %	Y	0
Endodontics	[3000.00-3999.99]:	80 %	Y	0
Periodontics	[4000.00-4999.99]:	80 %	Y	0
Prosthodontics-R.	[5000.00-5999.99]:	50 %	Y	0
Prosthodontics-F.	[6000.00-6999.99]:	50 %	Y	0
Crowns	[2600.00-2899.99]:	50 %	Y	0
Oral Surgery	[7000.00-7999.99]:	80 %	Y	0
Orthodontics	[8000.00-8999.99]:	50 %	Y	0
Adj. Services	[9000.00-9999.99]:	80 %	N	0

Max Coverage: 1,000.00  
Max Coverage Ortho: 0.00  
Family Deductible: 50.00  
Individual Deductible: 25.00  
Prior Authorization Req.: Y  
Effective Month: January  
Form Number: 1  
Estimation Type: **Percent**

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
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**No Bluebook Entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 14  
 Kindercare Learning Centers

Group No.: 84962

Insurance Co. ID: 18  
**First Health**

PO Box 5410 015  
 Milwaukee, WI 53213  
 (800)839-7987 x

Plan Type: *Dental*

Contact: Mrs. Lisa Radcliffe

# Fictitious Data

Coverage By Class	%	Ded	Wait Pd		
Diagnostic [0100.00-0199.99]:	100 %	N	0		
Xray [0200.00-0999.99]:	100 %	N	0		
Preventitive [1000.00-1999.99]:	100 %	N	0	Max Coverage:	1,000.00
Restorative [2000.00-2599.99]:	80 %	Y	0	Max Coverage Ortho:	0.00
				Family Deductible:	50.00
Inlays&Onlays [2510.00-2664.99]:	50 %	Y	0	Individual Deductible:	25.00
Posts [2950.00-2955.99]:	80 %	Y	0		
Endodontics [3000.00-3999.99]:	80 %	Y	0	Prior Authorization Req.:	Y
Periodontics [4000.00-4999.99]:	80 %	Y	0	Effective Month:	January
Prosthodontics-R. [5000.00-5999.99]:	50 %	Y	0		
Prosthodontics-F. [6000.00-6999.99]:	50 %	Y	0	Form Number:	1
Crowns [2600.00-2899.99]:	50 %	Y	0		
Oral Surgery [7000.00-7999.99]:	80 %	Y	0	Estimation Type:	<b>Percent</b>
Orthodontics [8000.00-8999.99]:	50 %	Y	0		
Adj. Services [9000.00-9999.99]:	80 %	N	0		

### Bluebook Entries

Code	Description	Fee	Allowed	Paid	Pct	Date
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**No Bluebook Entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 15  
Kinko's

Group No.: 26335

Insurance Co. ID: 5  
**Connecticut General**

P.O. Box 3839  
Bakersfield, CA 91722  
(800)929-2999 x

Plan Type: *Dental*

# Fictitious Data

Contact:

**Coverage By Class**

**% Ded Wait Pd**

Class	Code Range	%	Ded	Wait Pd
Diagnostic	[0100.00-0199.99]:	100 %	N	0
Xray	[0200.00-0999.99]:	100 %	N	0
Preventitive	[1000.00-1999.99]:	100 %	N	0
Restorative	[2000.00-2599.99]:	80 %	Y	0
	[2900.00-2999.99]			
Inlays&Onlays	[2510.00-2664.99]:	50 %	Y	0
Posts	[2950.00-2955.99]:	80 %	Y	0
Endodontics	[3000.00-3999.99]:	80 %	Y	0
Periodontics	[4000.00-4999.99]:	80 %	Y	0
Prosthodontics-R.	[5000.00-5999.99]:	50 %	Y	0
Prosthodontics-F.	[6000.00-6999.99]:	50 %	Y	0
Crowns	[2600.00-2899.99]:	50 %	Y	0
Oral Surgery	[7000.00-7999.99]:	80 %	Y	0
Orthodontics	[8000.00-8999.99]:	50 %	Y	0
Adj. Services	[9000.00-9999.99]:	80 %	N	0

Max Coverage: 1,000.00  
Max Coverage Ortho: 0.00  
Family Deductible: 50.00  
Individual Deductible: 25.00  
Prior Authorization Req.: Y  
Effective Month: January  
Form Number: 1  
Estimation Type: **% PPO**

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
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**No Bluebook Entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 16  
 Maryland Telephone

Group No.: 188753

Insurance Co. ID: 13  
 Travelers

Plan Type: Dental

# Fictitious Data

PO Box 25748  
 Dallas, TX 75248  
 (800)555-6103 x  
 Contact: Mrs. Elise Atwood

**Coverage By Class**

**% Ded Wait Pd**

		%	Ded	Wait Pd
Diagnostic	[0100.00-0199.99]:	100 %	N	0
Xray	[0200.00-0999.99]:	100 %	N	0
Preventitive	[1000.00-1999.99]:	100 %	N	0
Restorative	[2000.00-2599.99]:	80 %	Y	0
	[2900.00-2999.99]			
Inlays&Onlays	[2510.00-2664.99]:	50 %	Y	0
Posts	[2950.00-2955.99]:	80 %	Y	0
Endodontics	[3000.00-3999.99]:	80 %	Y	0
Periodontics	[4000.00-4999.99]:	80 %	Y	0
Prosthodontics-R.	[5000.00-5999.99]:	50 %	Y	0
Prosthodontics-F.	[6000.00-6999.99]:	50 %	Y	0
Crowns	[2600.00-2899.99]:	50 %	Y	0
Oral Surgery	[7000.00-7999.99]:	80 %	Y	0
Orthodontics	[8000.00-8999.99]:	50 %	Y	0
Adj. Services	[9000.00-9999.99]:	80 %	N	0

