

Jambert Dental Saving Plan - "Basic" Fee Schedule

Code – Procedures Description	Max Fee
Diagnostic Services	
D0120 Periodic Oral Evaluation - Established Patient	FC* \$79.95
D0140 Limited Oral Evaluation - Problem Focused	FC* \$79.95
D0150 Comprehensive Oral Evaluation	FC* \$79.95
D0160 Detailed and Extensive Oral Evaluation	FC* \$79.95
D0170 Re-Evaluation - Limited, Problem Focused	FC* \$79.95
D0180 Comprehensive Periodontal Evaluation	FC* \$79.95
D0210 Intraoral - Complete Series of Radiographic Images	\$90.00
D0220 Intraoral - Periapical First Radiographic Image	FC* \$79.95
D0230 Intraoral - Periapical Each Add Radiographic Image	FC* \$79.95
D0240 Intraoral - Occlusal Radiographic Image	FC* \$79.95
D0250 Extraoral - First Radiographic Image	FC* \$79.95
D0260 Extraoral - Each Additional Radiographic Image	FC* \$79.95
D0270 Bitewing - Single Radiographic Image	FC* \$79.95
D0272 Bitewing - Two Radiographic Images	FC* \$79.95
D0273 Bitewing - Three Radiographic Images	FC* \$79.95
D0274 Bitewings - Four Radiographic Images	FC* \$79.95
D0277 Vertical Bitewings - 7 to 8 Radiographic Images	FC* \$79.95
D0330 Panoramic Radiographic Images	\$71.00
D0340 Cephalometric Radiographic Image	\$74.00
D0350 2D Oral/Facial Photographic Image	\$34.00
D0460 Pulp vitality Tests	\$29.00
*All other Diagnostic Services at Office Fees	15% OFF
Preventative Services	
D1110 Prophylaxis - Adult	FC* \$79.95
D1120 Prophylaxis - Child	FC* \$79.95
D1208 Topical Application of Fluoride - Excluding Varnish	\$22.00
D1330 Oral Hygiene Instructions	FC* \$79.95
D1351 Sealant - Per Tooth	\$34.00
D1510 Space Maintainer - Fixed - Unilateral	\$217.00
D1515 Space Maintainer -Fixed - Bilateral	\$355.00
D1520 Space Maintainer - Removable - Unilateral	\$235.00
D1525 Space Maintainer -Removable - Bilateral	\$367.00
D1550 Re-Cement or Re-Bond Space Maintainer	\$45.00
*All other Preventative Services at Office Fees	15% OFF
Restoratives Services	
D2140 Amalgam- One Surface, Primary or Permanent	\$75.00
D2150 Amalgam - Two Surface, Primary or Permanent	\$97.00
D2160 Amalgam - Three Surfaces, Primary or Permanent	\$122.00
D2161 Amalgam - Four or More Surfaces	\$142.00
D2330 Resin Based Composite - One Surface Anterior	\$101.00
D2331 Resin Based Composite - Two Surface Anterior	\$125.00
D2332 Resin Based Composite - Three Surfaces, Anterior	\$148.00
D2335 Resin-Based Composite - Four or More Ant	\$152.00
D2390 Resin-Based Composite Crown, Anterior	\$228.00
D2391 Resin-Based Composite - One Surface, Post	\$122.00
D2392 Resin-Based Composite - Two Surfaces, Post	\$157.00
D2393 Resin-Based Composite - Three Surfaces, Post	\$187.00
D2394 Resin-Based Composite - Four or More Surfaces	\$214.00
D2510 Inlay- Metallic- One Surface	\$638.00
D2520 Inlay- Metallic- Two Surfaces	\$689.00
D2530 Inlay-Metallic- Three Surfaces	\$700.00
D2542 Onlay-Metallic- Two Surfaces	\$720.00
D2543 Onlay-Metallic - Three Surfaces	\$720.00
D2544 Onlay-Metallic - Four or More Surfaces	\$779.00
D2610 Inlay-Porcelain/Ceramic-One Surface	\$821.00
D2620 Inlay-Porcelain/Ceramic-Two Surface	\$565.00

Code – Procedures Description	Max Fee
Restorative Services - Continued	
D2630 Inlay-Porcelain/Ceramic-Three or More Surf	\$721.00
D2642 Onlay-Porcelain/Ceramic-Two Surfaces	\$758.00
D2643 Onlay-Porcelain/Ceramic-Three Surfaces	\$771.00
D2644 Onlay-Porcelain/Ceramic-Four or more	\$797.00
D2650 Inlay-Resin Based Composite- One Surface	\$315.00
D2651 Inlay-Resin Based Composite-Two Surfaces	\$505.00
D2652 Inlay-Resin Based Composite-Three or more Surfaces	\$605.00
D2662 Onlay-Resin Based Composite-Two Surfaces	\$621.00
D2663 Onlay-Resin Based Composite- Three Surfaces	\$665.00
D2664 Onlay-ResinBased Composite- Four or more	\$692.00
D2710 Crown-Resin Based Composite (Indirect)	\$361.00
D2720 Crown-Resin with High Noble Metal	\$721.00
D2721 Crown-Resin with Predominantly Base Metal	\$645.00
D2722 Crown-Resin with Noble Metal	\$671.00
D2740 Crown-Porcelain/Ceramic Substrate	\$902.00
D2750 Crown-Porcelain Fused to High Noble Metal	\$835.00
D2751 Crown-Porcelain Fused to Predominantly Based Metal	\$659.00
D2752 Crown-Porcelain Fused to Noble Metal	\$706.00
D2780 Crown 3/4 Cast High Noble Metal	\$769.00
D2781 Crown 3/4 Cast predominantly Base Metal	\$681.00
D2782 Crown 3/4 Cast Noble Metal	\$714.00
D2783 Crown 3/4 Porcelain/Ceramic	\$819.00
D2790 Crown - Full Cast High Noble Metal	\$732.00
D2791 Crown-Full Cast Predominantly Base Metal	\$652.00
D2792 Crown-Full Cast Noble Metal	\$665.00
D2910 Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial	\$71.00
D2920 Re-Cement or Re-Bond Crown	\$64.00
D2930 Prefabricated Stainless Steel Crown - Primary	\$171.00
D2931 Prefabricated Stainless Steel Crown - Permanent	\$195.00
D2932 Prefabricated Resin Crown	\$204.00
D2933 Prefabricated Stainless Steel Crown w/Resin	\$225.00
D2940 Protective Restoration	\$65.00
D2950 Core BU, Including Any Pins when Required	\$164.00
D2951 Pin Retention - Per tooth	\$35.00
D2952 Post and Core in Addition to Crown	\$259.00
D2953 Each Additional Indirectly Fab Post- Same Tooth	\$145.00
D2954 Prefabricated Post & Core in Addition to Crown	\$214.00
D2955 Post Removal	\$116.00
D2957 Each Additional Prefabricated Post - Same Tooth	\$103.00
D2960 Labial Veneer (Resin Laminate) Chairside	\$381.00
*All Other Restorative Services at Office Fees	15% OFF
Endodontic Services	
D3110 Pulp Cap - Direct (Excluding Final Restoration)	\$42.00
D3120 Pulp Cap - Indirect (Excluding Final Restoration)	\$42.00
D3220 Therapeutic Pulpotomy (Excluding Final Rest)	\$119.00
D3221 Pulpal Debridement	\$125.00
D3230 Pulpal Therapy - Anterior	\$150.00
D3240 Pulpal Therapy - Posterior	\$165.00
D3310 Endodontic Therapy - Anterior	\$549.00
D3320 Endodontic Therapy - Bicuspid	\$636.00
D3330 Endodontic Therapy - Molar	\$837.00
D3331 Treatment of Root Canal Obstruction	\$119.00
D3332 Incomplete Endodontic Therapy	\$245.00
D3333 Internal Root Repair of Perforation Defects	\$220.00
D3346 Retreatment of Previous Root Canal Therapy Ant	\$685.00
D3347 Retreatment of Previous Root Canal Ther Bicuspid	\$765.00
D3348 Retreatment of Previous Root Canal Ther Molar	\$915.00

