ADA/CODE			Descriptio:	n		
120.00	Fee 0: Fee 3:	36.00 25.00	Fee 1: Fee 4:	25.00 0.00	ation - est Fee 2: Fee 5:	25.00 0.00
	Fee 6: Fee 9:	0.00	Fee 7: Fee 10:	0.00	Fee 8: Fee 11:	0.00
	Fee 12: Fee 15:	0.00	Tee 13: Tee 16:	0.00	Fee 14: Fee 17:	0.00
	Fee 18: Fee 21:	0.00	Fee 19: Fee 22:	0.00	Fee 20 Fee 23:	0.00
	Fee 24:	0.00	Fee 25:	0.00	Fee 26:	0.00
140.00	Fee 0:	48.00	Limited Order Fee 1:	al Evalua 38.00	tion - Prob Fee 2:	Focused 38.00
	Fee 3: Fee 6:	38.00	Fee 4: Fee 7:	0.00	Fee 5: Fee 8:	0.00
	Fee 9:	0.00	Fee 10: Fee 13:	0.00	Fee 11: Fee 14:	0.00
	Fee 15:	0.00	Fee 16:	0.00	Fee 17:	0.00
	Fee 18: Fee 21:	0.00	Fee 19: Fee 22:	0.00	Fee 20: Fee 23:	0.00
	Fee 24:	0.00	Fee 25:	0.00	Fee 26:	0.00
145.00	Fee 0:	0.00	Oral evalu	ation for 0.00	patient und Fee 2:	der 3 yrs 0.00
	Fee 3:	0.00	Fee 4:	0.00	Fee 5:	0.00
	Fee 6: Fee 9:	0.00	Fee 7: Fee 10:	0.00	Fee 8: Fee 11:	0.00
	Fee 12: Fee 15:	0.00	13: 16:	0.00	Fee 14: Fee 17:	0.00
	Fee 18:	0.00	Fee 19: Fee 22:	0.00	Fee 20: Fee 23:	0.00
	Fee 21: Fee 24:	0.00	Fee 25:	0.00	Fee 26:	0.00
150.00			<del>-</del>		Eval - New	
	Fee 0: Fee 3:	69.10 49.00	Fee 1: Fee 4:	49.00 0.00	Fee 2: Fee 5:	49.00 0.00
	Fee 6: Fee 9:	0.00	Fee 7: Fee 10:	0.00	Fee 8: Fee 11:	0.00
	Fee 1	0.00	Fee 13:	0.00	Fee 14:	0.00
	Fee 18:	0.00	Fee 16: Fee 19:	0.00	Fee 17: Fee 20:	0.00
	Fee 21: Fe <u>e</u> 24:	0.00	Fee 22: Fee 25:	0.00	Fee 23: Fee 26:	0.00
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ADA/CODE			Description			
160.00			Detailed and		ve Oral Eva	
	Fee 0:	150.00	Fee 1:	0.00	Fee 2:	0.00
	Fee 3:	0.00	Fee 4:	0.00	Fee 5:	0.00
	Fee 6: Fee 9:	0.00	Fee 7: Fee 10:	0.00	Fee 8: Fee 11:	0.00
	Fee 9: Fee 12:	0.00	Fee 10: Tee <u>1</u> 3:	0.00	Fee 11: Fee 14:	0.00
	Fee 15:		Tee 16:	0.00	Fee 17	0.00
	Fee 18:	0.00	Tee 19:	0.00	Fee 20	0.00
	Fee 21:	0.00	Fee 22:	0.00	Fee 23:	0.00
	Fee 24:	0.00	Fee 25:	0.00	Fee 26:	0.00
170.00			Re-Evaluatio			Focused
	Fee 0:	0.00	Fee 1:	0.00	Fee 2:	0.00
	Fee 3:	0.00	Fee 4:	0.00	Fee 5:	0.00
	Fee 6: Fee 9:	0.00	Fee 7: Fee 10:	0.00	Fee 8: Fee 11:	0.00
	Fee 9: Fee 12:	0.00	Fee 10:	0.00	Fee 11:	0.00
	Fee 15:	0.00	Fee 16:	0.00	Fee 17:	0.00
	Fee 18:	0.00	Fee 19:	0.00	Fee 20:	0.00
	Fee 21:	0.00	Fee 22:	0.00	Fee 23:	0.00
	Fee 24:	0.00	Fee 25:	0.00	Fee 26:	0.00
180.00			Comprehensiv	re Perio	Eval - New/	Est Pat
	Fee 0:	0.00	Fee 1:	0.00	Fee 2:	0.00
