

Self-Pay Charges & Prompt-Pay Discount Schedule (DENTAL)

If patient elects to pay in full at time of visit, a **40% Prompt-Pay Discount** will be applied to the **TOTAL** charges.

For unlisted services charges please, contact the BTAMC Billing office at (814) 635-2916 option #3

Our goal at BTAMC is to provide care regardless of a patient's financial situation. We offer flexible payment plans based on your income to make treatment accessible. If you choose not to complete your treatment plan, please be aware that installment payments for comprehensive services are non-refundable.

PREVENTIVE

D1110 – Prophylaxis (Adult) **\$95 / \$57**
 D1120 – Prophylaxis (Child) **\$66 / \$39.60**
 D1206 – Topical Fluoride Varnish **\$40 / \$24**
 D1330 – Oral Hygiene Instruction **\$32 / \$19.20**
 D1351 – Sealant (Per Tooth) **\$39 / \$23.40**

DIAGNOSTIC – EVALUATIONS

D0120 – Periodic Eval **\$51 / \$30.60**
 D0140 – Limited Eval **\$85 / \$51**
 D0150 – Comp Eval New/Estab. **\$90 / \$54**
 D0170 – Limited Re-Eval **\$60 / \$36**
 D0171 – Re-Eval Post Op **\$60 / \$36**
 D0180 – Comprehensive Perio **\$98 / \$58.80**
 D0191 – Assessment of Patient **\$36 / \$21.60**

DIAGNOSTIC – IMAGING

D0220 – Intraoral Periapical Image **\$29 / \$17.40**
 D0230 – Intraoral Periapical Each Addit'l **\$26 / \$15.60**
 D0270 – Bitewing Single Film **\$31 / \$18.60**
 D0272 – Bitewings Two Films **\$50 / \$30**
 D0273 – Bitewings Three Films **\$61 / \$36.60**
 D0274 – Bitewings Four Films **\$70 / \$42**
 D0330 – Panoramic Film **\$119 / \$71.40**

ENDODONTICS

D3110 – Pulp Cap (Direct) **\$115 / \$69**
 D3220 – Therapeutic Pulpotomy **\$237 / \$142.20**
 D3221 – Pulpal Debridement **\$260 / \$156**
 D3310 – Endo Therapy Anterior **\$805 / \$483**
 D3320 – Endo Therapy Premolar **\$987 / \$592.20**
 D3330 – Endo Therapy Molar **\$1,224 / \$734.40**

RESTORATIVE

D2140 – Amalgam 1 Surf. Prim/Perm **\$131 / \$78.60**
 D2150 – Amalgam 2 Surf. Prim/Perm **\$170 / \$102**
 D2160 – Amalgam 3 Surf. Prim/Perm **\$205 / \$123**
 D2330 – Resin Composite 1 Surf. Anterior **\$152 / \$91.20**
 D2331 – Resin Composite 2 Surf. Anterior **\$194 / \$116.40**
 D2332 – Resin Composite 3 Surf. Anterior **\$238 / \$142.80**
 D2335 – Resin Composite 4+ Surf. Anterior **\$281 / \$168.60**
 D2391 – Resin Composite 1 Surf. Posterior **\$178 / \$106.80**
 D2392 – Resin Composite 2 Surf. Posterior **\$233 / \$139.80**
 D2393 – Resin Composite 3 Surf. Posterior **\$290 / \$174**
 D2394 – Resin Composite 4+ Surf. Posterior **\$355 / \$213**
 D2740 – Crown Porcelain / Ceramic **\$1,212 / \$727.20**
 D2750 – Crown Porc. Fused to High Noble **\$1,196 / \$717.60**
 D2751 – Crown Porc. Fused to Base **\$1,113 / \$667.80**
 D2920 – Recement or Rebond Crown **\$119 / \$71.40**
 D2940 – Protective Restoration **\$124 / \$74.40**
 D2950 – Core Buildup (Include Any Pins) **\$311 / \$186.60**
 D2951 – Pin Retention (Per Tooth In Add to Rest) **\$70 / \$42**
 D2952 – Post & Core In Add. to Crown **\$491 / \$294.60**
 D2954 – Prefab Post & Core In Add. Crown **\$393 / \$235.80**

PERIODONTICS

D4341 – Perio Scale/Root Planing 4+ teeth **\$268 / \$160.80**
 D4342 – Perio Scale/Root Planing 1-3 teeth **\$155 / \$93**
 D4355 – Full Mouth Debridement **\$184 / \$110.40**
 D4910 – Periodontal Maintenance **\$165 / \$99**

EXTRACTIONS

D7140 – Extraction - Erupted Tooth or Exposed Root **\$155 / \$93**
 D7210 – Extraction - Erupted Tooth (Sectioning/Bone Removal) **\$244 / \$146.40**
 D7250 – Removal of Residual Tooth Roots **\$257 / \$154.20**

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DENTURE SERVICES

- D5110 – Complete Denture (Maxillary) **\$1,515 / \$909**
- D5120 – Complete Denture (Mandibular) **\$1,515 / \$909**
- D5140 – Immediate Denture **\$1,652 / \$991.20**
- D5213 – Max. Partial - Metal Base **\$1,674 / \$1,004.40**
- D5214 – Mand. Partial - Metal Base **\$1,674 / \$1,004.40**
- D5410 – Adjust Complete Denture (Max.) **\$83 / \$49.80**
- D5411 – Adjust Complete Denture (Mand.) **\$83 / \$49.80**
- D5650 – Add Tooth to Existing Partial (Per Tooth) **\$207 / \$124.20**
- D5660 – Add Clasp to Existing Partial (Per Tooth) **\$249 / \$149.40**
- D6930 – Recement/Rebond Fixed Partial Denture **\$179 / \$107.40**