Max Coverage: 1,000.00  
 Max Coverage Ortho: 0.00  
 Family Deductible: 50.00  
 Individual Deductible: 25.00  
 Prior Authorization Req.: Y  
 Effective Month: January  
 Form Number: 1  
 Estimation Type: **Percent**

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
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**No Bluebook Entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 17  
**Metro Food Markets**

Group No.: 9954702

Insurance Co. ID: 15  
**ITT Harford**

PO Box 411589  
 Woodbridge, NJ 07095  
 (800)555-5037 x

Plan Type: **Dental**

Contact: Ms. Kristi Richards

# Fictitious Data

**Coverage By Class**

**% Ded Wait Pd**

		%	Ded	Wait Pd
Diagnostic	[0100.00-0199.99]:	100 %	N	0
Xray	[0200.00-0999.99]:	100 %	N	0
Preventitive	[1000.00-1999.99]:	100 %	N	0
Restorative	[2000.00-2599.99]:	80 %	Y	0
	[2900.00-2999.99]			
Inlays&Onlays	[2510.00-2664.99]:	50 %	Y	0
Posts	[2950.00-2955.99]:	80 %	Y	0
Endodontics	[3000.00-3999.99]:	80 %	Y	0
Periodontics	[4000.00-4999.99]:	80 %	Y	0
Prosthodontics-R.	[5000.00-5999.99]:	50 %	Y	0
Prosthodontics-F.	[6000.00-6999.99]:	50 %	Y	0
Crowns	[2600.00-2899.99]:	50 %	Y	0
Oral Surgery	[7000.00-7999.99]:	80 %	Y	0
Orthodontics	[8000.00-8999.99]:	50 %	Y	0
Adj. Services	[9000.00-9999.99]:	80 %	N	0

Max Coverage: 1,000.00  
 Max Coverage Ortho: 0.00  
 Family Deductible: 50.00  
 Individual Deductible: 25.00  
 Prior Authorization Req.: Y  
 Effective Month: January  
 Form Number: 1  
 Estimation Type: **Percent**

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
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**No Bluebook Entries for this plan.**



## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 18  
**Provident**

Group No.: 369852

Insurance Co. ID: 11  
**Provident**

Plan Type: **Dental**

# Fictitious Data

PO Box 2589  
Columbia, SC 29225  
(800)555-2036 x  
Contact: Mrs. Colleen Forte

**Coverage By Class**

**% Ded Wait Pd**

		%	Ded	Wait Pd
Diagnostic	[0100.00-0199.99]:	100 %	N	0
Xray	[0200.00-0999.99]:	100 %	N	0
Preventitive	[1000.00-1999.99]:	100 %	N	0
Restorative	[2000.00-2599.99]:	80 %	Y	0
	[2900.00-2999.99]			
Inlays&Onlays	[2510.00-2664.99]:	50 %	Y	0
Posts	[2950.00-2955.99]:	80 %	Y	0
Endodontics	[3000.00-3999.99]:	80 %	Y	0
Periodontics	[4000.00-4999.99]:	80 %	Y	0
Prosthodontics-R.	[5000.00-5999.99]:	50 %	Y	0
Prosthodontics-F.	[6000.00-6999.99]:	50 %	Y	0
Crowns	[2600.00-2899.99]:	50 %	Y	0
Oral Surgery	[7000.00-7999.99]:	80 %	Y	0
Orthodontics	[8000.00-8999.99]:	50 %	Y	0
Adj. Services	[9000.00-9999.99]:	80 %	N	0

Max Coverage: 1,000.00  
Max Coverage Ortho: 0.00  
Family Deductible: 50.00  
Individual Deductible: 25.00  
Prior Authorization Req.: Y  
Effective Month: January  
Form Number: 1  
Estimation Type: **Percent**

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
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**No Bluebook Entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 25  
 Sample Aetna % PPO W/O

Group No.: 12345

Insurance Co. ID: 2  
 Aetna

Plan Type: Dental

Fictitious Data

9220 Sand Lake Circle  
 Orlando, FL 32098  
 1(800)892-8200 x019  
 Contact:

Coverage By Class	%	Ded	Wait Pd		
Diagnostic [0100.00-0199.99]:	100 %	N	0		
Xray [0200.00-0999.99]:	100 %	N	0		
Preventitive [1000.00-1999.99]:	100 %	N	0	Max Coverage:	1,500.00
Restorative [2000.00-2599.99]:	60 %	Y	0	Max Coverage Ortho:	0.00
				Family Deductible:	50.00
Inlays&Onlays [2510.00-2664.99]:	50 %	Y	0	Individual Deductible:	25.00
Posts [2950.00-2955.99]:	50 %	Y	0		
Endodontics [3000.00-3999.99]:	60 %	Y	0	Prior Authorization Req.:	Y
Periodontics [4000.00-4999.99]:	60 %	Y	0	Effective Month:	January
Prosthodontics-R. [5000.00-5999.99]:	50 %	Y	0		
Prosthodontics-F. [6000.00-6999.99]:	50 %	Y	0	Form Number:	1
Crowns [2600.00-2899.99]:	50 %	Y	0		
Oral Surgery [7000.00-7999.99]:	60 %	Y	0	Estimation Type:	<b>% PPO</b>
Orthodontics [8000.00-8999.99]:	50 %	Y	0		
Adj. Services [9000.00-9999.99]:	60 %	Y	0		

