

TRANSPARENCY SENATE BILL ACT 17-065

Under the Act, health care providers must post on their website, make available electronically, or post in patient reception areas the health care price for the 15 most common health care services they deliver. This law took effect on January 1st, 2018. **Note:** *If a practice has 6 or fewer identically licensed providers (includes both dentist and hygienist), the fee disclosure may be posted in the reception area. If this does not apply, it must be provided electronically or on the practice website.*

DISCLOSURE:

- The price for any given service is an estimate and the actual charges for the service are dependent on the circumstances at the time the service is rendered.
- If you are covered by dental insurance, you are strongly encouraged to consult with your dental insurer to determine accurate information about your financial responsibility for a particular dental service provided at this office.
- If you are not covered by dental insurance, you are strongly encouraged to contact our office at 303-531-1578. We will be happy to discuss your payment options prior to receiving a dental service. The posted prices may not reflect the actual amount of your financial responsibility.

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Below are the top 15 codes that our office has billed for the past 12 months. These codes will be updated annually by January 1st.

ADA CODE	DESCRIPTION	PRICE
D1110	prophylaxis - adult	\$137
D4910	periodontal maintenance	\$184
D2740	crown - porcelain/ceramic substrate	\$1659
D2950	core buildup, including any pins when required	\$401
D9944	occlusal guard – hard appliance, full arch	\$632
D1206	topical application of fluoride varnish	\$42
D2391	resin-based composite - one surface, posterior	\$274
D2392	resin-based composite - two surfaces, posterior	\$349
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$385
D4342	periodontal scaling and root planing - one to three teeth per quadrant	\$291
D2393	resin-based composite - three surfaces, posterior	\$426
D2394	resin-based composite - four or more surfaces, posterior	\$502
D1120	prophylaxis - child	\$102
D0210	intraoral - complete series of radiographic images	\$198
D0150	comprehensive oral evaluation - new or established patient	\$140