	Fee 3:	0.00	Fee 4:	0.00	Fee 5:	0.00
	Fee 6:	0.00	Fee 7:	0.00	Fee 8:	0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 11:	0.00
	Fee 12: Fee 15:	0.00	16:	0.00	Fee 14: Fee 17:	0.00
	Fee 18:	0.00	Fee 19:	0.00	Fee 20:	0.00
	Fee 21:	0.00_	Fee 22:	0.00	Fee 23:	0.00
	Fee 24:	0.0	Fee 25:	0.00	Fee 26:	0.00
210.00		~ ~	Intraoral -	Complete	Series (Inc	cl. BW)
	Fee 0:	121.00	Fee 1:	97.00	Fee 2:	97.00
	Fee 3:	97.00	Fee 4:	0.00	Fee 5:	0.00
	Fee 6:	0.00	Fee 7:	0.00	Fee 8:	0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 11:	0.00
	Fee 1	0.00	Fee 13:	0.00	Fee 14:	0.00
	Fee 18:	0.00	Fee 16: Fee 19:	0.00	Fee 17: Fee 20:	0.00
	Fee 21:	0.00	Fee 22:	0.00	Fee 23:	0.00
	Fee 24:	0.00	Fee 25:	0.00	Fee 26:	0.00
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ADA/CODE		Description		
220.00			eriapical -	
	Fee 0: 20.00 Fee 3: 27.00		7.00 Fee 0.00 Fee	2: 27.00 5: 0.00
	Fee 6: 27.00		0.00 Fee	8: 0.00
	Fee 9: 0.00	Fee 10: (	0.00 Fee	11: 0.00
	Fee 12: 0.00		0.00 Fee	14: 0.00
	Fee 15: - 0.00 Fee 18: 0.00			0.00
	Fee 21: 0.00		0.00 Fee	
	Fee 24: 0.00	Fee 25: (	0.00 Fee	26: 0.00
230.00		Intraoral - Pe	eriapical -	Each Add'l Film
	Fee 0: 29.00	Fee 1: 23	3.00 Fee	2: 23.00
	Fee 3: 23.00		0.00 Fee	5: 0.00
	Fee 6: 0.00 Fee 9: 0.00		0.00 Fee 0.00 Fee	8: 0.00 11: 0.00
	Fee 12: 0.00		0.00 Fee	
	Fee 15: 0.00	Fee 16: 0	0.00 Fee	17: 0.00
	Fee 18: 0.00		0.00 Fee	
	Fee 21: 0.00 Fee 24: 0.00		0.00 Fee 0.00 Fee	
	166 24. 0.00			
240.00	T 0. 0. 0.	Intraoral - Oc		
	Fee 0: 26.00 Fee 3: 21.00		1.00 Fee 0.00 Fee	2: 21.00 5: 0.00
	Fee 6: 0.00		0.00 Fee	8: 0.00
	Fee 9: 0.00	Fee 10: 0	0.00 Fee	11: 0.00
	Fee 12: 0.00		0.00 Fee	
	Fee 15: 0.00 Fee 18: 0.00		0.00 Fee	
	Fee 18: 0.00 Fee 21: 0.00_		0.00 Fee 0.00 Fee	
	Fee 24: 0.0		0.00 Fee	
250.00	^`	Extraoral - Fi	irst Film	
250.00	Fee 0: 34.00		7.00 Fee	2: 27.00
	Fee 3: 27 00		0.00 Fee	5: 0.00
	Fee 6: 0.00		0.00 Fee	8: 0.00
	Fee 9: 0.00		0.00 Fee	
	Fee 1 0.00 Fee 1 0.00		0.00 Fee 0.00 Fee	
	Fee 18: 0.00		0.00 Fee	
	Fee 21: 0.00	Fee 22: 0	0.00 Fee	
	Fee 24: 0.00	Fee 25: (	0.00 Fee	26: 0.00
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ADA/CODE			Description		<del></del>	_