### Bluebook Entries

Code	Description	Fee	Allowed	Paid	Pct	Date
110.00	Initial Exam	49.00	40.00	40.00	100 %	01/02/2006
120.00	Periodic Oral Evaluation	38.00	29.00	29.00	100 %	01/02/2006
130.00	Emergency Oral Examination	49.00	43.00	43.00	100 %	01/02/2006
140.00	Limited Oral Evaluation - Pro	38.00	25.00	25.00	100 %	01/02/2006
150.00	Comp Oral Eval-New Or Esta	49.00	45.00	45.00	100 %	01/02/2006
160.00	Detailed Oral Evaluation	120.00	118.00	118.00	100 %	01/02/2006
210.00	Full Mouth Series	97.00	95.00	95.00	100 %	01/02/2006
211.00	Copy Of Entire Series X-rays	22.00	0.00	0.00	100 %	01/02/2006
220.00	Single Film	27.00	22.00	22.00	100 %	01/02/2006
230.00	Additional Film Up To 12	23.00	20.00	20.00	100 %	01/02/2006
240.00	Intraoral Occlusal View	21.00	19.00	19.00	100 %	01/02/2006
250.00	Lateral Jaw Film 1 Film	27.00	24.00	24.00	100 %	01/02/2006
260.00	Lateral Jaw 2 Films	27.00	25.00	25.00	100 %	01/02/2006
272.00	Bitewing Films, 2 Films	44.00	43.00	43.00	100 %	01/02/2006
273.00	Bitewings Three Films	49.00	45.00	45.00	100 %	01/02/2006

Bluebook entries continued on next page....

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 25  
*Sample Aetna % PPO W/O*

Group No.: 12345

Insurance Co. ID: 2

*Aetna*  
 9220 Sand Lake Circle  
 Orlando, FL 32098  
 1(800)892-8200 x019

Plan Type: *Dental*

# Fictitious Data

Contact:

### Bluebook Entries

Code	Description	Fee	Allowed	Paid	Pct	Date
274.00	Bitewing Films, 4 Films	52.00	49.00	49.00	100 %	01/02/2006
320.00	TMJ, Including Injection	210.00	209.00	209.00	100 %	01/02/2006
321.00	Tmj Articulation X-ray Surve:	49.00	43.00	43.00	100 %	01/02/2006
330.00	Panographic-type Film	81.00	79.00	79.00	100 %	01/02/2006
340.00	Cephalometric Film Only	32.00	31.00	31.00	100 %	01/02/2006
341.00	Cephalometric Film, Each Ad	25.00	13.00	13.00	100 %	01/02/2006
350.00	Orthodontic X-ray Survey	91.00	70.00	70.00	100 %	01/02/2006
1110.00	Prophylaxis - Adult	66.00	57.00	57.00	100 %	01/02/2006
1120.00	Prophylaxis Children Under 1	63.00	51.00	51.00	100 %	01/02/2006
1201.00	Prophylaxis And Fluoride Tx	63.00	53.00	53.00	100 %	01/02/2006
1203.00	Topical Application Of Fluori	17.00	15.00	15.00	100 %	01/02/2006
1204.00	Topical Application Of Fluori	17.00	0.00	0.00	100 %	01/02/2006
1205.00	Prophylaxis And Fluoride Tx	66.00	58.00	58.00	100 %	01/02/2006
1330.00	Oral Hygiene Instructions	38.00	0.00	0.00	100 %	01/02/2006
1351.00	Sealant-per Tooth	43.00	19.00	19.00	100 %	01/02/2006
1360.00	Infection Control Charge	5.00	0.00	0.00	100 %	01/02/2006
1510.00	Fixed,unilateral Band Type S	200.00	150.00	150.00	100 %	01/02/2006
1511.00	Fixed Stainless Steel Crown S	168.00	168.00	168.00	100 %	01/02/2006
1515.00	Fixed Lingual Bar Space Mair	227.00	227.00	227.00	100 %	01/02/2006
1525.00	Removable Plastic Space Mai	227.00	227.00	227.00	100 %	01/02/2006
1526.00	Additional Clasps On Space N	23.00	23.00	23.00	100 %	01/02/2006
1530.00	Fixed Or Removable Inhibitin	147.00	147.00	147.00	100 %	01/02/2006
2140.00	Amalgam - 1 Surface	96.00	96.00	57.60	60 %	01/02/2006
2150.00	Amalgam - 2 Surfaces	106.00	106.00	63.60	60 %	01/02/2006
2160.00	Amalgam - 3 Surfaces	125.00	125.00	75.00	60 %	01/02/2006
2161.00	Amalgam - 4+ Surfaces	152.00	152.00	91.20	60 %	01/02/2006
2330.00	Anterior Resin Restoration	103.00	103.00	61.80	60 %	01/02/2006
2331.00	Anterior Resin 2 Surface	103.00	103.00	61.80	60 %	01/02/2006
2334.00	Pin Retention Per Tooth	70.00	70.00	42.00	60 %	01/02/2006
2335.00	Anterior Resin Involving Incis	157.00	157.00	94.20	60 %	01/02/2006

