

The healthcare price listed for any given healthcare service is an estimate. Actual charges for the healthcare service are dependent on the circumstances, including any complications or exceptional treatment, at the time of service rendered.

If you are covered by health insurance or a dental plan, you are strongly encouraged to consult with your insurer or plan to determine accurate information about your financial responsibility for a particular healthcare service provided by a healthcare provider at this office. If you are not covered by health insurance or a dental plan, you are strongly encouraged to contact our billing office at 719-598-5437 to discuss payment options prior to receiving a healthcare service from a healthcare provider at this office since posted healthcare prices may not reflect the actual amount of your financial responsibility.

1. D1206 Fluoride	\$58.00
2. D1120 Child Prophy	\$76.00
3. D0120 Periodic Exam	\$62.00
4. D0240 Occlusal Film	\$47.00
5. D1351 Sealant	\$66.00
6. D0272 Bitewing (2)	\$50.00
7. D0274 Bitewing (4)	\$78.00
8. D0220 Periapical (First Film)	\$37.00
9. D0230 Periapical (Each Additional Film)	\$29.00
10. D1110 Adult Prophy	\$105.00
11. D0150 Comprehensive Exam	\$80.00
12. D2392 Two Surface Composite	\$269.00
13. D2391 One Surface Composite	\$208.00
14. D0140 Limited Exam	\$98.00
15. D7140 Extraction	\$163.00