260.00	Fee 0: Fee 3: Fee 6: Fee 9: Fee 12: Fee 15: Fee 18: Fee 21:	34.00 27.00 0.00 0.00 0.00 0.00	Extraoral Fee 1: Fee 4: Fee 7: Fee 10: Fee 13: Fee 16: Fee 19: Fee 22:	- Each Add 27.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ditional Fi Fee 2: Fee 5: Fee 8: Fee 11: Fee 14: Fee 17: Fee 20 Fee 23:	27.00 0.00 0.00 0.00 0.00 0.00
	Fee 24:	0.00	Fee 25:	0.00	Fee 26:	0.00
270.00	Fee 0: Fee 3: Fee 6: Fee 9: Fee 12: Fee 15: Fee 18: Fee 21: Fee 24:	30.00 24.00 0.00 0.00 0.00 0.00 0.00	Bitewing - Fee 1: Fee 4: Fee 7: Fee 10: Fee 13: Fee 16: Fee 19: Fee 22: Fee 25:	Single F 24.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ilm Fee 2: Fee 5: Fee 8: Fee 11: Fee 14: Fee 17: Fee 20: Fee 23: Fee 26:	24.00 0.00 0.00 0.00 0.00 0.00 0.00
272.00	Fee 0: Fee 3: Fee 6: Fee 9: Fee 12: Fee 15: Fee 18: Fee 21: Fee 24:	35.00 44.00 0.00 0.00 0.00 0.00 0.00	Bitewings Fee 1: Fee 4: Fee 7: Fee 10: Fee 13: 16: Fee 19: Fee 22: Fee 25:	- Two Film 44.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	Fee 2: Fee 5: Fee 8: Fee 11: Fee 14: Fee 17: Fee 20: Fee 23: Fee 26:	44.00 0.00 0.00 0.00 0.00 0.00 0.00
273.00	Fee 0: Fee 3: Fee 6: Fee 9: Fee 12: Fee 18: Fee 21: Fee 24:	61.00 49.00 0.00 0.00 0.00 0.00 0.00	Bitewings Fee 1: Fee 4: Fee 7: Fee 10: Fee 13: Fee 16: Fee 19: Fee 22: Fee 25:	- three f 49.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	ilms    Fee 2:    Fee 5:    Fee 8:    Fee 11:    Fee 14:    Fee 17:    Fee 20:    Fee 23:    Fee 26:	49.00 0.00 0.00 0.00 0.00 0.00 0.00

ADA/CODE			Desci					
274.00			Bitev		s - Four Fi	ilms		
	Fee 0:	65.00	Fee	1:	52.00	Fee	2:	52.00
	Fee 3:	52.00	Fee	4:	0.00	Fee	5:	0.00
	Fee 6:	0.00	Fee	7:	0.00	Fee	8:	0.00
	Fee 9:	0.00	Fee		0.00	Fee	11:	0.00
	Fee 12:	0.00	Fee	13:	0.00	Fee	14:	0.00
	Fee 15:		Fee	16:	0.00	Fee	17.	0.00
	Fee 18:	0.00	Ree	19:	<b>0</b> .00	Fee	20	0.00
	Fee 21:	0.00		22:	0.00	Fee		0.00
	Fee 24:	0.00	Fee	25:	0.00	Fee	26:	0.00
277.00			Verti	ical	Bitewings	- 7 to	o 8 Film	ns
	Fee 0:	70.00	Fee	1:	63.00	Fee	2:	63.00
	Fee 3:	63.00	Fee	4:	0.00	Fee	5 <b>:</b>	0.00
	Fee 6:	0.00	Fee	7:	0.00	Fee	8:	0.00
	Fee 9:	0.00	Fee	10:	0.00	Fee	11:	0.00
	Fee 12:	0.00	Fee	13:	0.00	Fee	14:	0.00
	Fee 15:	0.00	Fee	16:	0.00	Fee	17:	0.00
	Fee 18:	0.00	Fee		0.00	Fee	20:	0.00
	Fee 21:	0.00	Fee	22:	0.00	Fee	23:	0.00
	Fee 24:	0.00	Fee	25:	0.00	Fee	26:	0.00
290.00			Post	/Ant	./Lateral	Skull	Survey	Film
_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fee 0:	0.00	Fee	1:	0.00	Fee	2:	0.00
	Fee 3:	0.00	Fee	4:	0.00	Fee	- 5:	0.00