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Code – Procedures Description	Max Fee
Endodontic Services - Continued	
D3351 Apexification/Recalcification Initial Visit	\$212.00
D3352 Apexification/Recalcification Interim Med Replac	\$139.00
D3353 Apexification/Recalcification Final Visit	\$311.00
D3410 Apicoectomy - Anterior	\$566.00
D3421 Apicoectomy - Bicuspid	\$645.00
D3425 Apicoectomy -Molar	\$645.00
D3426 Apicoectomy	\$220.00
D3430 Retrograde Filling - Per Root	\$149.00
D3450 Root Amputation - Per Root	\$374.00
D3470 Intentional Reimplantation	\$701.00
D3910 Surgical Procedure for Isolation of Tooth	\$106.00
D3920 Hemisection (Including Any Root Removal)	\$265.00
D3950 Canal Preparation & Fitting of Preformed Dowel	\$265.00
* All other Endodontics Services at Office Fees	15% OFF
Periodontics Services	
D4210 Gingivectomy/Gingivoplasty - Four or more	\$328.00
D4211 Gingivectomy or Gingivoplasty - One to Three	\$149.00
D4230 Anatomical Crown Exposure - Four or more	\$779.00
D4231 Anatomical Crown Exposure - One to Three Teeth	\$675.00
D4240 Gingival Flap Procedure Including Root Planing	\$459.00
D4241 Gingival Flap Procedure Including Root Planing	\$362.00
D4245 Apically Positioned Flap	\$338.00
D4249 Clinical Crown Lengthening - Hard Tissue	\$501.00
D4260 Osseous Surgery	\$770.00
D4261 Osseous Surgery Including Elevation of a Full Flap	\$662.00
D4263 Bone Replacement Graft - First Site	\$321.00
D4264 Bone Replacement Graft - Each Additional Site	\$219.00
D4266 Guided Tissue Regeneration - Resorbable Barrier	\$340.00
D4267 Guided Tissue Regeneration- NonResorbable Barrier	\$415.00
D4268 Surgical Revision Procedure, Per Tooth	\$474.00
D4270 Pedicle Soft Tissue Graft Procedure	\$542.00
D4320 Provisional Splinting - Intracoronal	\$298.00
D4321 Provisional Splinting - Extracoronal	\$267.00
D4341 Periodontal Scaling and Root Planing - Per Quad	\$171.00
D4342 Periodontal Scaling and Root Planing- One to Three	\$120.00
D4355 Full Mouth Debridement to Enable Comp Eval	\$102.00
D4910 Periodontal Maintenance	\$95.00
D4920 Unscheduled Dressing Change	\$70.00
*All other Periodontics Services at Office Fees	15% OFF
Prosthetic (Removable) Services	
D5110 Complete Denture - Maxillary	\$890.00
D5120 Complete Denture - Mandibular	\$890.00
D5130 Immediate Denture - Maxillary	\$930.00
D5140 Immediate Denture - Mandibular	\$930.00
D5211 Maxillary Partial Denture - Resin Base	\$662.00
D5212 Mandibular Partial Denture - Resin Base	\$662.00
D5213 Maxillary Partial Denture - Cast metal Framework	\$1,015.00
D5214 Mandibular Partial Denture - Cast Metal Framework	\$1,015.00
D5281 Removable Unilateral Partial Denture	\$510.00
D5410 Adjust Complete Denture - Maxillary	\$52.00
D5411 Adjust Complete Denture - Mandibular	\$52.00
D5421 Adjust Partial Denture -Maxillary	\$55.00
D5422 Adjust Partial Denture - Mandibular	\$55.00
D5510 Repair Broken Complete Denture Base	\$119.00
D5520 Replace Missing or Broken Teeth - Complete Denture	\$95.00
D5610 Repair Resin Denture Base	\$110.00

Code – Procedures Description	Max Fee
Prosthetic (Removable) Services	
D5620 Repair Cast Framework	\$145.00
D5630 Repair or Replace Broken Clasp	\$134.00
D5640 Replace Broken Teeth - Per Tooth	\$99.00
D5650 Add Tooth to Existing Partial Denture	\$119.00
D5660 Add Clasp to Existing Partial Denture	\$135.00
D5710 Rebase Complete Maxillary Denture	\$291.00
D5711 Rebase Complete Mandibular Denture	\$294.00
D5720 Rebase Maxillary Partial Denture	\$315.00
D5721 Rebase Mandibular Partial Denture	\$315.00
D5730 Reline Complete Maxillary Denture (Chairside)	\$195.00
D5731 Reline Complete Mandibular Denture (Chairside)	\$195.00
D5740 Reline Maxillary Partial (Chairside)	\$185.00
D5741 Reline Mandibular Partial (Chairside)	\$185.00
D5750 Reline Complete Maxillary Denture (Lab)	\$272.00
D5751 Reline Complete Mandibular Denture (Lab)	\$272.00
D5760 Reline Complete Maxillary Partial (Lab)	\$275.00
D5761 Reline Complete Mandibular Denture (Lab)	\$275.00
D5810 Interim Complete Denture - Maxillary	\$495.00
D5811 Interim Complete Denture - Mandibular	\$495.00
D5820 Interim Partial Denture - Maxillary	\$375.00
D5821 Interim Partial Denture - Mandibular	\$375.00
D5850 Tissue Conditioning - Maxillary	\$105.00
D5851 Tissue conditioning - Mandibular	\$105.00
*All Other Prosthetic Services at Office Fees	15% OFF
Implant Services	
D6010 Surgical Placement of Implant Body: Endosteal	\$1,471.00
D6050 Surgical Placement: Transosteal implant	15% OFF
D6055 Dental Implant Supported Connecting Bar	\$502.00
D6056 Prefabricated Abutment	\$392.00
D6057 Custom Abutment	\$559.00
D6058 Abutment Supported Porcelain/Ceramic Crown	\$1,045.00
D6059 Abutment Supp Porc Fused to Metal Crown/High	\$1,045.00
D6060 Abutment Supp Porc Fused to Metal Crown/Pre	\$901.00
D6061 Abutmt Supp Porc Fused to Metal Crown/Noble	\$947.00
D6062 Abutment Supp Cast Metal Crown/High Noble	\$1,135.00
D6064 Abutmt Supp Cast Metal Crown/Predominately	\$974.00
D6065 Implant Supp Porcelain/Ceramic Crown	\$1,045.00
D6066 Implant Supp Fused to Metal Crown	\$1,045.00
D6067 Implant Supp Metal Crown	\$136.00
D6068 Abutmt Supp Retainer For Porcelain/Ceramic	\$1,045.00
D6069 Abutmt Supp Retainer For Porcelain Fused	\$1,045.00
D6070 Abutmt Supp Retainer For Porcelain Fused to	\$901.00
D6071 Abutmt Supp Retainer For Porcelain Fused to	\$947.00
D6072 Abutmt Supp Retainer For Cast Metal/High	\$1,137.00
D6073 Abutmt Supp Retainer For Cast Metal/Pre	\$945.00
D6074 Abutmt Supp Retainer For Cast Metal/Noble	\$975.00
D6075 Implant Supported Retainer For Ceramic FPD	\$1,046.00
D6076 Implant Supp Retainer For Porcelain Fused	\$1,046.00
D6077 Implant Supp Retainer For Cast Metal FPD	\$1,137.00
D6080 Implant Maintenance Procedures When Prosth	\$102.00
D6091 Repl Semi/Precision Attach	15% OFF
D6092 Re-Cement or Re-Bond Implant/Abutment Supp	\$86.00
D6093 Re-Cement or Re-Bond Implant/Abutment Supp	\$115.00
D6094 Abutment Supported Crown - Titanium	\$1,137.00
D6095 Implant/Abutment Supp Removable Denture	15% OFF
D6100 Implant Removal, By Report	15% OFF
D6110 Implant/Abutment Supp Removable Denture	\$1,611.00

