ADA/CODE			Description			
120.00	Fee 0:	36.00	Periodic of Fee 1:	ral evalu 25.00	ation - est. Fee 2:	patient 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: Fee 12:	0.00	Fee 10: • Fee 13:	0.00	Fee 11: Fee 14:	0.00
	Fee 15:		Tee 16:	Q . 00	Fee 17	0.00
	Fee 18:	0.00	Tee 19:	0.00	Fee 20	0.00
	Fee 21: Fee 24:	0.00	Fee 22: Fee 25:	0.00	Fee 23: Fee 26:	0.00
	ree 24.	0.00	ree 25.	0.00	ree 20:	0.00
140.00		40.00			tion - Prob	
	Fee 0: Fee 3:	48.00 38.00	Fee 1: Fee 4:	38.00 0.00	Fee 2: Fee 5:	38.00 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: Fee 15:	0.00	Fee 13: Fee 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:	0.00	Fee 25:	0.00	Fee 26:	0.00
145.00			Oral evalua	ation for	patient und	der 3 yrs
	Fee 0:	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 12:	0.00	F) e 13:	0.00	Fee 14:	0.00
	Fee 15: Fee 18:	0.00	Yee 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:	0.0	Fee 25:	0.00	Fee 26:	0.00
150.00		~ ~	Comprehens	ive Oral	Eval - New o	or Est Pat
	Fee 0:	69.90	Fee 1:	49.00	Fee 2:	49.00
	Fee 3:	49 00	Fee 4:	0.00		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
		0.00	Fee 16:	0.00	Fee 17:	0.00
	Fee 18:	0.00	Fee 19: Fee 22:	0.00	Fee 20: Fee 23:	0.00
	Fee 24:		Fee 25:	0.00	Fee 26:	0.00
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ADA/CODE			Description			
160.00	Fee 0:	150.00	Detailed and Fee 1:	d Extens: 0.00	ive Oral Eva Fee 2:	luation 0.00
	Fee 0: 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: • Tee 13:	0.00	Fee 11: Fee 14:	0.00
	Fee 15:	– b m t	Tee 13:	0.00	Fee 17	0.00
	Fee 18:	0.00	Tee 19:	0.00	Fee 20	0.00
	Fee 21: Fee 24:	0.00	Fee 22: Fee 25:	0.00	Fee 23: Fee 26:	0.00
	100 21.	0.00	ree 25.	0.00	100 20	0.00
170.00	- O.	0 00	Re-Evaluation			
	Fee 0: Fee 3:	0.00	Fee 1: Fee 4:	0.00	Fee 2: 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	Fee 13: Fee 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:	0.00	Fee 25:	0.00	Fee 26:	0.00
180.00			Comprehensi	ve Perio	Eval - New/	Est Pat
	Fee 0:	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 12:	0.00	F 13:	0.00	Fee 14:	0.00
	Fee 15: Fee 18:	0.00	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:	0.0	Fee 25:	0.00	Fee 26:	0.00
210.00			Intraoral -	Complete	e Series (In	ıcl. BW)
	Fee 0:	121.00	Fee 1:	97.00	Fee 2:	97.00
	Fee 3: Fee 6:	97.00	Fee 4: Fee 7:	0.00	Fee 5: Fee 8:	0.00
	Fee 6: Fee 9:	J.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	ı		
220.00			Intraoral -	Periapical	- First	Film
	Fee 0:	20.00	Fee 1:		ee 2:	27.00
	Fee 3:	27.00	Fee $4:$		ee 5:	0.00
	Fee 6:	0.00	Fee 7:		ee 8:	0.00