	Fee 6:	0.00	Fee	7:	0.00	Fee	8:	0.00
	Fee 9:	0.00	Fee		0.00	Fee		0.00
	Fee 12:	0.00	_	13:	0.00	Fee		0.00
	Fee 15:	0.00		16:	0.00	Fee		0.00
	Fee 18:	0.00	Fee	19:	0.00	Fee		0.00
	Fee 21:	0.00_	Fee	22:	0.00	Fee	23:	0.00
	Fee 24:	0.0	Fee	25:	0.00	Fee	26:	0.00
310.00		~ ~	Sialo	ngrar	hv			
0_0,00	Fee 0:	.0.20	Fee	1:	0.00	Fee	2:	0.00
	Fee 3:	0.00	Fee		0.00	Fee		0.00
	Fee 6:	0.00	Fee		0.00	Fee		0.00
	Fee 9:	0.00	Fee		0.00	Fee		0.00
	Fee 1	0.00	Fee		0.00	Fee		0.00
	Fee 1	0.00	Fee		0.00	Fee		0.00
	Fee 18:4	0.00	Fee		0.00	Fee		0.00
	Fee 21:	0.00	Fee	22:	0.00	Fee	23:	0.00
	Fee 24:	0.00	Fee	25:	0.00	Fee	26:	0.00
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ADA/CODE			Description	ı		
320.00			Temporomano	dibular Jo	oint Arthro	gram
	Fee 0:	263.00	Fee 1:	0.00	Fee 2:	0.00
	Fee 3:	0.00	Fee 4:	0.00	Fee 5:	0.00
	Fee 6:	0.00	Fee 7:	0.00	Fee 8:	0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 11:	0.00
	Fee 12:	0.00	Tee 13:	0.00	Fee 14:	0.00
	Fee 15:			0.00	Fee 17	0.00
	Fee 18:		10:	0.00	Fee 20	0.00
	Fee 21:	0.00	Fee 22:	0.00	Fee 23:	0.00
	Fee 24:	0.00	Fee 25:	0.00	Fee 26:	0.00
	100 21	0.00	100 25	0.00	100 201	0.00
321.00			Other Tempo	oromandibu	ılar Joint	Films/Rep
	Fee 0:	61.00	Fee 1:	49.00	Fee 2:	49.00
	Fee 3:	49.00	Fee 4:	0.00	Fee 5:	0.00
	Fee 6:	0.00	Fee 7:	0.00	Fee 8:	0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 11:	0.00
	Fee 12:	0.00	Fee 13:	0.00	Fee 14:	0.00
	Fee 15:	0.00	Fee 16:	0.00	Fee 17:	0.00
	Fee 18:	0.00	Fee 19:	0.00	Fee 20:	0.00
	Fee 21:	0.00	Fee 22:	0.00	Fee 23:	0.00
	Fee 21:	0.00	Fee 25:	0.00	Fee 26:	0.00
	ree z4.	0.00	ree 25.	0.00	166 20.	0.00
322.00			Tomographic	c Survey		
322.00	Fee 0:	0.00	Fee 1:	0.00	Fee 2:	0.00
	Fee 3:	0.00	Fee 4:	0.00	Fee 5:	0.00
	Fee 6:	0.00	Fee 7:	0.00	Fee 8:	0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 11:	0.00
	Fee 12:	0.00	F 13:	0.00	Fee 14:	0.00
	Fee 15:	0.00	16:	0.00	Fee 17:	0.00
	Fee 18:	0.00	Fee 19:	0.00	Fee 20:	0.00
	Fee 21:	0.00_	Fee 22:	0.00	Fee 23:	0.00
	Fee 24:	0.0	Fee 25:	0.00	Fee 26:	0.00
	ree z4.	0.0	ree 25.	0.00	166 20.	0.00
330.00		<b>^</b>	Panoramic H	Film		
330.00	Fee 0:	100 20	Fee 1:	81.00	Fee 2:	81.00
	Fee 3:	81.00	Fee 4:	0.00	Fee 5:	0.00
	Fee 6:	0.00	Fee 7:	0.00	Fee 8:	0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 11:	0.00
	Fee 1	0.00	Fee 13:	0.00	Fee 14:	0.00
