

Removable Prosthodontics

Service Description	Member Fee	Non-Member Fee
Full Denture (Per arch)	\$1350	\$1800
Partial Denture(Per Arch)	\$1125	\$1500
Immediate Denture(Per Arch)	\$1575	\$2100
Denture Adjustment	Free	\$125
Add/Repair tooth to existing partial	\$206	\$275
Add/Repair clasp to existing partial	\$225	\$300
Reline Denture	\$319	\$425

Oral Surgery

Service Description	Member Fee	Non-Member Fee
Simple Extraction	\$210	\$280
Surgical Extraction	\$244	\$325

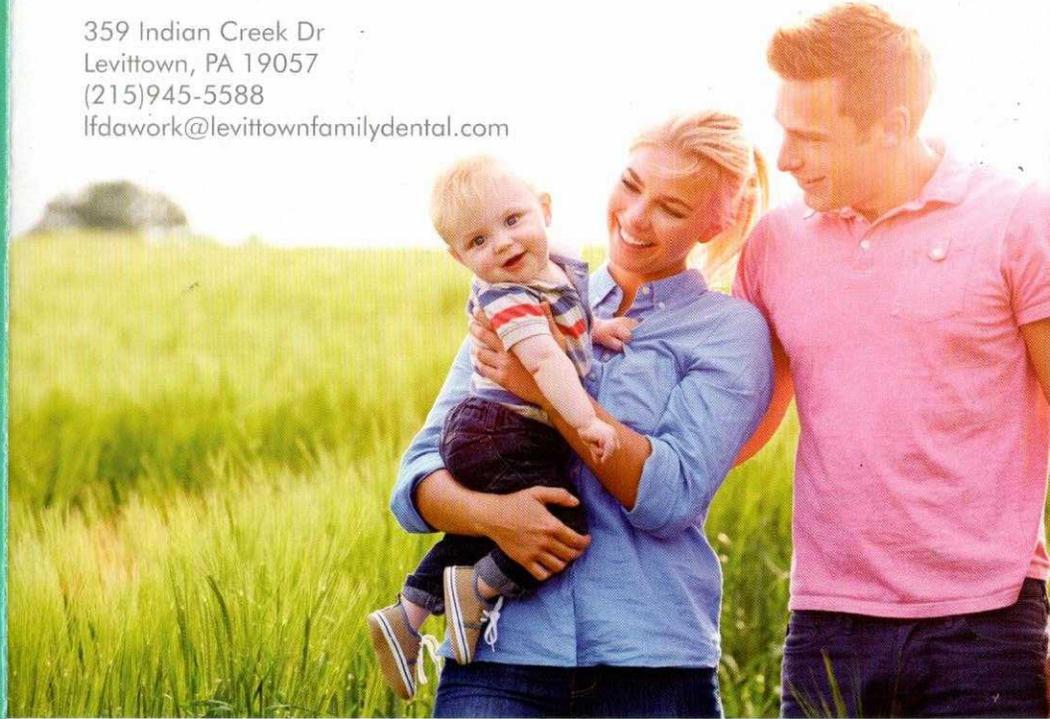
*All additional procedures not listed are 25% off our office fees for members

**10% Discount applicable for in house Periodontist fees.

*This is a dental discount plan and is NOT dental insurance. It cannot be combined with any other dental insurance/Discount Plan.*Plan valid only at Levittown Family Dental. Therefore, if you are referred to a specialist, they will NOT offer this discount.*Treatment for dental injuries covered by workman's comp, disability insurance, lawsuit, or outside medical care are not covered under this plan.*This plan is NON-Transferable: Family members cannot be substituted in for another family member.*It is NON-Refundable: No refunds given if patient chooses not to use their dental plan.*Rates are subject to change annually.*Payments for services are due at time of service. *If you choose to extend your payment for treatment by paying through CareCredit®, the discount is reduced by 10% due to merchant fees.*

Levittown Family Dental Associates, LLC

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ENROLL TODAY!

- *All Health Conditions Accepted!
- *You Cannot Be Denied Coverage!
- *No Deductibles!
- *Cosmetic Procedures Included!

In House Plan Fees Per Year: 10% off 3 or more family members

Adults: \$290(age 13 & up)

Child:\$220(Up to age 12)

Diagnostic		
Service Description	Member Fee	Non-Member Fee
Consultation	Free	\$65
Comprehensive Exam	Free	\$105
Emergency Exam	Free	\$95
Periodic Exam	Free	\$75
Palliative Treatment	\$94	\$125
Periapical X-Ray	Free	\$35
Bitewings (2 or 4)	Free	\$100
Full Mouth Series	Free	\$160

Preventative		
Service Description	Member fee	Non-Member Fee
Cleaning & Polish	Free (2xYear)	\$110
Topical Fluoride Varnish	Free (2xYear)	\$55
Sealant (Per Tooth)	\$53	\$70
Night Guard	\$398	\$530

**For more involved cleanings see Periodontics

Periodontics		
Service Description	Member Fee	Non-Member Fee
Debridement	\$169	\$225
Scaling & Root Planning(Per Quad)	\$206	\$275
Antibiotic Placement (Per tooth)	\$68	\$90
Periodontal Maintenance	\$131	\$175

**Following active therapy- 1 visit every 3 months is routine for this procedure. Every other visit no charge.

Restorative		
Service Description	Member Fee	Non-Member Fee
Composite White Filling Anterior (Front)		
1-Surface	\$150	\$200
2-Surface	\$188	\$250
3-Surface	\$206	\$275
4-Surface	\$263	\$350
Composite White Filling Posterior (Back)		
1-Surface	\$169	\$225
2-Surface	\$206	\$275
3-Surface	\$263	\$350
4-Surface	\$300	\$400

Endodontics		
Service Description	Member Fee	Non-Member Fee
Pulpotomy	\$375	\$500
Anterior Root Canal	\$863	\$1150
Bicuspid Root Canal	\$938	\$1250
Molar Root Canal	\$1013	\$1350

**Initial Root Canal Therapy Only. Re-treat not included.

Fixed Prosthodontics		
Service Description	Member Fee	Non-Member Fee
Core Build up	\$244	\$325
Post & Core	\$263	\$350
Crowns (Per tooth)		
Porcelain Fused to Metal	\$919	\$1225
Full Porcelain	\$1013	\$1350
Re-cement Crown	\$94	\$125