	Fee 9:	0.00	Fee 10:		ee 11:	0.00
	Fee 12:	0.00	Tee 13:		ee 14:	0.00
	Fee 15:	0 00	ee 16:		ee 17.	0.00
	Fee 18:		Tee Us:		ee 20	0.00
	Fee 21:	0.00	Fee 22:		ee 23:	0.00
	Fee 24:	0.00	Fee 25:	0.00 F	ee 26:	0.00
230.00			Intraoral -	Periapical	- Each	Add'l Film
	Fee 0:	29.00	Fee 1:	_	ee 2:	23.00
	Fee 3:	23.00	Fee 4:		ee 5:	0.00
	Fee 6:	0.00	Fee 7:		ee 8:	0.00
	Fee 9:	0.00	Fee 10:	0.00 F	ee 11:	0.00
	Fee 12:	0.00	Fee 13:	0.00 F	ee 14:	0.00
	Fee 15:	0.00	Fee 16:		ee 17:	0.00
	Fee 18:	0.00	Fee 19:		ee 20:	0.00
	Fee 21:	0.00	Fee 22:		ee 23:	0.00
	Fee 24:	0.00	Fee 25:	0.00 F	ee 26:	0.00
240.00			Intraoral -	. Occlusal F	ilm	
240.00	Fee 0:	26.00	Fee 1:		ee 2:	21.00
	Fee 3:	21.00	Fee 4:		ee 5:	0.00
	Fee 6:	0.00	Fee 7:		ee 8:	0.00
	Fee 9:	0.00	Fee 10:		ee 11:	0.00
	Fee 12:	0.00	F)e 13:	0.00 F	ee 14:	0.00
	Fee 15:	0.00	16:	0.00 F	ee 17:	0.00
	Fee 18:	0.00	Fee 19:		ee 20:	0.00
	Fee 21:	0.00	Fee 22:		ee 23:	0.00
	Fee 24:	0.0	Fee 25:	0.00 F	ee 26:	0.00
250.00		~ ~	Extraoral -	· First Film		
230.00	Fee 0:	34.00	Fee 1:		ee 2:	27.00
	Fee 3:	27 00	Fee 4:		ee 5:	0.00
	Fee 6:	0.00	Fee 7:		ee 8:	0.00
	Fee 9:	0.00	Fee 10:		ee 11:	0.00
	Fee 1	0.00	Fee 13:	0.00 F	ee 14:	0.00
	Fee 1	0.00	Fee 16:	0.00 F	ee 17:	0.00
	Fee 18: ←	0.00	Fee 19:	0.00 F	ee 20:	0.00
	Fee 21:	0.00	Fee 22:		ee 23:	0.00
	Fee 24:	0.00	Fee 25:	0.00 F	ee 26:	0.00
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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	Fee 1: Fee 4: Fee 7: Fee 10: Tee 13: Tee 16: Tee 19: Fee 22:	27.00 0.00 0.00 0.00 0.00 0.00 0.00	Fee 2: Fee 5: Fee 8: Fee 11: Fee 14: Fee 17: Kee 20 Fee 23:	27.00 0.00 0.00 0.00 0.00 0.00 0.00
ree 24:	0.00				0.00
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	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	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
Fee 0: Fee 3: Fee 6: 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: Fee 16: Fee 22: Fee 25:	- Two Fil 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
Fee 0: Fee 3: Fee 6: Fee 9: Fee 17: 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 20: Fee 23: Fee 26:	49.00 0.00 0.00 0.00 0.00 0.00 0.00
	Fee 3: Fee 12: Fee 12: Fee 15: Fee 24: Fee 24: Fee 3: Fee 24: Fee 3: Fee 24: Fee 3: Fee 4: Fee 3: Fee 4: Fee 5: Fee 6: Fee 24: Fee 6: Fee 24: Fee 15: Fee 24: Fee 15: Fee 18: Fee 21: Fee 18: Fee 21:	Fee 3: 27.00 Fee 6: 0.00 Fee 9: 0.00 Fee 12: 0.00 Fee 18: 0.00 Fee 21: 0.00 Fee 24: 0.00 Fee 3: 24.00 Fee 6: 0.00 Fee 9: 0.00 Fee 12: 0.00 Fee 15: 0.00 Fee 21: 0.00 Fee 21: 0.00 Fee 24: 0.00 Fee 21: 0.00 Fee 24: 0.00 