		0.00	Fee 16:	0.00	Fee 17:	0.00
	Fee 18:	0.00	Fee 10:	0.00	Fee 20:	0.00
	Fee 21:	0.00	Fee 22:	0.00	Fee 23:	0.00
	Fee 21:	0.00	Fee 22:	0.00	Fee 26:	0.00
	74.	0.00	ree 20.	0.00	1.66 70.	0.00
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ADA/CODE			Description			
340.00	Fee 0: Fee 3:	100.00	Cephalometric Fee 1: Fee 4:	32.00 0.00	Fee 2: Fee 5:	32.00
	Fee 6: Fee 9:	0.00	Fee 7: Fee 10:	0.00	Fee 8: Fee 11:	0.00
	Fee 12:	0.00 1	Tee 13:	0.00	Fee 14:	0.00
	Fee 15: Fee 18:		Tee 16:	0.00	Fee 17 Fee 20	0.00
	Fee 21:	0.00	Fee 22:	0.00	Fee 23:	0.00
	Fee 24:	0.00	Fee 25:	0.00	Fee 26:	0.00
350.00					aphic Images	
	Fee 0: Fee 3:	114.00 91.00	Fee 1: Fee 4:	91.00 0.00	Fee 2: Fee 5:	91.00 0.00
	Fee 6:	0.00	Fee 7:	0.00	Fee 8:	0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 11:	0.00
	Fee 12:	0.00	Fee 13:	0.00	Fee 14:	0.00
	Fee 15:	0.00	Fee 16:	0.00	Fee 17: Fee 20:	0.00
	Fee 18: Fee 21:	0.00	Fee 19: Fee 22:	0.00	Fee 23:	0.00
	Fee 24:	0.00	Fee 25:	0.00	Fee 26:	0.00
360.00			Cone beam (	rt - cran	iofacial dat	a capture
300.00	Fee 0:	400.00	Fee 1:	0.00	Fee 2:	0.00
	Fee 3:	0.00	Fee 4:	0.00	Fee 5:	0.00
	Fee 6:	0.00	Fee 7:	0.00	Fee 8:	0.00
	Fee 9: Fee 12:	0.00	Fee 10:	0.00	Fee 11: Fee 14:	0.00
	Fee 15:	0.00	16:	0.00	Fee 17:	0.00
	Fee 18:	0.00	Fee 19:	0.00	Fee 20:	0.00
	Fee 21:	0.00	Fee 22:	0.00	Fee 23:	0.00
	Fee 24:	0.0	Fee 25:	0.00	Fee 26:	0.00
362.00		~			ge reconstri	
	Fee 0: Fee 3:	0.00	Fee 1:	0.00	Fee 2:	0.00
	Fee 3: Fee 6:	0.00	Fee 4: Fee 7:	0.00	Fee 5: Fee 8:	0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 11:	0.00
	Fee 1	0.00	Fee 13:	0.00	Fee 14:	0.00
	Fee 1	0.00	Fee 16:	0.00	Fee 17:	0.00
	Fee 18: <b>►</b> Fee 21:	0.00	Fee 19: Fee 22:	0.00	Fee 20:	0.00
	Fee 21:	0.00	Fee 25:	0.00	Fee 23: Fee 26:	0.00
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ADA/CODE			Description			
363.00			Cone beam	- 3-D ima	ge reconstru	ction
	Fee 0:	0.00	Fee 1:	0.00	Fee 2:	0.00
	Fee 3:	0.00	Fee 4:	0.00	Fee 5:	0.00
	Fee 6:	0.00	Fee 7:	0.00	Fee 8:	0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 11:	0.00
	Fee 12:	0.00 1	■ Tee 13:	0.00	Fee 14:	0.00
	Fee 15:		Tee 16:	<b>Q</b> .00	Fee 17.	0.00
	Fee 18:	0.00	Tee 19:	0.00	Fee 20	0.00
	Fee 21:	0.00	Fee 22:	0.00	Fee 23:	0.00
	Fee 24:	0.00	Fee 25:	0.00	Fee 26:	0.00
	100 21	0.00	100 20	0.00	100 20	0.00
