Costs of Most Common Dental Services - Transparency in Health Care Prices Act

Community health centers offer service to all individuals regardless of insurance status or ability to pay. Patients in households with incomes below 200% of the Federal Poverty Level (FPL) receive discounts on a sliding fee scale. Patients with incomes less than 100% FPL pay a nominal fee.

Below are some of the most common services provided. The costs below represent the cost of services for self-pay patients and do not take into account any coverage from Medicaid, Medicare, or private health insurance. Contact us if you would like help enrolling in health insurance coverage.

Current Procedural Terminology (CPT) Code	Service Description	Self-Pay Costs					
		Income Below 100% FPL	Income 100-125% FPL	Income 125-150% FPL	Income 150-175% FPL	Income 175-200% FPL	Income Above 200% FPL
D1110	Prophylaxis - Adult	$40.00	$41.00	$42.00	$61.00	$82.00	$102.00
D1206	Topical Fluoride Varnish	$40.00	$41.00	$42.00	$43.00	$44.00	$52.00
D0274	Bitewings - Four Films	$40.00	$41.00	$42.00	$43.00	$58.00	$72.00
D0120	Periodic Oral Exam	$40.00	$41.00	$42.00	$43.00	$47.00	$59.00
D0150	Comp Oral Evaluation - New/Est PT	$40.00	$41.00	$42.00	$62.00	$83.00	$104.00
D0330	Panoramic Film	$40.00	$41.00	$49.00	$73.00	$98.00	$122.00
D4910	Periodontal maint procedures	$40.00	$41.00	$66.00	$100.00	$133.00	$166.00
D0220	Intraoral - Periapical 1 Film 70300	$40.00	$41.00	$42.00	$43.00	$44.00	$45.00
D0140	LTD Oral Evaluation - Problem Focus	$40.00	$41.00	$42.00	$59.00	$78.00	$98.00
D7210	Oral Evaluation, Patient under 3 Yrs	$40.00	$56.00	$112.00	$169.00	$225.00	$281.00
D1120	Prophylaxis - Child	$40.00	$41.00	$42.00	$43.00	$57.00	$71.00
D4341	Periodontal scaling & root	$40.00	$54.00	$108.00	$162.00	$216.00	$270.00
D2392	Resin Compos - 2 Surfaces Posterior	$40.00	$52.00	$104.00	$157.00	$209.00	$261.00
D7140	Extrac Erupted Tooth/Exposed Root	$40.00	$41.00	$79.00	$119.00	$158.00	$198.00
D2393	Intraoral - Complete Series	$40.00	$65.00	$130.00	$194.00	$259.00	$324.00
D0272	Bitewings - Two Films	$40.00	$41.00	$42.00	$43.00	$44.00	$51.00
D2391	Intraoral - Pariapical Additional Film	$40.00	$41.00	$80.00	$119.00	$159.00	$199.00
D4342	Periodontal scaling & root	$40.00	$41.00	$62.00	$94.00	$125.00	$156.00
D1351	Sealant - Per Tooth	$40.00	$41.00	$42.00	$43.00	$50.00	$62.00
D9230	Analg Anxiolysis Inhal Nitrous Oxide	$40.00	$41.00	$42.00	$51.00	$68.00	$85.00

We can help you determine whether you qualify for sliding fee scale discounts or if you are eligible for health care coverage to help cover the cost of care.

This document will be updated annually by CFO and will be displayed on the Fairfax Medical Facilities, Inc. website.

Please contact 918-642-3100 or medicalbilling@fairfaxclinic.com with any questions.

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