*Bluebook entries continued on next page....*

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 25  
 Sample Aetna % PPO W/O

Group No.: 12345

Insurance Co. ID: 2  
 Aetna

Plan Type: Dental

Fictitious Data

9220 Sand Lake Circle  
 Orlando, FL 32098  
 1(800)892-8200 x019  
 Contact:

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
2392.00	Resin Composite-2 Surfaces, 1	85.00	85.00	51.00	60 %	01/02/2006
2510.00	Gold Restoration One Surface	429.00	429.00	214.50	50 %	01/02/2006
2520.00	Gold Restoration Two Surface	513.00	513.00	256.50	50 %	01/02/2006
2530.00	Gold Restoration Three Or More	593.00	593.00	296.50	50 %	01/02/2006
2540.00	Onlay, In Addition To Inlay	145.00	145.00	72.50	50 %	01/02/2006
2610.00	Porcelain Inlay 1 Surface	481.00	481.00	240.50	50 %	01/02/2006
2620.00	Porcelain Inlay 2 Surfaces	491.00	491.00	245.50	50 %	01/02/2006
2630.00	Porcelain Inlay 3 Surfaces	551.00	551.00	275.50	50 %	01/02/2006
2640.00	Porcelain Inlay 4 Surfaces	514.00	514.00	257.00	50 %	01/02/2006
2650.00	Inlay-composite/resin 1 Surface	427.00	427.00	213.50	50 %	01/02/2006
2651.00	Inlay-composite/resin 2 Surfaces	485.00	485.00	242.50	50 %	01/02/2006
2652.00	Inlay-composite/resin 3 Surfaces	539.00	539.00	269.50	50 %	01/02/2006
2710.00	Crown - Resin (Indirect)	297.00	297.00	148.50	50 %	01/02/2006
2740.00	Porcelain Crown	680.00	500.00	250.00	50 %	01/02/2006
2745.00	Crown On Implant	971.00	971.00	485.50	50 %	01/02/2006
2750.00	Crown Porcelain High Noble Metal	680.00	520.00	260.00	50 %	01/02/2006
2751.00	Crown Porcelain Non Precious	659.00	659.00	329.50	50 %	01/02/2006
2752.00	Crown Porcelain Semi Precious	680.00	520.00	260.00	50 %	01/02/2006
2790.00	Cast Crown High Noble Metal	680.00	680.00	340.00	50 %	01/02/2006
2791.00	Cast Crown Predominantly Base	630.00	630.00	315.00	50 %	01/02/2006
2792.00	Cast Crown/noble Metal	680.00	680.00	340.00	50 %	01/02/2006
2810.00	3/4 Crown Cast Metal	630.00	630.00	315.00	50 %	01/02/2006
2830.00	Stainless Steel Crown Primary	135.00	135.00	67.50	50 %	01/02/2006
2831.00	Stainless Steel Crown Permanent	227.00	227.00	113.50	50 %	01/02/2006
2891.00	Cast Post Core Or Coping Lat	249.00	249.00	124.50	50 %	01/02/2006
2910.00	Inlay(recementation)	54.00	54.00	32.40	60 %	01/02/2006
2920.00	Crown(recementation)	54.00	54.00	32.40	60 %	01/02/2006
2940.00	Sedative Filling	34.00	34.00	20.40	60 %	01/02/2006
2950.00	Core Buildup, Including Any	189.00	189.00	94.50	50 %	01/02/2006
2952.00	Preformed Dowel And Post	190.00	190.00	95.00	50 %	01/02/2006

Bluebook entries continued on next page....

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 25  
*Sample Aetna % PPO W/O*