415.00			Collection	of Micro	organisms fo	r Culture
	Fee 0:	0.00	Fee 1:	0.00	Fee 2:	0.00
	Fee 3:	0.00	Fee 4:	0.00	Fee 5:	0.00
	Fee 6:	0.00	Fee 7:	0.00	Fee 8:	0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 11:	0.00
	Fee 12:	0.00	Fee 13:	0.00	Fee 14:	0.00
	Fee 15:	0.00	Fee 16:	0.00	Fee 17:	0.00
	Fee 18:	0.00	Fee 19:	0.00	Fee 20:	0.00
	Fee 21:	0.00	Fee 22:	0.00	Fee 23:	0.00
	Fee 24:	0.00	Fee 25:	0.00	Fee 26:	0.00
	100 21	0.00	100 23	0.00	100 20	0.00
416.00			Viral Cult	ure		
	Fee 0:	0.00	Fee 1:	0.00	Fee 2:	0.00
	Fee 3:	0.00	Fee 4:	0.00	Fee 5:	0.00
	Fee 6:	0.00	Fee 7:	0.00	Fee 8:	0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 11:	0.00
	Fee 12:	0.00	Fre 13:	0.00	Fee 14:	0.00
	Fee 15:	0.00	16:	0.00	Fee 17:	0.00
	Fee 18:	0.00	Fee 19:	0.00	Fee 20:	0.00
	Fee 21:	0.00_	Fee 22:	0.00	Fee 23:	0.00
	Fee 24:	0.0	Fee 25:	0.00	Fee 26:	0.00
417.00			Collection	and Prep	of saliva s	ample
	Fee 0:	0.20	Fee 1:	0.00	Fee 2:	0.00
	Fee 3:	0.00	Fee 4:	0.00	Fee 5:	0.00
	Fee 6:	0.00	Fee 7:	0.00	Fee 8:	0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 11:	0.00
	Fee 1	0.00	Fee 13:	0.00	Fee 14:	0.00
	Fee 1	0.00	Fee 16:	0.00	Fee 17:	0.00
	Fee 18: <b>←</b>	0.00	Fee 19:	0.00	Fee 20:	0.00
	Fee 21:	0.00	Fee 22:	0.00	Fee 23:	0.00
	Fee 24:	0.00	Fee 25:	0.00	Fee 26:	0.00
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ADA/CODE			Description			
418.00	Fee 0: Fee 3: Fee 6: Fee 9: Fee 12: Fee 15: Fee 18: Fee 21: Fee 24:	0.00 0.00 0.00 0.00 0.00 0.00 0.00	Analysis of Fee 1: Fee 4: Fee 7: Fee 10: Fee 13: Fee 16: Fee 22: Fee 25:	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Fee 2: Fee 5: Fee 8: Fee 11: Fee 14: Fee 17: Fee 20: Fee 23: Fee 26:	0.00 0.00 0.00 0.00 0.00 0.00 0.00
421.00	Fee 0: Fee 3: Fee 6: Fee 9: Fee 12: Fee 15: Fee 18: Fee 21: Fee 24:	0.00 0.00 0.00 0.00 0.00 0.00 0.00	Genetic Terrest Fee 1: Fee 4: Fee 7: Fee 10: Fee 13: Fee 16: Fee 19: Fee 22: Fee 25:	st - Susc 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	<pre>. to Oral D:    Fee 2:    Fee 5:    Fee 8:    Fee 11:    Fee 14:    Fee 17:    Fee 20:    Fee 23:    Fee 26:</pre>	iseases 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
425.00	Fee 0: Fee 3: Fee 6: Fee 9: Fee 12: Fee 15: Fee 18: Fee 21: Fee 24:	0.00 0.00 0.00 0.00 0.00 0.00 0.00	Caries Sus Fee 1: Fee 4: Fee 7: Fee 10: Fee 13: Fee 19: Fee 22: Fee 25:	Ceptibili 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	Tests Fee 2: Fee 5: Fee 8: Fee 11: Fee 14: Fee 17: Fee 20: Fee 23: Fee 26:	0.00 0.00 0.00 0.00 0.00 0.00 0.00