Jambert Dental Saving Plan - "Basic" Fee Schedule

Code – Procedures Description	Max Fee
Implant Services -Continued	
D6111 Implant/Abutment Supp Removable Denture	\$1,611.00
D6112 Implant/Abutment Supp Removable Denture – Max	\$1,207.00
D6113 Implant/Abutment Supp Removable Denture - Mand	\$1,207.00
D6114 Implant/Abutment Supp Fixed Denture For Edentilou	15% OFF
D6115 Implant/Abutment Supp Fixed Denture for Edentilou	15% OFF
D6116 Implant/Abutment Supp Fixed Denture for Edentilou	15% OFF
D6117 Implant/Abutment Supp Fixed Denture for Edentilou	15% OFF
D6190 Radiographic/Surgical Implant Index by Report	\$221.00
D6194 Abutment Supported Retainer Crown for FPD	\$1,137.00
*All other Implant Services at Office Fees	15% OFF
Prosthodontic (Fixed) Services	
D6210 Pontiac - Cast High Noble Metal	\$732.00
D6211 Pontic - Cast predominantly Base Metal	\$654.00
D6212 Pontic - Cast Noble Metal	\$667.00
D6240 Pontic - Porcelain Fused to High Noble Metal	\$832.00
D6241 Pontic - Porcelain Fused to Predominantly Base	\$659.00
D6242 Pontic - Porcelain Fused To Noble Metal	\$702.00
D6245 Pontic - Pontic - Porcelain/Ceramic	\$902.00
D6250 Pontic - Resin With High Noble Metal	\$721.00
D6251 Pontic - Resin With Predominantly Base Metal	\$645.00
D6252 Pontic - Resin With Noble Metal	\$671.00
D6545 Retainer - Cast Metal for Resin Bonded	\$322.00
D6548 Retainer - Porcelain/ Ceramic for Resin Bonded	\$535.00
D6720 Crown - Resin With High Noble Metal	\$721.00
D6721 Crown - Resin With Predominantly Base Metal	\$644.00
D6722 Crown - Resin With Noble Metal	\$671.00
D6740 Crown - Porcelain/ Ceramic	\$901.00
D6750 Crown - Porcelain Fused to High Noble Metal	\$835.00
D6751 Crown - Porcelain Fused to Predominantly Base	\$659.00
D6752 Crown - Porcelain Fused to Noble Metal	\$705.00
D6780 Crown - 3/4 Cast High Noble Metal	\$805.00
D6781 Crown - 3/4 Cast Predominantly Base Metal	\$769.00
D6782 Crown - 3/4 Cast Noble Metal	\$681.00
D6783 Crown - 3/4 Porcelain/ Ceramic	\$714.00
D6790 Crown - Full Cast High Noble Metal	\$733.00
D6791 Crown - Full Cast Predominantly Base Metal	\$656.00
D6792 Crown - Full Cast Noble Metal	\$667.00
D6930 Re-Cement or Re-Bond Fixed Partial Denture	\$92.00
*All Other Prosthodontic (Fixed) Services at Office Fees	15% OFF
Oral Surgery Services	
D7111 Extraction, Coronal Remnants - Deciduous Tooth	\$71.00
D7140 Extraction, Erupted Tooth or Exposed Root	\$109.00
D7210 Surgical Removal of Erupted Tooth or Exposed Root	\$179.00
D7220 Removal of Impacted Tooth - Soft Tissue	\$221.00
D7230 Removal of Impacted Tooth - Partially Bony	\$279.00
D7240 Removal of Impacted Tooth - Completely Bony	\$325.00
D7241 Removal of Impacted Tooth - Completely Bony	\$380.00
D7250 Surgical Removal of Residual Tooth Roots	\$180.00

Code – Procedures Description	Max Fee
Oral Surgery Services - Continued	
D7251 Coronectomy – Intent Partial Tooth Removal	\$279.00
D7270 Tooth Reimplantation and/or Stabilixation	\$459.00
D7272 Tooth Transplantation	\$390.00
D7280 Surgical Access of An Unerupted Tooth	\$352.00
D7285 Incisional Biopsy of Oral Tissue - Hard Bone	\$315.00
D7286 Incisional Biopsy of Oral Tissue - Soft	\$239.00
D7310 Alveoloplasty in Conjunction with Extractions -	\$162.00
D7320 Alveoloplasty Not In Conjunction w/ Extractions	\$211.00
D7450 Removal of Benign Odontogenic Cyst or Tumor <	\$304.00
D7451 Removal of Benign Odontogenic Cyst or Tumor	\$1,207.00
D7460 Removal of Benign Nonodontogenic Cyst <	\$757.00
D7461 Removal of Benign Nonodontogenic Cyst	\$993.00
D7510 Incision and Drainage of Abscess - Intraoral Soft	\$141.00
D7910 Suture of Recent Small Wounds Up to 5cm	\$385.00
D7911 Complicated Suture - Up to 5cm	\$936.00
D7912 Complicated Suture - Greater Than 5cm	\$926.00
D7951 Sinus Augmentation w Bone or Bone Substitutes	\$2,965.00
D7960 Frenulectomy - AKA Frenectomy or Frenotomy	\$309.00
D7970 Excision of Hyperplastic Tissue - Per Arch	\$259.00
D7971 Excision of Pericoronal Gingivatomy	\$136.00
*All other Oral Surgery Services at Office Fees	15% OFF
Orthodontic (Fixed) Services	
D8010 Limited Orthodontic Treatment of Primary Dent	\$1,200.00
D8020 Limited Orthodontic Treatment of Transitional D	\$1,200.00
D8030 Limited Orthodontic Treatment of Adolescent D	\$1,200.00
D8040 Limited Orthodontic Treatment of Adult Dent	\$1,200.00
D8060 Interceptive Orthodontic Treatment of Transit	\$1,500.00
D8070 Comprehensive Orthodontic Treatment of Transi	\$4,461.00
D8080 Comprehensive Orthodontic Treatment of Adole	\$4,561.00
D8090 Comprehensive Orthodontic Treatment of Adole	\$4,691.00
D8210 Removable Appliance Therapy	\$550.00
D8660 Pre-Orthodontic Treatment Examination	\$387.00
*All Other Ortho Treatment Services at Office Fees	15% OFF
Adjunctive Services	
D9110 Palliative (Emergency) TX of Dental Pain - Minor	\$71.00
D9215 Local Anesthesia in Conjunction With Operative	\$17.00
D9230 Inhalation of Nitrous Oxide/Anxiolysis, Analgesia	\$31.00
D9310 Consultation- Diagnostic Service Prov by Dent	\$77.00
D9410 House/ Extended Care Facility Call	\$162.00
D9420 Hospital or Ambulatory Surgical Center Call	\$162.00
D9440 Office Visit - After Regular Business Hours	\$57.00
D9910 Application of Desensitizing Medicament	\$30.00
D9911 Application of Desensitizing Resing for Cervical	\$31.00
D9941 Fabrication of Athletic Mouthguard	\$137.00
D9950 Occlusion Analysis - Mounted Case	\$197.00
D9951 Occlusal Adjustment - Limited	\$71.00
D9952 Occlusal Adjustment - Complete	\$302.00
* All other Adjunctive Services at Office Fees	15% OFF

Fee Schedules are updated January 1st of every year. Dentist may download newest Fee Schedule at www.JambertDental.com/dentistportal

Below is the maximum fee schedule. This is a discount dental saving plan and is not insurance. You will collect all fees directly from the patient. Any Fees not listed below, you the dentist agrees to give a 15% discount off of your office fees/ UCR Prices. The dentist will charge additional for lab costs. FC* includes all procedures done within one visit.

Jambert Dental Saving Plan - "Standard" Fee Schedule

Code – Procedures Description	Max Fee
Diagnostic Services	
D0120 Periodic Oral Evaluation - Established Patient	\$38.00
D0140 Limited Oral Evaluation - Problem Focused	\$61.00
D0150 Comprehensive Oral Evaluation	\$64.00
D0160 Detailed and Extensive Oral Evaluation	\$106.00
D0170 Re-Evaluation - Limited, Problem Focused	\$42.00
D0180 Comprehensive Periodontal Evaluation	\$70.00
D0210 Intraoral - Complete Series of Radiographic Images	\$100.00
D0220 Intraoral - Periapical First Radiographic Image	\$20.00
D0230 Intraoral - Periapical Each Add Radiographic Image	\$18.00
D0240 Intraoral - Occlusal Radiographic Image	\$31.00
D0250 Extraoral - First Radiographic Image	\$39.00
D0260 Extraoral -Each Additional Radiographic Image	\$29.00
D0270 Bitewing - Single Radiographic Image	\$21.00
D0272 Bitewing - Two Radiographic Images	\$35.00
D0273 Bitewing - Three Radiographic Images	\$42.00
D0274 Bitewings - Four Radiographic Images	\$49.00
D0277 Vertical Bitewings - 7 to 8 Radiographic Images	\$75.00
D0330 Panoramic Radiographic Images	\$105.00
D0340 Cephalometric Radiographic Image	\$119.00
D0350 2D Oral/Facial Photographic Image	\$56.00
D0460 Pulp vitality Tests	\$28.00
*All other Diagnostic Services at Office Fees	17% OFF
Preventative Services	
D1110 Prophylaxis - Adult	\$65.00
D1120 Prophylaxis - Child	\$49.00
D1208 Topical Application of Fluoride - Excluding Varnish	\$26.00
D1330 Oral Hygiene Instructions	\$38.00
D1351 Sealant - Per Tooth	\$49.00
D1510 Space Maintainer - Fixed - Unilateral	\$324.00
D1515 Space Maintainer -Fixed - Bilateral	\$454.00
D1520 Space Maintainer - Removable - Unilateral	\$353.00
D1525 Space Maintainer -Removable - Bilateral	\$545.00
D1550 Re-Cement or Re-Bond Space Maintainer	\$65.00
*All other Preventative Services at Office Fees	17% OFF
Restoratives Services	
D2140 Amalgam- One Surface, Primary or Permanent	\$96.00
D2150 Amalgam - Two Surface, Primary or Permanent	\$122.00
D2160 Amalgam - Three Surfaces, Primary or Permanent	\$139.00
D2161 Amalgam - Four or More Surfaces	\$195.00
D2330 Resin Based Composite - One Surface Anterior	\$104.00
D2331 Resin Based Composite - Two Surface Anterior	\$125.00
D2332 Resin Based Composite - Three Surfaces, Anterior	\$145.00
D2335 Resin-Based Composite - Four or More Ant	\$175.00
D2390 Resin-Based Composite Crown, Anterior	\$195.00
D2391 Resin-Based Composite - One Surface, Post	\$111.00
D2392 Resin-Based Composite - Two Surfaces, Post	\$142.00
D2393 Resin-Based Composite - Three Surfaces, Post	\$174.00
D2394 Resin-Based Composite - Four or More Surfaces	\$239.00
D2510 Inlay- Metallic- One Surface	\$585.00
D2520 Inlay- Metallic- Two Surfaces	\$621.00
D2530 Inlay-Metallic- Three Surfaces	\$717.00
D2542 Onlay-Metallic- Two Surfaces	\$702.00
D2543 Onlay-Metallic - Three Surfaces	\$735.00
D2544 Onlay-Metallic - Four or More Surfaces	\$767.00
D2610 Inlay-Porcelain/Ceramic-One Surface	\$665.00
D2620 Inlay-Porcelain/Ceramic-Two Surface	\$720.00