Group No.: 12345

Insurance Co. ID: 2  
**Aetna**

Plan Type: *Dental*

9220 Sand Lake Circle  
 Orlando, FL 32098  
 1(800)892-8200 x019  
 Contact:

# Fictitious Data

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
2960.00	Bonded Veneer Chairside	298.00	298.00	178.80	60 %	01/02/2006
2961.00	Resin Veneer Laboratory	351.00	351.00	210.60	60 %	01/02/2006
2962.00	Porcelain Laminate Laborator	659.00	659.00	395.40	60 %	01/02/2006
3110.00	Direct Pulp Cap	54.00	54.00	32.40	60 %	01/02/2006
3120.00	Indirect Pulp Cap & Temp Re	59.00	59.00	35.40	60 %	01/02/2006
3210.00	Therapeutic Pulpotomy	78.00	78.00	46.80	60 %	01/02/2006
3220.00	Vital Pulpotomy	78.00	78.00	46.80	60 %	01/02/2006
3310.00	Root Canal One Canal	416.00	380.00	228.00	60 %	01/02/2006
3320.00	Root Canal Two Canals	497.00	450.00	270.00	60 %	01/02/2006
3330.00	Root Canal Three Canals	605.00	500.00	300.00	60 %	01/02/2006
3340.00	Root Canal Four Canals	691.00	691.00	414.60	60 %	01/02/2006
3350.00	Apexification	542.00	542.00	325.20	60 %	01/02/2006
3410.00	Apioectomy	416.00	416.00	249.60	60 %	01/02/2006
3421.00	Apioectomy Bicuspid	497.00	497.00	298.20	60 %	01/02/2006
3430.00	Retrograde Filling Per Tooth	58.00	58.00	34.80	60 %	01/02/2006
3450.00	Root Amputation- Per Root	108.00	108.00	64.80	60 %	01/02/2006
3460.00	Endodontic Endosseous Impla	1,080.00	1,080.00	648.00	60 %	01/02/2006
3920.00	Hemisection	154.00	154.00	92.40	60 %	01/02/2006
3957.00	Replacement Bleach Solution	108.00	108.00	64.80	60 %	01/02/2006
3958.00	Initial Retainer For Bleaching	54.00	54.00	32.40	60 %	01/02/2006
3959.00	Replacement Retainer For Ble	108.00	108.00	64.80	60 %	01/02/2006
3960.00	Bleaching Of Discolored Teet	216.00	216.00	129.60	60 %	01/02/2006
3961.00	Beaching Discolored Teeth Nc	98.00	98.00	58.80	60 %	01/02/2006
3962.00	Bleaching Of Vital Teeth Per	98.00	98.00	58.80	60 %	01/02/2006
4110.00	Perio Exam With Charting	38.00	38.00	22.80	60 %	01/02/2006
4210.00	Gingivectomy Or Gingivoplas	216.00	200.00	120.00	60 %	01/02/2006
4211.00	Gingivectomy Or Gingivoplas	54.00	54.00	32.40	60 %	01/02/2006
4260.00	Oss Surg Inc Flap Entry/Clos	642.00	642.00	385.20	60 %	01/02/2006
4262.00	Osseous Graft/Quadrant	378.00	378.00	226.80	60 %	01/02/2006
4268.00	Guided Tissue Regeneration	486.00	486.00	291.60	60 %	01/02/2006

*Bluebook entries continued on next page....*

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 25  
 Sample Aetna % PPO W/O

Group No.: 12345

Insurance Co. ID: 2  
 Aetna

Plan Type: Dental

Fictitious Data

9220 Sand Lake Circle  
 Orlando, FL 32098  
 1(800)892-8200 x019  
 Contact:

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
4272.00	Vestibuloplasty,submucosal R	326.00	326.00	195.60	60 %	01/02/2006
4340.00	Full Mouth Root Planing	422.00	422.00	253.20	60 %	01/02/2006
4341.00	Perio S/RP - 4+ Teeth per Qu	145.00	130.00	78.00	60 %	01/02/2006
4345.00	Perio Scaling With Inflammat	97.00	97.00	58.20	60 %	01/02/2006
4355.00	Full Mouth Debridement	97.00	97.00	58.20	60 %	01/02/2006
4910.00	Periodontal Maintenance	97.00	77.00	46.20	60 %	01/02/2006
5110.00	Complete Upper Denture	950.00	950.00	475.00	50 %	01/02/2006
5120.00	Complete Lower Denture	950.00	950.00	475.00	50 %	01/02/2006
5130.00	Immediate Full Upper Dentur	950.00	950.00	475.00	50 %	01/02/2006
5140.00	Immediate Full Lower Dentur	950.00	950.00	475.00	50 %	01/02/2006
5211.00	Partial Acrylic Upper Or Low	513.00	513.00	256.50	50 %	01/02/2006
5213.00	Partial Upper Or Lower Chror	1,274.00	1,274.00	637.00	50 %	01/02/2006
5310.00	Teeth And Clasps Extra Per U	52.00	52.00	26.00	50 %	01/02/2006
5400.00	Denture Adjustment	63.00	63.00	31.50	50 %	01/02/2006
5510.00	Repair Broken Complete Dent	189.00	189.00	94.50	50 %	01/02/2006
5520.00	Replace Missing Tooth Comp	81.00	81.00	40.50	50 %	01/02/2006
5610.00	Broken Full Denture No Teeth	162.00	162.00	81.00	50 %	01/02/2006
5620.00	Repair Cast Framework	189.00	189.00	94.50	50 %	01/02/2006
5640.00	Partial Repair First Tooth Or C	81.00	81.00	40.50	50 %	01/02/2006
5660.00	Partial Repair First Clasp	162.00	162.00	81.00	50 %	01/02/2006
5680.00	Repair Broken Clasp On Parti	45.00	45.00	22.50	50 %	01/02/2006
5690.00	Partial Repair Each Additiona	51.00	51.00	25.50	50 %	01/02/2006
5700.00	Denture Duplication (jump Ca	378.00	378.00	189.00	50 %	01/02/2006
5730.00	Office Reline (cold Cure) Acr	189.00	189.00	94.50	50 %	01/02/2006
5750.00	Denture Reline Laboratory	270.00	270.00	135.00	50 %	01/02/2006
5820.00	Anterior Stayplate(temporary)	378.00	378.00	189.00	50 %	01/02/2006
5850.00	Special Tissue Conditioning P	108.00	108.00	54.00	50 %	01/02/2006
5862.00	Precision Attachment (remove	307.00	307.00	153.50	50 %	01/02/2006
5974.00	Endosseous Implant (in The B	1,350.00	1,350.00	675.00	50 %	01/02/2006
5982.00	Surgical Stent	314.00	314.00	157.00	50 %	01/02/2006

Bluebook entries continued on next page....