Fee 24: 0.00 Fee 24: 0.00 Fee 3: 44.00 Fee 6: 0.00 Fee 9: 0.00 Fee 12: 0.00 Fee 12: 0.00 Fee 24: 0.00 Fee 12: 0.00 Fee 12: 0.00 Fee 12: 0.00 Fee 12: 0.00 Fee 13: 0.00 Fee 14: 0.00 Fee 21: 0.00	Extraoral Fee 0: 34.00 Fee 1: Fee 3: 27.00 Fee 4: Fee 6: 0.00 Fee 7: Fee 9: 0.00 Fee 10: Fee 12: 0.00 Fee 13: Fee 15: 0.00 Fee 12: 0.00 Fee 22: Fee 24: 0.00 Fee 25: Fee 24: 0.00 Fee 13: Fee 15: 0.00 Fee 25: Fee 24: 0.00 Fee 13: Fee 6: 0.00 Fee 13: Fee 15: 0.00 Fee 10: Fee 12: 0.00 Fee 13: Fee 15: 0.00 Fee 16: Fee 18: 0.00 Fee 19: Fee 21: 0.00 Fee 22: Fee 24: 0.00 Fee 25: Fee 24: 0.00 Fee 13: Fee 15: 0.00 Fee 10: Fee 12: 0.00 Fee 13: Fee 15: 0.00 Fee 10: Fee 12: 0.00 Fee 13: Fee 15: 0.00 Fee 10: Fee 12: 0.00 Fee 12: 0.00 Fee 12: 0.00 Fee 22: Fee 24: 0.00 Fee 25: Fee 24: 0.00 Fee 25: Fee 24: 0.00 Fee 13: Fee 15: 0.00 Fee 15: 0.00 Fee 16: Fee 18: 0.00 Fee 10: Fee 18: 0.00 Fee 13: Fee 18: 0.00 Fee 19: Fee 18: 0.00 Fee 18: 0.00	Fee 0: 34.00 Fee 1: 27.00 Fee 3: 27.00 Fee 4: 0.00 Fee 6: 0.00 Fee 7: 0.00 Fee 9: 0.00 Fee 10: 0.00 Fee 12: 0.00 Fee 13: 0.00 Fee 18: 0.00 Fee 22: 0.00 Fee 24: 0.00 Fee 25: 0.00 Bitewing - Single Fee 3: 24.00 Fee 3: 24.00 Fee 4: 0.00 Fee 3: 24.00 Fee 4: 0.00 Fee 9: 0.00 Fee 10: 0.00 Fee 12: 0.00 Fee 13: 0.00 Fee 12: 0.00 Fee 10: 0.00 Fee 12: 0.00 Fee 10: 0.00 Fee 12: 0.00 Fee 13: 0.00 Fee 15: 0.00 Fee 16: 0.00 Fee 21: 0.00 Fee 17: 0.00 Fee 18: 0.00 Fee 18: 0.00 Fee 21: 0.00 Fee 19: 0.00 Fee 21: 0.00 Fee 22: 0.00 Fee 24: 0.00 Fee 22: 0.00 Fee 24: 0.00 Fee 22: 0.00 Fee 3: 44.00 Fee 4: 0.00 Fee 3: 44.00 Fee 4: 0.00 Fee 10: 0.00 Fee 11: 0.00 Fee 12: 0.00 Fee 10: 0.00 Fee 12: 0.00 Fee 10: 0.00 Fee 13: 0.00 Fee 14: 0.00 Fee 15: 0.00 Fee 10: 0.00 Fee 15: 0.00 Fee 10: 0.00 Fee 18: 0.00 Fee 19: 0.00 Fee 18: 0.00 Fee 19: 0.00 Fee 18: 0.00 Fee 19: 0.00	Extraoral - Each Additional Fi Fee 0: 34.00 Fee 1: 27.00 Fee 2: Fee 3: 27.00 Fee 4: 0.00 Fee 5: Fee 6: 0.00 Fee 4: 0.00 Fee 8: Fee 9: 0.00 Fee 10: 0.00 Fee 11: Fee 12: 0.00 Fee 10: 0.00 Fee 11: Fee 12: 0.00 Fee 16: 0.00 Fee 11: Fee 15: 0.00 Fee 16: 0.00 Fee 17: Fee 18: 0.00 Fee 22: 0.00 Fee 23: Fee 24: 0.00 Fee 25: 0.00 Fee 26: Fee 3: 24.00 Fee 4: 0.00 Fee 5: Fee 6: 0.00 Fee 11: Fee 12: 0.00 Fee 13: 0.00 Fee 14: Fee 15: 0.00 Fee 16: 0.00 Fee 17: Fee 18: 0.00 Fee 19: 0.00 Fee 20: Fee 21: 0.00 Fee 22: 0.00 Fee 23: Fee 24: 0.00 Fee 25: 0.00 Fee 26: Fee 21: 0.00 Fee 22: 0.00 Fee 23: Fee 24: 0.00 Fee 11: 0.00 Fee 25: 0.00 Fee 26: Fee 3: 44.00 Fee 4: 0.00 Fee 5: Fee 6: 0.00 Fee 11: Fee 12: 0.00 Fee 12: 0.00 Fee 22: 0.00 Fee 23: Fee 24: 0.00 Fee 11: Fee 12: 