Code – Procedures Description	Max Fee
Restorative Services - Continued	
D2630 Inlay-Porcelain/Ceramic-Three or More Surf	\$717.00
D2642 Onlay-Porcelain/Ceramic-Two Surfaces	\$704.00
D2643 Onlay-Porcelain/Ceramic-Three Surfaces	\$760.00
D2644 Onlay-Porcelain/Ceramic-Four or more	\$807.00
D2650 Inlay-Resin Based Composite- One Surface	\$521.00
D2651 Inlay-Resin Based Composite-Two Surfaces	\$542.00
D2652 Inlay-Resin Based Composite-Three or more Surfaces	\$571.00
D2662 Onlay-Resin Based Composite-Two Surfaces	\$460.00
D2663 Onlay-Resin Based Composite- Three Surfaces	\$541.00
D2664 Onlay-ResinBased Composite- Four or more	\$581.00
D2710 Crown-Resin Based Composite (Indirect)	\$340.00
D2720 Crown-Resin with High Noble Metal	\$785.00
D2721 Crown-Resin with Predominantly Base Metal	\$736.00
D2722 Crown-Resin with Noble Metal	\$753.00
D2740 Crown-Porcelain/Ceramic Substrate	\$875.00
D2750 Crown-Porcelain Fused to High Noble Metal	\$795.00
D2751 Crown-Porcelain Fused to Predominantly Based Metal	\$740.00
D2752 Crown-Porcelain Fused to Noble Metal	\$736.00
D2780 Crown 3/4 Cast High Noble Metal	\$764.00
D2781 Crown 3/4 Cast predominantly Base Metal	\$719.00
D2782 Crown 3/4 Cast Noble Metal	\$741.00
D2783 Crown 3/4 Porcelain/Ceramic	\$785.00
D2790 Crown - Full Cast High Noble Metal	\$765.00
D2791 Crown-Full Cast Predominantly Base Metal	\$728.00
D2792 Crown-Full Cast Noble Metal	\$739.00
D2910 Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial	\$69.00
D2920 Re-Cement or Re-Bond Crown	\$71.00
D2930 Prefabricated Stainless Steel Crown - Primary	\$199.00
D2931 Prefabricated Stainless Steel Crown - Permanent	\$219.00
D2932 Prefabricated Resin Crown	\$219.00
D2933 Prefabricated Stainless Steel Crown w/Resin	\$249.00
D2940 Protective Restoration	\$69.00
D2950 Core BU, Including Any Pins when Required	\$173.00
D2951 Pin Retention - Per tooth	\$42.00
D2952 Post and Core in Addition to Crown	\$285.00
D2953 Each Additional Indirectly Fab Post- Same Tooth	\$142.00
D2954 Prefabricated Post & Core in Addition to Crown	\$219.00
D2955 Post Removal	\$187.00
D2957 Each Additional Prefabricated Post - Same Tooth	\$113.00
D2960 Labial Veneer (Resin Laminate) Chairside	\$435.00
All Other Restorative Services at Office Fees	17% OFF
Endodontic Services	
D3110 Pulp Cap - Direct (Excluding Final Restoration)	\$47.00
D3120 Pulp Cap - Indirect (Excluding Final Restoration)	\$37.00
D3220 Therapeutic Pulpotomy (Excluding Final Rest)	\$97.00
D3221 Pulpal Debridement	\$114.00
D3230 Pulpal Therapy - Anterior	\$129.00
D3240 Pulpal Therapy - Posterior	\$158.00
D3310 Endodontic Therapy - Anterior	\$472.00
D3320 Endodontic Therapy - Bicuspid	\$579.00
D3330 Endodontic Therapy - Molar	\$718.00
D3331 Treatment of Root Canal Obstruction	\$188.00
D3332 Incomplete Endodontic Therapy	\$292.00
D3333 Internal Root Repair of Perforation Defects	\$153.00
D3346 Retreatment of Previous Root Canal Therapy Ant	\$630.00
D3347 Retreatment of Previous Root Canal Ther Bicuspid	\$741.00
D3348 Retreatment of Previous Root Canal Ther Molar	\$918.00

Jambert Dental Saving Plan - "Standard" Fee Schedule

Code – Procedures Description	Max Fee
Endodontic Services - Continued	
D3351 Apexification/Recalcification Initial Visit	\$270.00
D3352 Apexification/Recalcification Interim Med Replac	\$118.00
D3353 Apexification/Recalcification Final Visit	\$372.00
D3410 Apicoectomy - Anterior	\$538.00
D3421 Apicoectomy - Bicuspid	\$595.00
D3425 Apicoectomy -Molar	\$679.00
D3426 Apicoectomy	\$228.00
D3430 Retrograde Filling - Per Root	\$168.00
D3450 Root Amputation - Per Root	\$250.00
D3470 Intentional Reimplantation	\$701.00
D3910 Surgical Procedure for Isolation of Tooth	\$106.00
D3920 Hemisection (Including Any Root Removal)	\$265.00
D3950 Canal Preparation & Fitting of Preformed Dowel	\$215.00
* All other Endodontics Services at Office Fees	17% OFF
Periodontics Services	
D4210 Gingivectomy/Gingivoplasty - Four or more	\$361.00
D4211 Gingivectomy or Gingivoplasty - One to Three	\$160.00
D4230 Anatomical Crown Exposure - Four or more	\$779.00
D4231 Anatomical Crown Exposure - One to Three Teeth	\$647.00
D4240 Gingival Flap Procedure Including Root Planing	\$459.00
D4241 Gingival Flap Procedure Including Root Planing	\$261.00
D4245 Apically Positioned Flap	\$338.00
D4249 Clinical Crown Lengthening - Hard Tissue	\$502.00
D4260 Osseous Surgery	\$763.00
D4261 Osseous Surgery Including Elevation of a Full Flap	\$410.00
D4263 Bone Replacement Graft - First Site	\$273.00
D4264 Bone Replacement Graft - Each Additional Site	\$232.00
D4266 Guided Tissue Regeneration - Resorbable Barrier	\$280.00
D4267 Guided Tissue Regeneration- NonResorbable Barrier	\$362.00
D4268 Surgical Revision Procedure, Per Tooth	\$472.00
D4270 Pedicle Soft Tissue Graft Procedure	\$544.00
D4320 Provisional Splinting - Intracoronaral	\$293.00
D4321 Provisional Splinting - Extracoronaral	\$263.00
D4341 Periodontal Scaling and Root Planing - Per Quad	\$172.00
D4342 Periodontal Scaling and Root Planing- One to Three	\$108.00
D4355 Full Mouth Debridement to Enable Comp Eval	\$117.00
D4910 Periodontal Maintenance	\$92.00
D4920 Unscheduled Dressing Change	\$70.00
*All other Periodontics Services at Office Fees	17% OFF
Prosthetic (Removable) Services	
D5110 Complete Denture - Maxillary	\$791.00
D5120 Complete Denture - Mandibular	\$791.00
D5130 Immediate Denture - Maxillary	\$863.00
D5140 Immediate Denture - Mandibular	\$863.00
D5211 Maxillary Partial Denture - Resin Base	\$667.00
D5212 Mandibular Partial Denture - Resin Base	\$742.00
D5213 Maxillary Partial Denture - Cast metal Framework	\$874.00
D5214 Mandibular Partial Denture - Cast Metal Framework	\$874.00
D5281 Removable Unilateral Partial Denture	\$508.00
D5410 Adjust Complete Denture - Maxillary	\$46.00
D5411 Adjust Complete Denture - Mandibular	\$46.00
D5421 Adjust Partial Denture -Maxillary	\$46.00
D5422 Adjust Partial Denture - Mandibular	\$47.00
D5510 Repair Broken Complete Denture Base	\$92.00
D5520 Replace Missing or Broken Teeth - Complete Denture	\$77.00
D5610 Repair Resin Denture Base	\$99.00