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 25  
*Sample Aetna % PPO W/O*

Group No.: 12345

Insurance Co. ID: 2  
**Aetna**

Plan Type: *Dental*

Fictitious Data

9220 Sand Lake Circle  
 Orlando, FL 32098  
 1(800)892-8200 x019  
 Contact:

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
6040.00	Subperiosteal Implant	890.00	890.00	445.00	50 %	01/02/2006
6050.00	Mandibular Transosseous Imp	2,781.00	2,781.00	1,390.50	50 %	01/02/2006
6055.00	Implant Connecting Bar	1,080.00	1,080.00	540.00	50 %	01/02/2006
6210.00	Cast Pontic High Noble Metal	680.00	680.00	340.00	50 %	01/02/2006
6211.00	Cast Pontic Prdominantly Bas	630.00	630.00	315.00	50 %	01/02/2006
6212.00	Cast Pontic Noble Metal	680.00	680.00	340.00	50 %	01/02/2006
6240.00	Porcelain Pontic High Noble M	680.00	680.00	340.00	50 %	01/02/2006
6241.00	Porcelain Pontic Non Precious	659.00	659.00	329.50	50 %	01/02/2006
6242.00	Porcelain Pontic Semi Preciou	680.00	680.00	340.00	50 %	01/02/2006
6545.00	Acid Etch Retainer-maryland	227.00	227.00	113.50	50 %	01/02/2006
6600.00	Bridge Sectioning	54.00	54.00	27.00	50 %	01/02/2006
6752.00	Porcelain Crown Noble Metal	680.00	680.00	340.00	50 %	01/02/2006
6790.00	Cast Crown High Noble (brid	680.00	680.00	340.00	50 %	01/02/2006
6930.00	Bridge(recementation)	66.00	66.00	33.00	50 %	01/02/2006
6940.00	Simple Stress Breakers	189.00	189.00	94.50	50 %	01/02/2006
6950.00	Precision Attachment	307.00	307.00	153.50	50 %	01/02/2006
7210.00	Surgical Removal Of Erupted	161.00	161.00	96.60	60 %	01/02/2006
7220.00	Removal Of Impacted Tooth(s	190.00	190.00	114.00	60 %	01/02/2006
7230.00	Removal Of Impacted Tooth(q	211.00	211.00	126.60	60 %	01/02/2006
7240.00	Removal Of Impacted Tooth(c	221.00	221.00	132.60	60 %	01/02/2006
7250.00	Removal Of Residual Root	162.00	162.00	97.20	60 %	01/02/2006
7260.00	Closure Of Oral Fistula Of M:	162.00	162.00	97.20	60 %	01/02/2006
7270.00	Tooth Reimplantation/Stabiliz	162.00	162.00	97.20	60 %	01/02/2006
7272.00	Transplant Of Tooth Or Tooth	162.00	162.00	97.20	60 %	01/02/2006
7280.00	Surgical Access Of Unerupted	162.00	162.00	97.20	60 %	01/02/2006
7281.00	Crown Exposure To Aid Erup	103.00	103.00	61.80	60 %	01/02/2006
7286.00	Biopsy Of Oral Tissue - Soft	81.00	81.00	48.60	60 %	01/02/2006
7310.00	Alvelectomy(w/removal Of r	135.00	135.00	81.00	60 %	01/02/2006
7320.00	Alveoloplasty Not w/Extractic	162.00	162.00	97.20	60 %	01/02/2006
7341.00	Alveoloplasty With Ridge Ext	430.00	430.00	258.00	60 %	01/02/2006

*Bluebook entries continued on next page....*

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 25  
 Sample Aetna % PPO W/O

Group No.: 12345

Insurance Co. ID: 2  
 Aetna

Plan Type: *Dental*

9220 Sand Lake Circle  
 Orlando, FL 32098  
 1(800)892-8200 x019  
 Contact:

# Fictitious Data

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
7360.00	Reduction Of Tuberosity,unilat	80.00	80.00	48.00	60 %	01/02/2006
7425.00	Excision Of Pericoronal Tissu	68.00	68.00	40.80	60 %	01/02/2006
7450.00	Remov Odontogenic Up To 1.	215.00	215.00	129.00	60 %	01/02/2006
7451.00	Removal Odontogenic > 1.25	326.00	326.00	195.60	60 %	01/02/2006
7470.00	Removal Of Palatal Torus	245.00	245.00	147.00	60 %	01/02/2006
7471.00	Removal Of Lateral Exostosis	245.00	245.00	147.00	60 %	01/02/2006
7510.00	Incision And Drainage-Soft T	63.00	63.00	37.80	60 %	01/02/2006
7520.00	Extraoral Incision & Drainage	109.00	109.00	65.40	60 %	01/02/2006
7530.00	Removal Of Foreign Body	164.00	164.00	98.40	60 %	01/02/2006
7540.00	Removal Of Foreign Body Fr	164.00	164.00	98.40	60 %	01/02/2006
7550.00	Part Ostectomy/Sequestrecton	227.00	227.00	136.20	60 %	01/02/2006
7910.00	Suture Of Recent Small Wour	83.00	83.00	49.80	60 %	01/02/2006
7960.00	Frenectomy	153.00	153.00	91.80	60 %	01/02/2006
7970.00	Excision Of Hyperplastic Tiss	181.00	181.00	108.60	60 %	01/02/2006
7980.00	Sialolithotomy-intraorally	42.00	42.00	25.20	60 %	01/02/2006
7981.00	Sialolithotomy-extraorally	245.00	245.00	147.00	60 %	01/02/2006
7993.00	Implant Of Facial Bones- Allc	83.00	83.00	49.80	60 %	01/02/2006
8080.00	Complete Ortho Case	3,000.00	3,000.00	1,500.00	50 %	01/02/2006
9972.00	External Bleaching - Per Arch	800.00	800.00	480.00	60 %	01/02/2006