0.00 Fee 25: 0.00 Fee 26: Fee 3: 44.00 Fee 4: 0.00 Fee 17: Fee 18: 0.00 Fee 10: 0.00 Fee 17: Fee 18: 0.00 Fee 10: 0.00 Fee 17: Fee 18: 0.00 Fee 22: 0.00 Fee 23: Fee 24: 0.00 Fee 21: 0.00 Fee 22: 0.00 Fee 23: Fee 24: 0.00 Fee 21: 0.00 Fee 22: 0.00 Fee 23: Fee 24: 0.00 Fee 21: 0.00 Fee 22: 0.00 Fee 23: Fee 24: 0.00 Fee 21: 0.00 Fee 22: 0.00 Fee 23: Fee 24: 0.00 Fee 11: 0.00 Fee 22: 0.00 Fee 23: Fee 24: 0.00 Fee 21: 0.00 Fee 22: 0.00 Fee 23: Fee 24: 0.00 Fee 21: 0.00 Fee 22: 0.00 Fee 23: Fee 24: 0.00 Fee 21: 0.00 Fee 22: 0.00 Fee 23: Fee 24: 0.00 Fee 21: 0.00 Fee 22: 0.00 Fee 23: Fee 24: 0.00 Fee 21: 0.00 Fee 22: 0.00 Fee 23: Fee 24: 0.00 Fee 23: 0.00 Fee 23: Fee 24: 0.00 Fee 23: 0.00 Fee 23: 0.00 Fee 23: Fee 24: 0.00 Fee 23: 0.00 F

ADA/CODE			Descriptio			
274.00	Fee 0: Fee 3: Fee 6: Fee 9: Fee 12: Fee 15: Fee 18:	65.00 52.00 0.00 0.00	Bitewings Fee 1: Fee 4: Fee 7: Fee 10: Fee 13: Fee 16: Fee 19:	52.00 0.00 0.00 0.00 0.00	Fee 2: Fee 5: Fee 8: Fee 11: Fee 14: Fee 20	52.00 0.00 0.00 0.00 0.00 0.00
	Fee 21: Fee 24:	0.00 0.00	Fee 22: Fee 25:	0.00 0.00	Fee 23: Fee 26:	0.00
277.00	Fee 0: Fee 3: Fee 6: Fee 12: Fee 15: Fee 18: Fee 21: Fee 24:	70.00 63.00 0.00 0.00 0.00 0.00 0.00	Vertical B Fee 1: Fee 4: Fee 7: Fee 10: Fee 13: Fee 16: Fee 19: Fee 22: Fee 25:	itewings 63.00 0.00 0.00 0.00 0.00 0.00 0.00	- 7 to 8 Fi Fee 2: Fee 5: Fee 8: Fee 11: Fee 14: Fee 17: Fee 20: Fee 23: Fee 26:	lms 63.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
290.00	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	Post./Ant. Fee 1: Fee 4: Fee 7: Fee 10: Fee 13: 16: Fee 19: Fee 22: Fee 25:	/Lateral 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	Skull Surver Fee 2: Fee 5: Fee 8: Fee 11: Fee 14: Fee 17: Fee 20: Fee 23: Fee 26:	y Film 0.00 0.00 0.00 0.00 0.00 0.00 0.00
310.00	Fee 0: Fee 3: Fee 6: Fee 9: Fee 17: Fee 18: Fee 21: Fee 24:	0.00 0.00 0.00 0.00 0.00 0.00 0.00	Sialograph Fee 1: Fee 4: Fee 7: Fee 10: Fee 13: Fee 16: Fee 22: Fee 25:	Y 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Fee 2: Fee 5: Fee 8: Fee 11: Fee 14: Fee 20: Fee 23: Fee 26:	0.00 0.00 0.00 0.00 0.00 0.00 0.00

Fee 3: 0.00 Fee 4: 0.00 Fee 5: 0 Fee 6: 0.00 Fee 7: 0.00 Fee 8: 0 Fee 9: 0.00 Fee 10: 0.00 Fee 11: 0 Fee 12: 0.00 Fee 13: 0.00 Fee 14: 0 Fee 15: 0.00 Fee 16: 0.00 Fee 17: 0 Fee 18: 0.00 Fee 22: 0.00 Fee 23: 0	.00
Fee 6: 0.00 Fee 7: 0.00 Fee 8: 0 Fee 9: 0.00 Fee 10: 0.00 Fee 11: 0 Fee 12: 0.00 Fee 13: 0.00 Fee 14: 0 Fee 15: 0.00 Fee 16: 0.00 Fee 17: 0 Fee 18: 0.00 Fee 22: 0.00 Fee 23: 0	.00