Code – Procedures Description	Max Fee
Prosthetic (Removable) Services - Continued	
D5620 Repair Cast Framework	\$108.00
D5630 Repair or Replace Broken Clasp	\$130.00
D5640 Replace Broken Teeth - Per Tooth	\$85.00
D5650 Add Tooth to Existing Partial Denture	\$115.00
D5660 Add Clasp to Existing Partial Denture	\$139.00
D5710 Rebase Complete Maxillary Denture	\$345.00
D5711 Rebase Complete Mandibular Denture	\$329.00
D5720 Rebase Maxillary Partial Denture	\$325.00
D5721 Rebase Mandibular Partial Denture	\$325.00
D5730 Reline Complete Maxillary Denture (Chairside)	\$194.00
D5731 Reline Complete Mandibular Denture (Chairside)	\$194.00
D5740 Reline Maxillary Partial (Chairside)	\$178.00
D5741 Reline Mandibular Partial (Chairside)	\$178.00
D5750 Reline Complete Maxillary Denture (Lab)	\$259.00
D5751 Reline Complete Mandibular Denture (Lab)	\$259.00
D5760 Reline Complete Maxillary Partial (Lab)	\$255.00
D5761 Reline Complete Mandibular Denture (Lab)	\$255.00
D5810 Interim Complete Denture - Maxillary	\$424.00
D5811 Interim Complete Denture - Mandibular	\$440.00
D5820 Interim Partial Denture - Maxillary	\$356.00
D5821 Interim Partial Denture - Mandibular	\$330.00
D5850 Tissue Conditioning - Maxillary	\$88.00
D5851 Tissue conditioning - Mandibular	\$81.00
*All Other Prosthetic Services at Office Fees	17% OFF
Implant Services	
D6010 Surgical Placement of Implant Body: Endosteal	\$1,321.00
D6050 Surgical Placement: Transosteal implant	\$3,395.00
D6055 Dental Implant Supported Connecting Bar	\$395.00
D6056 Prefabricated Abutment	\$292.00
D6057 Custom Abutment	\$349.00
D6058 Abutment Supported Porcelain/Ceramic Crown	\$762.00
D6059 Abutment Supp Porc Fused to Metal Crown/High	\$784.00
D6060 Abutment Supp Porc Fused to Metal Crown/Pre	\$709.00
D6061 Abutmt Supp Porc Fused to Metal Crown/Noble	\$731.00
D6062 Abutment Supp Cast Metal Crown/High Noble	\$721.00
D6064 Abutmt Supp Cast Metal Crown/Predominately	\$697.00
D6065 Implant Supp Porcelain/Ceramic Crown	\$748.00
D6066 Implant Supp Fused to Metal Crown	\$729.00
D6067 Implant Supp Metal Crown	\$707.00
D6068 Abutmt Supp Retainer For Porcelain/Ceramic	\$752.00
D6069 Abutmt Supp Retainer For Porcelain Fused	\$750.00
D6070 Abutmt Supp Retainer for Porcelain Fused to	\$709.00
D6071 Abutmt Supp Retainer for Porcelain Fused to	\$719.00
D6072 Abutmt Supp Retainer For Cast Metal/High	\$722.00
D6073 Abutmt Supp Retainer For Cast Metal/Pre	\$659.00
D6074 Abutmt Supp Retainer For Cast Metal/Noble	\$711.00
D6075 Implant Supported Retainer For Ceramic FPD	\$748.00
D6076 Implant Supp Retainer For Porcelain Fused	\$757.00
D6077 Implant Supp Retainer For Cast Metal FPD	\$705.00
D6080 Implant Maintenance Procedures When Prosth	\$61.00
D6091 Repl Semi/Precision Attach	\$303.00
D6092 Re-Cement or Re-Bond Implant/Abutment Supp	\$58.00
D6093 Re-Cement or Re-Bond Implant/Abutment Supp	\$79.00
D6094 Abutment Supported Crown - Titanium	\$595.00
D6095 Implant/Abutment Supp Removable Denture	\$409.00
D6100 Implant Removal, By Report	\$515.00
D6110 Implant/Abutment Supp Removable Denture	\$987.00

Jambert Dental Saving Plan - "Standard" Fee Schedule

Code – Procedures Description	Max Fee
Implant Services -Continued	
D6111 Implant/Abutment Supp Removable Denture	\$987.00
D6112 Implant/Abutment Supp Removable Denture – Max	\$987.00
D6113 Implant/Abutment Supp Removable Denture - Mand	\$395.00
D6114 Implant/Abutment Supp Fixed Denture For Edentilou	\$2,001.00
D6115 Implant/Abutment Supp Fixed Denture for Edentilou	\$2,001.00
D6116 Implant/Abutment Supp Fixed Denture for Edentilou	\$1,722.00
D6117 Implant/Abutment Supp Fixed Denture for Edentilou	\$1,722.00
D6190 Radiographic/Surgical Implant Index by Report	\$133.00
D6194 Abutment Supported Retainer Crown for FPD	\$612.00
*All other Implant Services at Office Fees	17% OFF
Prosthodontic (Fixed) Services	
D6210 Pontiac - Cast High Noble Metal	\$782.00
D6211 Pontic - Cast predominantly Base Metal	\$732.00
D6212 Pontic - Cast Noble Metal	\$762.00
D6240 Pontic - Porcelain Fused to High Noble Metal	\$772.00
D6241 Pontic - Porcelain Fused to Predominantly Base	\$714.00
D6242 Pontic - Porcelain Fused To Noble Metal	\$752.00
D6245 Pontic - Pontic - Porcelain/Ceramic	\$797.00
D6250 Pontic - Resin With High Noble Metal	\$763.00
D6251 Pontic - Resin With Predominantly Base Metal	\$591.00
D6252 Pontic - Resin With Noble Metal	\$725.00
D6545 Retainer - Cast Metal for Resin Bonded	\$295.00
D6548 Retainer - Porcelain/ Ceramic for Resin Bonded	\$375.00
D6720 Crown - Resin With High Noble Metal	\$752.00
D6721 Crown - Resin With Predominantly Base Metal	\$715.00
D6722 Crown - Resin With Noble Metal	\$729.00
D6740 Crown - Porcelain/ Ceramic	\$791.00
D6750 Crown - Porcelain Fused to High Noble Metal	\$771.00
D6751 Crown - Porcelain Fused to Predominantly Base	\$719.00
D6752 Crown - Porcelain Fused to Noble Metal	\$738.00
D6780 Crown - 3/4 Cast High Noble Metal	\$628.00
D6781 Crown - 3/4 Cast Predominantly Base Metal	\$628.00
D6782 Crown - 3/4 Cast Noble Metal	\$675.00
D6783 Crown - 3/4 Porcelain/ Ceramic	\$750.00
D6790 Crown - Full Cast High Noble Metal	\$742.00
D6791 Crown - Full Cast Predominantly Base Metal	\$704.00
D6792 Crown - Full Cast Noble Metal	\$731.00
D6930 Re-Cement or Re-Bond Fixed Partial Denture	\$73.00
*All Other Prosthodontic (Fixed) Services at Office Fees	17% OFF
Oral Surgery Services	
D7111 Extraction, Coronal Remnants - Deciduous Tooth	\$95.00
D7140 Extraction, Erupted Tooth or Exposed Root	\$120.00
D7210 Surgical Removal of Erupted Tooth or Exposed Root	\$192.00
D7220 Removal of Impacted Tooth - Soft Tissue	\$259.00
D7230 Removal of Impacted Tooth - Partially Bony	\$341.00
D7240 Removal of Impacted Tooth - Completely Bony	\$404.00
D7241 Removal of Impacted Tooth - Completely Bony	\$511.00
D7250 Surgical Removal of Residual Tooth Roots	\$219.00

