

DYNAMIC DENTAL is pleased to offer our affordable discount dental plan.

Do you have dental insurance ?

Is your dental insurance giving you the coverage you deserve ?

Sign up today and coverage starts immediately

No waiting periods.

No maximums.



## Affordable Discount Dental Plan

[info@dynamicdentalofsouthend.com](mailto:info@dynamicdentalofsouthend.com)

**704-916-9970**

SE HABLAS ESPANOL

# Affordable Discount Dental Plan

**\$299** per year for the primary member  
and **\$249** per year for Spouse or children.

NO waiting period.

Additional members are limited to spouse  
and **children up to the age of 25** and may  
be required to show proof of relationship to  
plan holder.

**Plan expires 1 year from initial  
enrollment date of the primary  
subscriber.**

## Services Covered

**ADA Code    Procedure                    Co-pay**

### Diagnostic & Preventive

0120	Periodic Oral Eval	\$0 **
0140	Limited Oral Eval	\$0 *
0150	Comp Oral Eval	\$0 *
0220	X-Ray Periapical	\$0
0230	X-Ray Additional	\$0
0274	X-Ray Bitewing (4)	\$0 *
0330	Panoramic X-Ray	\$0 ***
1110	Prophy Adult	\$0 **
1120	Prophy Child	\$0 **
1206	Fluoride (child only)	\$0 **
1351	Sealant Per Tooth	\$40****
1510	Space Maintainer Fixed	\$300

### Restorative/Fillings

2330	Resin - (1) Surface Anterior	\$140
2331	Resin - (2) Surface Anterior	\$160
2332	Resin - (3) Surface Anterior	\$180
2335	Resin - (4) Surface Anterior	\$200
2391	Resin - (1) Surface Posterior	\$150
2392	Resin - (2) Surface Posterior	\$180
2393	Resin - (3) Surface Posterior	\$210
2394	Resin- (4) Surface Posterior	\$250

### Crowns

2740	Crown Porcelain/ Ceramic	\$1000
2790	Crown Full Cast Gold	\$1000
****	(+) Price of Gold from Lab	****

### Other Services

2920	Recement Crown	\$90
2930	Stainless Steele Crown (Prim)	\$250
2940	Sedative Filling	\$100
2950	Core Buildup	\$200
2954	Pre-Formed Post	\$300
2962	Labial Veneer (laboratory)	\$1100

### Endodontic Services

3110	Pulp Cap - Direct	\$65
3120	Pulp Cap - Indirect	\$65
3220	Therapeutic Pulpotomy	\$190
3310	Root Canal (Anterior)	\$650
3320	Root Canal (Bicuspid)	\$800
3330	Root Canal (Molar)	\$1000

\*\*\*\*\* Root Canal retreatments are 30% increase\*\*\*\*\*

### Periodontic Services

4249	Crown Lengthening	\$750
4341	Periodontal Scaling 4+ Teeth	\$175
4342	Periodontal Scaling 1-3 Teeth	\$125
4355	Full Mouth Debridement	\$125
4910	Perio Maintenance	\$125

### Prosthetics Removable

5110	Complete Denture— Maxillary	\$1250
5120	Complete Denture—Mandibular	\$1250
5130	Immediate Denture - Maxillary	\$1375
5140	Immediate Denture - Mandibular	\$1375
5211	Maxillary Partial - Resin Base	\$1000
5212	Mandibular Partial - Resin Base	\$1000
5225	Maxillary Partial - Metal/Flex	\$1200
5226	Mandibular Partial - Metal/Flex	\$1200

### Prosthetics Other

5410	Adjust Denture - Maxillary	\$95
5411	Adjust Denture - Mandibular	\$95
5421	Adjust Partial - Maxillary	\$95
5422	Adjust Partial - Mandibular	\$95
5510	Repair Broken Denture Base	\$188****
5520	Replace Each Tooth - Denture	\$188****
5610	Repair Resin Denture Base	\$188****
5620	Repair Cast Framework	\$250
5650	Add Tooth To Existing Partial	\$180
5660	Add Clasp To Existing Partial	\$225****
5730	Reline Complete Max or Man Denture	\$300
5731	Reline Max or Man Partial	\$300
5810	Interm Denture—Mandibular	\$800
5811	Interm Denture—Maxillary	\$800

### Implants

6010	Implant Body	\$2200
6056	Pre-fabricated abutment	\$800
6057	Custom Abutment	\$1000
6065	Imp Porc/Ceram Crown	\$1400
7953	Bone Replacement Graft	\$600

### Prosthetics Fixed

6245	Pontic Porcelain/ceramic	\$1000
6740	Abutment Fused Noble Metal	\$1000
6930	Recement Bridge	\$160

### Oral Surgery - Extractions

7140	Extraction, Erupted Tooth	\$150
7210	Surgical Rem Erupted Tooth	\$250
7220	Rem of Imp Tooth Soft Tissue	\$325
7230	Rem of Imp Tooth Par Bony	\$425
7240	Rem of Imp Tooth Comp Bony	\$500
7250	Surg Rem of Residual Roots	\$275
7320	Alveoloplasty 4-8	\$400
7321	Alveoloplasty 1-3	\$250

### Adjunctive Services

8080	Metal braces (child)	\$4500
8090	Clear braces (adult)	\$4500
8220	Fixed App. Therapy	\$500
9110	Palliative ER Treatment	\$101
9944	OCC Guard Hard - Full arch	\$450

### Cosmetic

9999	Bleaching Trays/Kit	\$281
------	---------------------	-------

\* Services are covered once (1) per year.  
\*\* Services are covered twice (2) per year.  
\*\*\* Services are covered once (1) per 5 yrs.  
\*\*\*\* Services are covered once (1) per 3 yrs



For more information, please visit our website  
or call us to schedule an appointment.

**SE HABLAMOS ESPANOL**

**Phone: 704-916-9970**