Fee 12: 0.00 Fee 13: 0.00 Fee 14: 0 Fee 15: 0.00 Fee 16: 0.00 Fee 17: 0 Fee 18: 0.00 Fee 22: 0.00 Fee 23: 0	.00
Fee 18: 0.00 Fee 19: 0.00 Fee 20 0 Fee 21: 0.00 Fee 22: 0.00 Fee 23: 0	.00
Fee 21: 0.00 Fee 22: 0.00 Fee 23: 0	.00
ree 21. 0.00 ree 25. 0.00 ree 20. 0	/ -
321.00 Other Temporomandibular Joint Film	
Fee 3: 49.00 Fee 4: 0.00 Fee 5: 0	.00
	.00
Fee 12: 0.00 Fee 13: 0.00 Fee 14: 0	.00
Fee 18: 0.00 Fee 19: 0.00 Fee 20: 0	.00
	.00
322.00 Tomographic Survey	
	.00
	.00
Fee 12: 0.00 Fee 13: 0.00 Fee 14: 0	.00
Fee 18: 0.00 Fee 19: 0.00 Fee 20: 0	.00
	.00
Panoramic Film	
Fee 3: 81.00 Fee 4: 0.00 Fee 5: 0	.00
	.00
Fee 12 0.00 Fee 13: 0.00 Fee 14: 0	.00
Fee 18: 0.00 Fee 19: 0.00 Fee 20: 0	.00
	.00
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ADA/CODE			Description			
340.00			Cephalometr			
	Fee 0:	100.00	Fee 1:	32.00	Fee	2: 32.00
	Fee 3:	32.00	Fee 4:	0.00		5: 0.00
	Fee 6:	0.00	Fee 7:	0.00		8: 0.00
	Fee 9:	0.00	Fee 10:	0.00		1: 0.00
	Fee 12:	0.00	Tee 13:	0.00		4: 0.00
	Fee 15:	0.00	Tee 16:	0.00	Fee 1	7.00
	Fee 18:	0.00	Tee 19:	0.00		0.00
	Fee 21:	0.00	Fee 22:	0.00	Fee 2	3: 0.00
	Fee 24:	0.00	Fee 25:	0.00	Fee 2	6: 0.00
350.00			Oral/Facial	Photogra	aphic I	mages
	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		8: 0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 1	
	Fee 12:	0.00	Fee 13:	0.00	Fee 1	
	Fee 15:	0.00	Fee 16:	0.00	Fee 1	
	Fee 18:			0.00	Fee 2	
		0.00	Fee 19:			
	Fee 21:	0.00	Fee 22:	0.00	Fee 2	
	Fee 24:	0.00	Fee 25:	0.00	Fee 2	6: 0.00
260 00			Q 1			7 7 . 1
360.00		400 00				l data capture
	Fee 0:	400.00	Fee 1:	0.00		2: 0.00
	Fee 3:	0.00	Fee 4:	0.00		5: 0.00
	Fee 6:	0.00	Fee 7:	0.00		8: 0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 1	
	Fee 12:	0.00	F) e 13:	0.00	Fee 1	
	Fee 15:	0.00	16:	0.00	Fee 1	7: 0.00
	Fee 18:	0.00	Fee 19:	0.00	Fee 2	0: 0.00
	Fee 21:	0.00_	Fee 22:	0.00	Fee 2	
	Fee 24:	0.0	Fee 25:	0.00	Fee 2	
362.00			Cone beam -	2-D imag	ge reco	nstruction
	Fee 0:	0.20	Fee 1:	0.00		2: 0.00
	Fee 3:	0.00	Fee 4:	0.00		5: 0.00
	Fee 6:	0.00	Fee 7:	0.00		8: 0.00
	Fee 9:	0.00	Fee 10:	0.00	Fee 1	
	Fee 1	0.00	Fee 13:	0.00	Fee 1	
	Fee 1	0.00	Fee 16:	0.00	Fee 1	
	Fee 18:	0.00	Fee 19:	0.00	Fee 2	
	Fee 21:	0.00	Fee 22:	0.00	Fee 2	
	Fee 24:	0.00	Fee 25:	0.00	Fee 2	6: 0.00
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ADA/CODE			Description			
363.00	Fee 0: Fee 3: Fee 6: Fee 9: Fee 12: Fee 15: Fee 18:	0.00 0.00 0.00 0.00	Fee 1: Fee 4: Fee 7: Fee 10: Tee 13: Tee 16: Tee 19:	0.00 0.00 0.00 0.00 0.00 0.00	ge reconstru Fee 2: Fee 5: Fee 8: Fee 11: Fee 14: Fee 17: Fee 20	0.00 0.00 0.00 0.00 0.00 0.00 0.00