Code – Procedures Description	Max Fee
Oral Surgery Services - Continued	
D7251 Coronectomy – Intent Partial Tooth Removal	\$220.00
D7270 Tooth Reimplantation and/or Stabilixation	\$457.00
D7272 Tooth Transplantation	\$390.00
D7280 Surgical Access of An Unerupted Tooth	\$398.00
D7285 Incisional Biopsy of Oral Tissue - Hard Bone	\$639.00
D7286 Incisional Biopsy of Oral Tissue - Soft	\$365.00
D7310 Alveoloplasty in Conjunction with Extractions -	\$293.00
D7320 Alveoloplasty Not In Conjunction w/ Extractions	\$462.00
D7450 Removal of Benign Odontogenic Cyst or Tumor <	\$756.00
D7451 Removal of Benign Odontogenic Cyst or Tumor	\$1,208.00
D7460 Removal of Benign Nonodontogenic Cyst <	\$717.00
D7461 Removal of Benign Nonodontogenic Cyst	\$901.00
D7510 Incision and Drainage of Abscess - Intraoral Soft	\$297.00
D7910 Suture of Recent Small Wounds Up to 5cm	\$384.00
D7911 Complicated Suture - Up to 5cm	\$935.00
D7912 Complicated Suture - Greater Than 5cm	\$2,963.00
D7951 Sinus Augmentation w Bone or Bone Substitutes	\$3,250.00
D7960 Frenulectomy - AKA Frenectomy or Frenotomy	\$447.00
D7970 Excision of Hyperplastic Tissue - Per Arch	\$592.00
D7971 Excision of Pericoronal Gingivatomy	\$231.00
*All other Oral Surgery Services at Office Fees	17% OFF
Orthodontic (Fixed) Services	
D8010 Limited Orthodontic Treatment of Primary Dent	\$1,195.00
D8020 Limited Orthodontic Treatment of Transitional D	\$1,195.00
D8030 Limited Orthodontic Treatment of Adolescent D	\$1,195.00
D8040 Limited Orthodontic Treatment of Adult Dent	\$1,195.00
D8060 Interceptive Orthodontic Treatment of Transit	\$2,153.00
D8070 Comprehensive Orthodontic Treatment of Transi	\$3,795.00
D8080 Comprehensive Orthodontic Treatment of Adole	\$4,402.00
D8090 Comprehensive Orthodontic Treatment of Adole	\$4,422.00
D8210 Removable Appliance Therapy	\$549.00
D8660 Pre-Orthodontic Treatment Examination	\$43.00
*All Other Ortho Treatment Services at Office Fees	17% OFF
Adjunctive Services	
D9110 Palliative Emergency Treatment of Dental	\$90.00
D9215 Local Anesthesia in Conjunction With Operative	\$17.00
D9230 Inhalation of Nitrous Oxide/Anxiolysis, Analgesia	\$31.00
D9310 Consultation- Diagnostic Service Prov by Dent	\$102.00
D9410 House/ Extended Care Facility Call	\$130.00
D9420 Hospital or Ambulatory Surgical Center Call	\$181.00
D9440 Office Visit - After Regular Business Hours	\$52.00
D9910 Application of Desensitizing Medicament	\$51.00
D9911 Application of Desensitizing Resing for Cervical	\$59.00
D9941 Fabrication of Athletic Mouthguard	\$137.00
D9950 Occlusion Analysis - Mounted Case	\$236.00
D9951 Occlusal Adjustment - Limited	\$100.00
D9952 Occlusal Adjustment - Complete	\$462.00
* All other Adjunctive Services at Office Fees	17% OFF

Fee Schedules are updated January 1st of every year. Dentist may download newest Fee Schedule at www.JambertDental.com/dentistportal

Below is the maximum fee schedule. This is a discount dental saving plan and is not insurance. You will collect all fees directly from the patient.

Any Fees not listed below, you the dentist agrees to give a 17% discount off of your office fees/ UCR Prices. The dentist will charge additional for lab costs.

FC* includes all procedures done within one visit.

Jambert Dental Saving Plan - "High Option" Fee Schedule

Code – Procedures Description	Max Fee
Diagnostic Services	
D0120 Periodic Oral Evaluation - Established Patient	FC* \$30.00
D0140 Limited Oral Evaluation - Problem Focused	FC* \$30.00
D0150 Comprehensive Oral Evaluation	FC* \$30.00
D0160 Detailed and Extensive Oral Evaluation	FC* \$30.00
D0170 Re-Evaluation - Limited, Problem Focused	FC* \$30.00
D0180 Comprehensive Periodontal Evaluation	FC* \$30.00
D0210 Intraoral - Complete Series of Radiographic Images	\$72.00
D0220 Intraoral - Periapical First Radiographic Image	FC* \$30.00
D0230 Intraoral - Periapical Each Add Radiographic Image	FC* \$30.00
D0240 Intraoral - Occlusal Radiographic Image	FC* \$30.00
D0250 Extraoral - First Radiographic Image	FC* \$30.00
D0260 Extraoral -Each Additional Radiographic Image	FC* \$30.00
D0270 Bitewing - Single Radiographic Image	FC* \$30.00
D0272 Bitewing - Two Radiographic Images	FC* \$30.00
D0273 Bitewing - Three Radiographic Images	FC* \$30.00
D0274 Bitewings - Four Radiographic Images	FC* \$30.00
D0277 Vertical Bitewings - 7 to 8 Radiographic Images	FC* \$30.00
D0330 Panoramic Radiographic Images	\$65.00
D0340 Cephalometric Radiographic Image	\$83.00
D0350 2D Oral/Facial Photographic Image	\$36.00
D0460 Pulp vitality Tests	\$27.00
*All other Diagnostic Services at Office Fees	20% OFF
Preventative Services	
D1110 Prophylaxis - Adult	FC* \$30.00
D1120 Prophylaxis - Child	FC* \$30.00
D1208 Topical Application of Fluoride - Excluding Varnish	\$20.00
D1330 Oral Hygiene Instructions	FC* \$30.00
D1351 Sealant - Per Tooth	\$30.00
D1510 Space Maintainer - Fixed - Unilateral	\$197.00
D1515 Space Maintainer -Fixed - Bilateral	\$264.00
D1520 Space Maintainer - Removable - Unilateral	\$235.00
D1525 Space Maintainer -Removable - Bilateral	\$325.00
D1550 Re-Cement or Re-Bond Space Maintainer	\$41.00
*All other Preventative Services at Office Fees	20% OFF
Restoratives Services	
D2140 Amalgam- One Surface, Primary or Permanent	\$69.00
D2150 Amalgam - Two Surface, Primary or Permanent	\$89.00
D2160 Amalgam - Three Surfaces, Primary or Permanent	\$109.00
D2161 Amalgam - Four or More Surfaces	\$141.00
D2330 Resin Based Composite - One Surface Anterior	\$85.00
D2331 Resin Based Composite - Two Surface Anterior	\$105.00
D2332 Resin Based Composite - Three Surfaces, Anterior	\$129.00
D2335 Resin-Based Composite - Four or More Ant	\$152.00
D2390 Resin-Based Composite Crown, Anterior	\$171.00
D2391 Resin-Based Composite - One Surface, Post	\$97.00
D2392 Resin-Based Composite - Two Surfaces, Post	\$125.00
D2393 Resin-Based Composite - Three Surfaces, Post	\$157.00
D2394 Resin-Based Composite - Four or More Surfaces	\$192.00
D2510 Inlay- Metallic- One Surface	\$462.00
D2520 Inlay- Metallic- Two Surfaces	\$521.00
D2530 Inlay-Metallic- Three Surfaces	\$605.00
D2542 Onlay-Metallic- Two Surfaces	\$592.00
D2543 Onlay-Metallic - Three Surfaces	\$621.00
D2544 Onlay-Metallic - Four or More Surfaces	\$645.00
D2610 Inlay-Porcelain/Ceramic-One Surface	\$542.00
D2620 Inlay-Porcelain/Ceramic-Two Surface	\$575.00