**There are 184 bluebook entries for this plan.**



## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 19  
*Speedy Auto Service*

Group No.: 3254105

Insurance Co. ID: 14  
**John Hancock**

Plan Type: *Dental*

# Fictitious Data

PO Box 281125  
 Atlanta, GA 30305  
 (800)555-8000 x  
 Contact: Mr. Jonathan Saxon

**Coverage By Class**

**% Ded Wait Pd**

		%	Ded	Wait Pd
Diagnostic	[0100.00-0199.99]:	100 %	N	0
Xray	[0200.00-0999.99]:	100 %	N	0
Preventitive	[1000.00-1999.99]:	100 %	N	0
Restorative	[2000.00-2599.99]:	80 %	Y	0
	[2900.00-2999.99]			
Inlays&Onlays	[2510.00-2664.99]:	50 %	Y	0
Posts	[2950.00-2955.99]:	80 %	Y	0
Endodontics	[3000.00-3999.99]:	80 %	Y	0
Periodontics	[4000.00-4999.99]:	80 %	Y	0
Prosthodontics-R.	[5000.00-5999.99]:	50 %	Y	0
Prosthodontics-F.	[6000.00-6999.99]:	50 %	Y	0
Crowns	[2600.00-2899.99]:	50 %	Y	0
Oral Surgery	[7000.00-7999.99]:	80 %	Y	0
Orthodontics	[8000.00-8999.99]:	50 %	Y	0
Adj. Services	[9000.00-9999.99]:	80 %	N	0

Max Coverage: 1,000.00  
 Max Coverage Ortho: 0.00  
 Family Deductible: 50.00  
 Individual Deductible: 25.00  
 Prior Authorization Req.: Y  
 Effective Month: January  
 Form Number: 1  
 Estimation Type: **Percent**

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
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**No Bluebook Entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 1  
*T-Rowe Price*

Group No.: 8800399

Insurance Co. ID: 1  
**Blue Cross & Blue Shield Of New Jersey**

929 Halpern Circle  
 Woodbridge, NJ 07095  
 1(800)222-3929 x

Plan Type: *Dental*

Contact: Mrs. Buckingham

# Fictitious Data

Coverage By Class	%	Ded	Wait Pd		
Diagnostic [0100.00-0199.99]:	100 %	N	0		
Xray [0200.00-0999.99]:	100 %	N	0		
Preventitive [1000.00-1999.99]:	100 %	N	0	Max Coverage:	1,000.00
Restorative [2000.00-2599.99]:	80 %	Y	0	Max Coverage Ortho:	1,000.00
	[2900.00-2999.99]			Family Deductible:	250.00
Inlays&Onlays [2510.00-2664.99]:	50 %	Y	0	Individual Deductible:	25.00
Posts [2950.00-2955.99]:	80 %	Y	0		
Endodontics [3000.00-3999.99]:	80 %	Y	0	Prior Authorization Req.:	Y
Periodontics [4000.00-4999.99]:	80 %	Y	0	Effective Month:	January
Prosthodontics-R. [5000.00-5999.99]:	50 %	Y	0		
Prosthodontics-F. [6000.00-6999.99]:	50 %	Y	0	Form Number:	1
Crowns [2600.00-2899.99]:	50 %	Y	0		
Oral Surgery [7000.00-7999.99]:	80 %	Y	0	Estimation Type:	<b>Percent</b>
Orthodontics [8000.00-8999.99]:	50 %	Y	0		
Adj. Services [9000.00-9999.99]:	80 %	N	0		

### Bluebook Entries

Code	Description	Fee	Allowed	Paid	Pct	Date
150.00	Comp Oral Eval-New Or Esta	49.00	49.00	49.00	100 %	12/31/2005
272.00	Bitewing Films, 2 Films	44.00	44.00	44.00	100 %	12/31/2005
1110.00	Prophylaxis - Adult	66.00	66.00	66.00	100 %	12/31/2005

**There are 3 bluebook entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 20  
Target Stores

Group No.: 165329

Insurance Co. ID: 12  
**Teamsters Benefit Trust**

PO Box 45708  
Fremont, CA 94538  
(800)555-4096 x

Plan Type: **Dental**

Contact: Mr. Andy Harpo

# Fictitious Data

**Coverage By Class**

**% Ded Wait Pd**

		%	Ded	Wait Pd
Diagnostic	[0100.00-0199.99]:	100 %	N	0
Xray	[0200.00-0999.99]:	100 %	N	0
Preventive	[1000.00-1999.99]:	100 %	N	0
Restorative	[2000.00-2599.99]:	80 %	Y	0
	[2900.00-2999.99]			
Inlays&Onlays	[2510.00-2664.99]:	50 %	Y	0
Posts	[2950.00-2955.99]:	80 %	Y	0
Endodontics	[3000.00-3999.99]:	80 %	Y	0
Periodontics	[4000.00-4999.99]:	80 %	Y	0
Prosthodontics-R.	[5000.00-5999.99]:	50 %	Y	0
Prosthodontics-F.	[6000.00-6999.99]:	50 %	Y	0
Crowns	[2600.00-2899.99]:	50 %	Y	0
Oral Surgery	[7000.00-7999.99]:	80 %	Y	0
Orthodontics	[8000.00-8999.99]:	50 %	Y	0
Adj. Services	[9000.00-9999.99]:	80 %	N	0

Max Coverage: 1,000.00  
Max Coverage Ortho: 0.00  
Family Deductible: 50.00  
Individual Deductible: 25.00  
Prior Authorization Req.: Y  
Effective Month: January  
Form Number: 1  
Estimation Type: **Percent**

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
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**No Bluebook Entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 3  
 Thompson Travel Inc.