	Fee 21: Fee 24:	0.00	Fee 22: Fee 25:	0.00	Fee 23: Fee 26:	0.00
415.00	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	Collection Fee 1: Fee 4: Fee 7: Fee 10: Fee 13: Fee 16: Fee 19: Fee 22: Fee 25:	of Micro 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	organisms fo Fee 2: Fee 5: Fee 8: Fee 11: Fee 14: Fee 17: Fee 20: Fee 23: Fee 26:	r Culture 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.
416.00	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	Viral Cultume Fee 1: Fee 4: Fee 7: Fee 10: Fee 13: Fee 19: Fee 22: Fee 25:	0.00 0.00 0.00 0.00 0.00 0.00 0.00	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
417.00	Fee 0: Fee 3: Fee 6: Fee 9: Fee 12: Fee 18: Fee 21: Fee 24:	0.00 0.00 0.00 0.00 0.00 0.00 0.00	Collection Fee 1: Fee 4: Fee 7: Fee 10: Fee 13: Fee 16: Fee 19: Fee 22: Fee 25:	and Prep 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	of saliva s Fee 2: Fee 5: Fee 8: Fee 11: Fee 14: Fee 17: Fee 20: Fee 23: Fee 26:	ample 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.
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ADA/CODE			Description	n		
418.00			Analysis o		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	Tee 13:	0.00	Fee 14:	0.00
	Fee 15:	000	Fee 16:	Q . 00	Fee 17:	0.00
	Fee 18:		Tee 19: C	0 .00 L	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 Te	at - Suac	. to Oral D	i geageg
121.00	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
425.00			Caries Sus	centihili:	ty Tests	
423.00	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:	0.04	Fee 25:	0.00	Fee 26:	0.00
431.00		~ `	Pre-diag T	est for M	ucosal Abno:	rmalities
131.00	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:	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			
460.00	T 0.	0.00	Pulp Vitali		T	0 00
	Fee 0: Fee 3:	0.00	Fee 1: Fee 4:	0.00	Fee 2: 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:		Tee 16:	0.00	Fee 17.	0.00
	Fee 18: Fee 21:	0.00	Fee 22:	0.00	Fee 20 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: Fee 12:	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:	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 o			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: Fee 9:	0.00	Fee 7: Fee 10:	0.00	Fee 8: 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
473.00			Accession o		-	
	Fee 0:	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: ►	0.00	Fee 19:	0.00	Fee 20:	0.00
	Fee 21: Fee 24:	0.00	Fee 22: Fee 25:	0.00	Fee 23: Fee 26:	0.00
	7	0.00	ree 25:	0.00	ree zo:	0.00
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