Code – Procedures Description	Max Fee
Restorative Services - Continued	
D2630 Inlay-Porcelain/Ceramic-Three or More Surf	\$612.00
D2642 Onlay-Porcelain/Ceramic-Two Surfaces	\$595.00
D2643 Onlay-Porcelain/Ceramic-Three Surfaces	\$641.00
D2644 Onlay-Porcelain/Ceramic-Four or more	\$680.00
D2650 Inlay-Resin Based Composite- One Surface	\$421.00
D2651 Inlay-Resin Based Composite-Two Surfaces	\$502.00
D2652 Inlay-Resin Based Composite-Three or more Surfaces	\$543.00
D2662 Onlay-Resin Based Composite-Two Surfaces	\$431.00
D2663 Onlay-Resin Based Composite- Three Surfaces	\$502.00
D2664 Onlay-ResinBased Composite- Four or more	\$544.00
D2710 Crown-Resin Based Composite (Indirect)	\$267.00
D2720 Crown-Resin with High Noble Metal	\$487.00
D2721 Crown-Resin with Predominantly Base Metal	\$519.00
D2722 Crown-Resin with Noble Metal	\$587.00
D2740 Crown-Porcelain/Ceramic Substrate	\$679.00
D2750 Crown-Porcelain Fused to High Noble Metal	\$670.00
D2751 Crown-Porcelain Fused to Predominantly Based Metal	\$607.00
D2752 Crown-Porcelain Fused to Noble Metal	\$639.00
D2780 Crown 3/4 Cast High Noble Metal	\$643.00
D2781 Crown 3/4 Cast predominantly Base Metal	\$603.00
D2782 Crown 3/4 Cast Noble Metal	\$625.00
D2783 Crown 3/4 Porcelain/Ceramic	\$660.00
D2790 Crown - Full Cast High Noble Metal	\$629.00
D2791 Crown-Full Cast Predominantly Base Metal	\$611.00
D2792 Crown-Full Cast Noble Metal	\$607.00
D2910 Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial	\$56.00
D2920 Re-Cement or Re-Bond Crown	\$57.00
D2930 Prefabricated Stainless Steel Crown - Primary	\$152.00
D2931 Prefabricated Stainless Steel Crown - Permanent	\$174.00
D2932 Prefabricated Resin Crown	\$219.00
D2933 Prefabricated Stainless Steel Crown w/Resin	\$250.00
D2940 Protective Restoration	\$57.00
D2950 Core BU, Including Any Pins when Required	\$147.00
D2951 Pin Retention - Per tooth	\$32.00
D2952 Post and Core in Addition to Crown	\$235.00
D2953 Each Additional Indirectly Fab Post- Same Tooth	\$119.00
D2954 Prefabricated Post & Core in Addition to Crown	\$185.00
D2955 Post Removal	\$145.00
D2957 Each Additional Prefabricated Post - Same Tooth	\$94.00
D2960 Labial Veneer (Resin Laminate) Chairside	\$459.00
All Other Restorative Services at Office Fees	20% OFF
Endodontic Services	
D3110 Pulp Cap - Direct (Excluding Final Restoration)	\$41.00
D3120 Pulp Cap - Indirect (Excluding Final Restoration)	\$34.00
D3220 Therapeutic Pulpotomy (Excluding Final Rest)	\$95.00
D3221 Pulpal Debridement	\$107.00
D3230 Pulpal Therapy - Anterior	\$106.00
D3240 Pulpal Therapy - Posterior	\$112.00
D3310 Endodontic Therapy - Anterior	\$412.00
D3320 Endodontic Therapy - Bicuspid	\$570.00
D3330 Endodontic Therapy - Molar	\$659.00
D3331 Treatment of Root Canal Obstruction	\$145.00
D3332 Incomplete Endodontic Therapy	\$360.00
D3333 Internal Root Repair of Perforation Defects	\$130.00
D3346 Retreatment of Previous Root Canal Therapy Ant	\$562.00
D3347 Retreatment of Previous Root Canal Ther Bicuspid	\$662.00
D3348 Retreatment of Previous Root Canal Ther Molar	\$812.00

Jambert Dental Saving Plan - "High Option" Fee Schedule

Code – Procedures Description	Max Fee
Endodontic Services - Continued	
D3351 Apexification/Recalcification Initial Visit	\$235.00
D3352 Apexification/Recalcification Interim Med Replac	\$102.00
D3353 Apexification/Recalcification Final Visit	\$341.00
D3410 Apicoectomy - Anterior	\$477.00
D3421 Apicoectomy - Bicuspid	\$521.00
D3425 Apicoectomy -Molar	\$581.00
D3426 Apicoectomy	\$192.00
D3430 Retrograde Filling - Per Root	\$142.00
D3450 Root Amputation - Per Root	\$292.00
D3470 Intentional Reimplantation	\$585.00
D3910 Surgical Procedure for Isolation of Tooth	\$76.00
D3920 Hemisection (Including Any Root Removal)	\$255.00
D3950 Canal Preparation & Fitting of Preformed Dowel	\$141.00
* All other Endodontics Services at Office Fees	20% OFF
Periodontics Services	
D4210 Gingivectomy/Gingivoplasty - Four or more	\$390.00
D4211 Gingivectomy or Gingivoplasty - One to Three	\$136.00
D4230 Anatomical Crown Exposure - Four or more	\$715.00
D4231 Anatomical Crown Exposure - One to Three Teeth	\$544.00
D4240 Gingival Flap Procedure Including Root Planing	\$462.00
D4241 Gingival Flap Procedure Including Root Planing	\$277.00
D4245 Apically Positioned Flap	\$340.00
D4249 Clinical Crown Lengthening - Hard Tissue	\$492.00
D4260 Osseous Surgery	\$713.00
D4261 Osseous Surgery Including Elevation of a Full Flap	\$392.00
D4263 Bone Replacement Graft - First Site	\$238.00
D4264 Bone Replacement Graft - Each Additional Site	\$124.00
D4266 Guided Tissue Regeneration - Resorbable Barrier	\$269.00
D4267 Guided Tissue Regeneration- NonResorbable Barrier	\$360.00
D4268 Surgical Revision Procedure, Per Tooth	\$440.00
D4270 Pedicle Soft Tissue Graft Procedure	\$545.00
D4320 Provisional Splinting - Intracoronal	\$267.00
D4321 Provisional Splinting - Extracoronal	\$230.00
D4341 Periodontal Scaling and Root Planing - Per Quad	\$147.00
D4342 Periodontal Scaling and Root Planing- One to Three	\$80.00
D4355 Full Mouth Debridement to Enable Comp Eval	\$80.00
D4910 Periodontal Maintenance	\$80.00
D4920 Unscheduled Dressing Change	\$810.00
*All other Periodontics Services at Office Fees	20% OFF
Prosthodontic (Removable) Services	
D5110 Complete Denture - Maxillary	\$810.00
D5120 Complete Denture - Mandibular	\$810.00
D5130 Immediate Denture - Maxillary	\$895.00
D5140 Immediate Denture - Mandibular	\$895.00
D5211 Maxillary Partial Denture - Resin Base	\$692.00
D5212 Mandibular Partial Denture - Resin Base	\$771.00
D5213 Maxillary Partial Denture - Cast metal Framework	\$907.00
D5214 Mandibular Partial Denture - Cast Metal Framework	\$907.00
D5281 Removable Unilateral Partial Denture	\$521.00
D5410 Adjust Complete Denture - Maxillary	\$42.00
D5411 Adjust Complete Denture - Mandibular	\$42.00
D5421 Adjust Partial Denture -Maxillary	\$42.00
D5422 Adjust Partial Denture - Mandibular	\$42.00
D5510 Repair Broken Complete Denture Base	\$88.00
D5520 Replace Missing or Broken Teeth - Complete Denture	\$71.00
D5610 Repair Resin Denture Base	\$95.00

Code – Procedures Description	Max Fee
Prosthodontic (Removable) Services - Continued	
D5620 Repair Cast Framework	\$110.00
D5630 Repair or Replace Broken Clasp	\$125.00
D5640 Replace Broken Teeth - Per Tooth	\$80.00
D5650 Add Tooth to Existing Partial Denture	\$110.00
D5660 Add Clasp to Existing Partial Denture	\$134.00
D5710 Rebase Complete Maxillary Denture	\$324.00
D5711 Rebase Complete Mandibular Denture	\$311.00
D5720 Rebase Maxillary Partial Denture	\$311.00
D5721 Rebase Mandibular Partial Denture	\$311.00
D5730 Reline Complete Maxillary Denture (Chairside)	\$185.00
D5731 Reline Complete Mandibular Denture (Chairside)	\$185.00
D5740 Reline Maxillary Partial (Chairside)	\$170.00
D5741 Reline Mandibular Partial (Chairside)	\$170.00
D5750 Reline Complete Maxillary Denture (Lab)	\$245.00
D5751 Reline Complete Mandibular Denture (Lab)	\$245.00
D5760 Reline Complete Maxillary Partial (Lab)	\$245.00
D5761 Reline Complete Mandibular Denture (Lab)	\$245.00
D5810 Interim Complete Denture - Maxillary	\$395.00
D5811 Interim Complete Denture - Mandibular	\$419.00
D5820 Interim Partial Denture - Maxillary	\$300.00
D5821 Interim Partial Denture - Mandibular	\$325.00
D5850 Tissue Conditioning - Maxillary	\$77.00
D5851 Tissue conditioning - Mandibular	\$77.00
*All Other Prosthodontic Services at Office Fees	20% OFF
Implant Services	
D6010 Surgical Placement of Implant Body: Endosteal	\$1,905.00
D6050 Surgical Placement: Transosteal implant	20% OFF
D6055 Dental Implant Supported Connecting Bar	\$572.00
D6056 Prefabricated Abutment	\$395.00
D6057 Custom Abutment	\$487.00
D6058 Abutment Supported Porcelain/Ceramic Crown	\$1,080.00
D6059 Abutment Supp Porc Fused to Metal Crown/High	\$1,060.00
D6060 Abutment Supp Porc Fused to Metal Crown/Pre	\$1,007.00
D6061 Abutmt Supp Porc Fused to Metal Crown/Noble	\$1,027.00
D6062 Abutment Supp Cast Metal Crown/High Noble	\$1,019.00
D6064 Abutmt Supp Cast Metal Crown/Predominately	\$925.00
D6065 Implant Supp Porcelain/Ceramic Crown	\$1,060.00
D6066 Implant Supp Fused to Metal Crown	\$1,027.00
D6067 Implant Supp Metal Crown	\$997.00
D6068 Abutmt Supp Retainer For Porcelain/Ceramic	\$1,087.00
D6069 Abutmt Supp Retainer For Porcelain Fused	\$1,081.00
D6070 Abutmt Supp Retainer for Porcelain Fused to	\$1,021.00
D6071 Abutmt Supp Retainer for Porcelain Fused to	\$1,041.00
D6072 Abutmt Supp Retainer For Cast Metal/High	\$1,056.00
D6073 Abutmt Supp Retainer For Cast Metal/Pre	\$962.00
D6074 Abutmt Supp Retainer For Cast Metal/Noble	\$1,021.00
D6075 Implant Supported Retainer For Ceramic FPD	\$1,077.00
D6076 Implant Supp Retainer For Porcelain Fused	\$1,050.00
D6077 Implant Supp Retainer For Cast Metal FPD	\$1,010.00
D6080 Implant Maintenance Procedures When Prosth	\$91.00
D6091 Repl Semi/Precision Attach	\$77.00
D6092 Re-Cement or Re-Bond Implant/Abutment Supp	\$70.00
D6093 Re-Cement or Re-Bond Implant/Abutment Supp	\$78.00
D6094 Abutment Supported Crown - Titanium	\$844.00
D6095 Implant/Abutment Supp Removable Denture	20% OFF
D6100 Implant Removal, By Report	20% OFF
D6110 Implant/Abutment Supp Removable Denture	\$1,421.00