431.00	Fee 0: Fee 3: Fee 6: Fee 9: Fee 12: Fee 18: Fee 21: Fee 24:	0.90 0.00 0.00 0.00 0.00 0.00 0.00	Pre-diag To Fee 1: Fee 4: Fee 7: Fee 10: Fee 13: Fee 16: Fee 22: Fee 25:	est for M	ucosal Abnormalista Fee 2: Fee 5: Fee 8: Fee 11: Fee 14: Fee 17: Fee 20: Fee 23: Fee 26:	rmalities 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.
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ADA/CODE			Description	1		
460.00			Pulp Vitali			
100.00	Fee 0:	0.00	Fee 1:	0.00	Fee 2:	0.00
	Fee 3:	0.00	Fee 4:	0.00	Fee 5:	0.00
	Fee 6:	0.00	Fee 7:	0.00	Fee 8:	0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 11:	0.00
	Fee 12:	0.00	Tee 13:	0.00	Fee 14:	0.00
	Fee 15:		Fee 16:	0.00	Fee 17	0.00
	Fee 18:	0.00	Tee 19:	0.00	Fee 20	0.00
	Fee 21:	0.00	Fee 22:	0.00	Fee 23:	0.00
	Fee 24:	0.00	Fee 25:	0.00	Fee 26:	0.00
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470.00	По о	0 00	Diagnostic		Поо О:	0 00
	Fee 0:	0.00	Fee 1:	0.00	Fee 2:	0.00
	Fee 3:	0.00	Fee 4:	0.00	Fee 5:	0.00
	Fee 6:	0.00	Fee 7:	0.00	Fee 8:	0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 11:	0.00
	Fee 12:	0.00	Fee 13:	0.00	Fee 14:	0.00
	Fee 15:	0.00	Fee 16:	0.00	Fee 17:	0.00
	Fee 18:	0.00	Fee 19:	0.00	Fee 20:	0.00
	Fee 21:	0.00	Fee 22:	0.00	Fee 23:	0.00
	Fee 24:	0.00	Fee 25:	0.00	Fee 26:	0.00
	ree 24.	0.00	ree 25.	0.00	ree 20:	0.00
472.00			Accession o	of tissue;	exam; repo	ort
	Fee 0:	0.00	Fee 1:	0.00	Fee 2:	0.00
	Fee 3:	0.00	Fee 4:	0.00	Fee 5:	0.00
	Fee 6:	0.00	Fee 7:	0.00	Fee 8:	0.00
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			_		Fee 11:	0.00
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	Fee 18:	0.00	Fee 19:	0.00	Fee 20:	0.00
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	Fee 24:	0.0	Fee 25:	0.00	Fee 26:	0.00
4.70			_ ,	<b>.</b>		
473.00	_				exam; repo	
	Fee 0:	0.00	Fee 1:	0.00	Fee 2:	0.00
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	Fee 6:	0.00	Fee 7:	0.00	Fee 8:	0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 11:	0.00
	Fee 1	0.00	Fee 13:	0.00	Fee 14:	0.00
	Fee 1	0.00	Fee 16:	0.00	Fee 17:	0.00
	Fee 18:	0.00	Fee 19:	0.00	Fee 20:	0.00
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