Group No.: 5656

Insurance Co. ID: 3  
 Mailhandlers

8229 E. 20th Street  
 Minneapolis, MN 55098  
 1(800)728-2829 x  
 Contact:

# Fictitious Data

Plan Type: *Dental*

Coverage By Class	%	Ded	Wait Pd		
Diagnostic [0100.00-0199.99]:	100 %	N	0		
Xray [0200.00-0999.99]:	100 %	N	0	Max Coverage:	1,000.00
Preventitive [1000.00-1999.99]:	100 %	N	0	Max Coverage Ortho:	1,000.00
Restorative [2000.00-2599.99]:	80 %	Y	0		
	[2900.00-2999.99]			Family Deductible:	50.00
Inlays&Onlays [2510.00-2664.99]:	50 %	Y	0	Individual Deductible:	25.00
Posts [2950.00-2955.99]:	80 %	Y	0		
Endodontics [3000.00-3999.99]:	80 %	Y	0	Prior Authorization Req.:	Y
Periodontics [4000.00-4999.99]:	80 %	Y	0	Effective Month:	January
Prosthodontics-R. [5000.00-5999.99]:	50 %	Y	0		
Prosthodontics-F. [6000.00-6999.99]:	50 %	Y	0	Form Number:	1
Crowns [2600.00-2899.99]:	50 %	Y	0		
Oral Surgery [7000.00-7999.99]:	80 %	Y	0	Estimation Type:	<b>Percent</b>
Orthodontics [8000.00-8999.99]:	50 %	Y	0		
Adj. Services [9000.00-9999.99]:	80 %	N	0		

### Bluebook Entries

Code	Description	Fee	Allowed	Paid	Pct	Date
150.00	Comp Oral Eval-New Or Esta	49.00	49.00	49.00	100 %	12/31/2005
272.00	Bitewing Films, 2 Films	44.00	44.00	44.00	100 %	12/31/2005
1120.00	Prophylaxis Children Under 1	63.00	63.00	63.00	100 %	12/31/2005

**There are 3 bluebook entries for this plan.**

## BLUEBOOK REPORT

**Insurance Plan**

**Insurance Company**

Plan ID: 2  
 United Parcel Service

Group No.: 29290

Insurance Co. ID: 2  
 Aetna

Fictitious Data

9220 Sand Lake Circle  
 Orlando, FL 32098  
 1(800)892-8200 x019  
 Contact:

Plan Type: *Dental*

**Coverage By Class**

	%	Ded	Wait Pd	
Diagnostic [0100.00-0199.99]:	100 %	N	0	
Xray [0200.00-0999.99]:	100 %	N	0	
Preventitive [1000.00-1999.99]:	100 %	N	0	Max Coverage: 1,000.00
Restorative [2000.00-2599.99]:	80 %	Y	0	Max Coverage Ortho: 1,000.00
[2900.00-2999.99]				
Inlays&Onlays [2510.00-2664.99]:	50 %	Y	0	Family Deductible: 50.00
Posts [2950.00-2955.99]:	80 %	Y	0	Individual Deductible: 25.00
Endodontics [3000.00-3999.99]:	80 %	Y	0	
Periodontics [4000.00-4999.99]:	80 %	Y	0	Prior Authorization Req.: Y
Prosthodontics-R. [5000.00-5999.99]:	50 %	Y	0	Effective Month: January
Prosthodontics-F. [6000.00-6999.99]:	50 %	Y	0	
Crowns [2600.00-2899.99]:	50 %	Y	0	Form Number: 1
Oral Surgery [7000.00-7999.99]:	80 %	Y	0	
Orthodontics [8000.00-8999.99]:	50 %	Y	0	Estimation Type: % PPO
Adj. Services [9000.00-9999.99]:	80 %	N	0	

**Bluebook Entries**

Code	Description	Fee	Allowed	Paid	Pct	Date
120.00	Periodic Oral Evaluation	38.00	20.00	20.00	100 %	01/02/2006
210.00	Full Mouth Series	97.00	80.00	80.00	100 %	01/02/2006
330.00	Panographic-type Film	81.00	69.00	69.00	100 %	01/02/2006
1110.00	Prophylaxis - Adult	66.00	45.00	45.00	100 %	01/02/2006
1351.00	Sealant-per Tooth	43.00	43.00	43.00	100 %	01/02/2006
2392.00	Resin Composite-2 Surfaces, 1	85.00	0.00	0.00	80 %	01/02/2006
2752.00	Crown Porcelain Semi Precior	680.00	640.00	320.00	50 %	01/02/2006
3330.00	Root Canal Three Canals	605.00	475.00	380.00	80 %	01/02/2006

**There are 8 bluebook entries for this plan.**