Jambert Dental Saving Plan - "High Option" Fee Schedule

Code – Procedures Description	Max Fee
Implant Services -Continued	
D6111 Implant/Abutment Supp Removable Denture	\$1,421.00
D6112 Implant/Abutment Supp Removable Denture – Max	\$1,421.00
D6113 Implant/Abutment Supp Removable Denture - Mand	\$1,421.00
D6114 Implant/Abutment Supp Fixed Denture For Edentilou	20% OFF
D6115 Implant/Abutment Supp Fixed Denture For Edentilou	20% OFF
D6116 Implant/Abutment Supp Fixed Denture For Edentilou	20% OFF
D6117 Implant/Abutment Supp Fixed Denture For Edentilou	20% OFF
D6190 Radiographic/Surgical Implant Index by Report	20% OFF
D6194 Abutment Supported Retainer Crown for FPD	\$881.00
*All other Implant Services at Office Fees	20% OFF
Prosthodontic (Fixed) Services	
D6210 Pontiac - Cast High Noble Metal	\$618.00
D6211 Pontic - Cast predominantly Base Metal	\$590.00
D6212 Pontic - Cast Noble Metal	\$612.00
D6240 Pontic - Porcelain Fused to High Noble Metal	\$621.00
D6241 Pontic - Porcelain Fused to Predominantly Base	\$524.00
D6242 Pontic - Porcelain Fused To Noble Metal	\$606.00
D6245 Pontic - Pontic - Porcelain/Ceramic	\$640.00
D6250 Pontic - Resin With High Noble Metal	\$617.00
D6251 Pontic - Resin With Predominantly Base Metal	\$617.00
D6252 Pontic - Resin With Noble Metal	\$617.00
D6545 Retainer - Cast Metal for Resin Bonded	\$251.00
D6548 Retainer - Porcelain/ Ceramic for Resin Bonded	\$307.00
D6720 Crown - Resin With High Noble Metal	\$611.00
D6721 Crown - Resin With Predominantly Base Metal	\$617.00
D6722 Crown - Resin With Noble Metal	\$617.00
D6740 Crown - Porcelain/ Ceramic	\$680.00
D6750 Crown - Porcelain Fused to High Noble Metal	\$680.00
D6751 Crown - Porcelain Fused to Predominantly Base	\$639.00
D6752 Crown - Porcelain Fused to Noble Metal	\$649.00
D6780 Crown - 3/4 Cast High Noble Metal	\$636.00
D6781 Crown - 3/4 Cast Predominantly Base Metal	\$558.00
D6782 Crown - 3/4 Cast Noble Metal	\$603.00
D6783 Crown - 3/4 Porcelain/ Ceramic	\$659.00
D6790 Crown - Full Cast High Noble Metal	\$659.00
D6791 Crown - Full Cast Predominantly Base Metal	\$619.00
D6792 Crown - Full Cast Noble Metal	\$639.00
D6930 Re-Cement or Re-Bond Fixed Partial Denture	\$79.00
*All Other Prosthodontic (Fixed) Services at Office Fees	20% OFF
Oral Surgery Services	
D7111 Extraction, Coronal Remnants - Deciduous Tooth	\$57.00
D7140 Extraction, Erupted Tooth or Exposed Root	\$81.00
D7210 Surgical Removal of Erupted Tooth or Exposed Root	\$147.00
D7220 Removal of Impacted Tooth - Soft Tissue	\$180.00
D7230 Removal of Impacted Tooth - Partially Bony	\$240.00
D7240 Removal of Impacted Tooth - Completely Bony	\$286.00
D7241 Removal of Impacted Tooth - Completely Bony	\$355.00
D7250 Surgical Removal of Residual Tooth Roots	\$155.00

Code – Procedures Description	Max Fee
Oral Surgery Services - Continued	
D7251 Coronectomy – Intent Partial Tooth Removal	\$286.00
D7270 Tooth Reimplantation and/or Stabilixation	\$285.00
D7272 Tooth Transplantation	\$332.00
D7280 Surgical Access of An Unerupted Tooth	\$339.00
D7285 Incisional Biopsy of Oral Tissue - Hard Bone	\$605.00
D7286 Incisional Biopsy of Oral Tissue - Soft	\$250.00
D7310 Alveoloplasty in Conjunction with Extractions -	\$171.00
D7320 Alveoloplasty Not In Conjunction w/ Extractions	\$339.00
D7450 Removal of Benign Odontogenic Cyst or Tumor <	\$475.00
D7451 Removal of Benign Odontogenic Cyst or Tumor	\$699.00
D7460 Removal of Benign Nonodontogenic Cyst <	\$475.00
D7461 Removal of Benign Nonodontogenic Cyst	\$701.00
D7510 Incision and Drainage of Abscess - Intraoral Soft	\$90.00
D7910 Suture of Recent Small Wounds Up to 5cm	\$201.00
D7911 Complicated Suture - Up to 5cm	\$525.00
D7912 Complicated Suture - Greater Than 5cm	\$775.00
D7951 Sinus Augmentation w Bone or Bone Substitutes	\$2,875.00
D7960 Frenulectomy - AKA Frenectomy or Frenotomy	\$347.00
D7970 Excision of Hyperplastic Tissue - Per Arch	\$355.00
D7971 Excision of Pericoronal Gingivatomy	\$110.00
*All other Oral Surgery Services at Office Fees	20% OFF
Orthodontic (Fixed) Services	
D8010 Limited Orthodontic Treatment of Primary Dent	\$502.00
D8020 Limited Orthodontic Treatment of Transitional D	\$502.00
D8030 Limited Orthodontic Treatment of Adolescent D	\$502.00
D8040 Limited Orthodontic Treatment of Adult Dent	\$502.00
D8060 Interceptive Orthodontic Treatment of Transit	\$2,153.00
D8070 Comprehensive Orthodontic Treatment of Transi	\$4,305.00
D8080 Comprehensive Orthodontic Treatment of Adole	\$4,305.00
D8090 Comprehensive Orthodontic Treatment of Adole	\$4,305.00
D8210 Removable Appliance Therapy	\$409.00
D8660 Pre-Orthodontic Treatment Examination	\$37.00
*All Other Ortho Treatment Services at Office Fees	20% OFF
Adjunctive Services	
D9110 Pallative Emergency Visit	\$55.00
D9215 Local Anesthesia in Conjunction With Operative	\$16.00
D9230 Inhalation of Nitrous Oxide/Anxiolysis, Analgesia	\$29.00
D9310 Consultation- Diagnostic Service Prov by Dent	\$101.00
D9410 House/ Extended Care Facility Call	\$129.00
D9420 Hospital or Ambulatory Surgical Center Call	\$179.00
D9440 Office Visit - After Regular Business Hours	\$69.00
D9910 Application of Desensitizing Medicament	\$29.00
D9911 Application of Desensitizing Resing for Cervical	\$29.00
D9941 Fabrication of Athletic Mouthguard	\$85.00
D9950 Occlusion Analysis - Mounted Case	\$165.00
D9951 Occlusal Adjustment - Limited	\$69.00
D9952 Occlusal Adjustment - Complete	\$410.00
* All other Adjunctive Services at Office Fees	20% OFF

Fee Schedules are updated January 1st of every year. Dentist may download newest Fee Schedule at www.JambertDental.com/dentistportal

Below is the maximum fee schedule. This is a discount dental saving plan and is not insurance. You will collect all fees directly from the patient. Any Fees not listed below, you the dentist agrees to give a 20% discount off of your office fees/ UCR Prices. The dentist will charge additional for lab costs. FC* includes all procedures done within one visit.