

Fee Schedule Summary

ADA/CODE	Description					
120.00	Periodic oral evaluation - est. patient					
Fee 0:	36.00	Fee 1:	25.00	Fee 2:	25.00	
Fee 3:	25.00	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	
140.00	Limited Oral Evaluation - Prob Focused					
Fee 0:	48.00	Fee 1:	38.00	Fee 2:	38.00	
Fee 3:	38.00	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	
145.00	Oral evaluation for patient under 3 yrs					
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	
150.00	Comprehensive Oral Eval - New or Est Pat					
Fee 0:	69.00	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 24:	0.00	Fee 25:	0.00	Fee 26:	0.00	

Fictitious Data

Sample

Fee Schedule Summary

ADA/CODE	Description					
160.00	Detailed and Extensive Oral Evaluation					
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:	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	
170.00	Re-Evaluation - Limited Problem 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:	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	
180.00	Comprehensive 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:	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	
210.00	Intraoral - Complete Series (Incl. 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 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	

Fictitious Data

Sample

Fee Schedule Summary

ADA/CODE	Description					
220.00	Intraoral - Periapical - First Film					
Fee 0:	20.00	Fee 1:	27.00	Fee 2:	27.00	
Fee 3:	27.00	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	
230.00	Intraoral - Periapical - Each Add'l Film					
Fee 0:	29.00	Fee 1:	23.00	Fee 2:	23.00	
Fee 3:	23.00	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	
240.00	Intraoral - Occlusal Film					
Fee 0:	26.00	Fee 1:	21.00	Fee 2:	21.00	
Fee 3:	21.00	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	
250.00	Extraoral - First Film					
Fee 0:	34.00	Fee 1:	27.00	Fee 2:	27.00	
Fee 3:	27.00	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	

Fictitious Data

Sample

Fee Schedule Summary

ADA/CODE	Description					
260.00	Extraoral - Each Additional Film					
Fee 0:	34.00	Fee 1:	27.00	Fee 2:	27.00	
Fee 3:	27.00	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	
270.00	Bitewing - Single Film					
Fee 0:	30.00	Fee 1:	24.00	Fee 2:	24.00	
Fee 3:	24.00	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	
272.00	Bitewings - Two Films					
Fee 0:	35.00	Fee 1:	44.00	Fee 2:	44.00	
Fee 3:	44.00	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	
273.00	Bitewings - three films					
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 24:	0.00	Fee 25:	0.00	Fee 26:	0.00	

Fictitious Data

Sample

Fee Schedule Summary

ADA/CODE	Description					
274.00	Bitewings - Four Films					
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 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	
277.00	Vertical Bitewings - 7 to 8 Films					
Fee 0:	70.00	Fee 1:	63.00	Fee 2:	63.00	
Fee 3:	63.00	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	
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 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	
310.00	Sialography					
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	

Fictitious Data

Sample

Fee Schedule Summary

ADA/CODE	Description					
320.00	Temporomandibular Joint Arthrogram					
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	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	
321.00	Other Temporomandibular 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 24:	0.00	Fee 25:	0.00	Fee 26:	0.00	
322.00	Tomographic Survey					
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	
330.00	Panoramic Film					
Fee 0:	100.00	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 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	

Fictitious Data

Sample

Fee Schedule Summary

ADA/CODE	Description					
340.00	Cephalometric Film					
Fee 0:	100.00	Fee 1:	32.00	Fee 2:	32.00	
Fee 3:	32.00	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	
350.00	Oral/Facial Photographic Images					
Fee 0:	114.00	Fee 1:	91.00	Fee 2:	91.00	
Fee 3:	91.00	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	
360.00	Cone beam ct - craniofacial data capture					
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:	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	
362.00	Cone beam - 2-D image reconstruction					
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	

Fictitious Data

Sample

Fee Schedule Summary

ADA/CODE	Description					
363.00	Cone beam - 3-D image reconstruction					
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	
415.00	Collection of Microorganisms for 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	
416.00	Viral 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	
417.00	Collection and Prep of saliva sample					
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	

Fictitious Data

Sample

Fee Schedule Summary

ADA/CODE	Description					
418.00	Analysis of saliva sample					
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	
421.00	Genetic Test - Susc. to Oral Diseases					
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	
425.00	Caries Susceptibility Tests					
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	
431.00	Pre-diag Test for Mucosal Abnormalities					
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	

Fictitious Data

Sample

Fee Schedule Summary

ADA/CODE	Description					
460.00	Pulp Vitality Tests					
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	
470.00	Diagnostic Casts					
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	
472.00	Accession of tissue; exam; report					
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	
473.00	Accession of tissue; exam; report					
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	

Fictitious Data

Sample