

INSURANCE PLANS & IN-NETWORK FEES			
	Adult	Phase I	1 Arch
ADA CODES	8090	8020	8040
AETNA - ALL OFFICES (eff 11/1/2023)	\$ 6,500.00	\$ 4,085.00	\$ 2,000.00
AMERITAS - Rich/Frisco(Dentemax)	\$ 4,663.10	\$ 2,379.02	\$ 1,539.62
AMERITAS - Sachse/Dallas (Ameritas)	\$ 5,279.00	\$ 3,440.00	\$ 3,600.00
AMERITAS - Allen (Connection)	\$ 4,550.00	\$ 1,550.00	\$ 1,550.00
ASSURANT (Same as Sunlife & Lincoln Financial)			
BCBS-FEP-Federal-ALL OFFICES (updated 3/26)	\$ 6,026.46	\$ 2,634.92	\$ 1,667.74
BCBS of TX/IL - Rich, Frisco (DNoA/BCBSTX)	\$ 4,389.35	\$ 2,331.54	\$ 1,350.55
BCBS: MUST SUBMIT ACTUAL TREATMENT TIME (12-18 = 18 MONTHS) - INS ONLY ALLOWS SET FEE PER MONTH so max won't pay out w/9mo.			
BCBS of TX/IL - Allen (DNoA/BCBSTX)	\$ 5,025.45	\$ 2,346.00	\$ 1,404.99
BCBS of TX/IL-Dallas/Sachse (DNoA/BCBSTX)	\$ 4,663.10	\$ 2,379.02	\$ 1,539.62
BCBS of MI - Rich (Dentemax Spec)			
CIGNA - Sachse (Out-of-network - UCR)	\$ 6,899.00	\$ 4,300.00	\$ 4,500.00
CIGNA - <12 MONTHS	\$ 3,363.00	\$ 3,020.00	\$ 2,833.00
CIGNA - 12-18 MONTHS	\$ 4,257.00	\$ 3,776.00	\$ 3,589.00
CIGNA - 18-24 MONTHS and beyond	\$ 5,151.00	\$ 4,532.00	\$ 4,345.00
CIGNA: MUST SUBMIT ACTUAL TREATMENT TIME (12-18 = 18 MONTHS) - INS ONLY ALLOWS SET FEE PER MONTH so max won't pay out w/9mo.			
CONNECTION FEE SCHEDULE	\$ 4,600.00	\$ 1,643.00	
DELTA DENTAL (ALL)	\$ 4,490.00	\$ 3,649.00	\$ 3,796.00
Guardian - Allen/Frisco/Sachse (DTX750), Dallas (DTX752)	\$ 4,309.00	\$ 1,702.00	\$ 1,702.00
Guardian - RICH (Ncoughtx)	\$ 4,392.00	\$ 1,261.00	\$ 1,734.00
Lincoln Financial/Assurant/Sunlife			
Metlife (ALL) - increased 7/1/2025!	\$ 5,000.00	\$ 4,300.00	\$ 4,300.00
Mutual of Omaha			
Principal	\$ 5,279.00	\$ 3,440.00	\$ 3,440.00
UMR (Guardian - Sachse)	\$ 4,309.00	\$ 1,702.00	\$ 1,702.00
United Concordia - ALL OFFICES	\$ 5,800.00	\$ 2,200.00	\$ 2,200.00
UHC - Dallas (Sunlife/DHA)	\$ 6,040.00	\$ 3,480.00	\$ 4,352.00
UHC - Allen (Connection/GEHA)	\$ 4,550.00	\$ 1,550.00	\$ 1,550.00
UHC - Rich, Frisco (Dentemax Spec)	\$ 4,663.10	\$ 2,379.02	\$ 1,539.62
UHC - Sachse (Out of network/UCR)	\$ 6,899.00	\$ 4,300.00	\$ 4,500.00
Family/Friends/Staff Discounts			
	8090	8020	8040
Immediate Family Braces (Mom/Dad/Brother/Sister/Daughter/Son)	\$1000 Total	\$1000 Total	\$1000 Total
Immediate Family Aligners (Mom/Dad/Brother/Sister/Daughter/Son)	\$2500 Total	\$2500 Total	\$2500 Total
Distant Family/Friends	\$500 Off Patient Portion		
Staff (Braces)	\$500	N/A	\$500
Staff (Aligners)	\$2000 Total	\$2000 Total	\$2000 Total

CASH PRICING/Lowest Fees			CLEAR ALIGNERS		
There is no difference between 1 vs 2 arches for Pricing					
	Braces	DownPayment	Candid	Invisalign	DownPayment
<6 Months	\$2,250	\$399	\$4,899	\$6,500	\$1,199
6-12 Months	\$2,955	\$399	\$4,899	\$6,500	\$1,199
12-18 Months	\$4,099	\$399	\$4,899	\$6,500	\$1,199
18-24 Months	\$4,799	\$399	\$4,899	\$6,500	\$1,199
> 24 Months	\$5,299	\$399	N/A	N/A	
\$300 for CLEAR upgrade			If Aligner fee is LESS than the quoted braces price, make the Aligner fee match the HIGHER CLEAR braces fee		
RETAINERS					
	Our Ortho Pt	Non Ortho Pt			
Essix Retainer	\$250/arch	\$350/arch	Our ortho patients get 1 FREE replacement		
Hawley Retainer	\$350/arch	\$350/arch	if they bring the broken retainer within		
Permanent Retainer	\$350/arch	\$450/arch	12 months of finishing ortho treatment		
Repair of Perm Ret	\$50/tooth	\$50/tooth	with us.		
Retainer with Pontic	\$350	\$350			
CandidPro 4 SETS	\$399	\$399			
Vivera 4 sets	\$625	\$625			
DEBOND-Non Ortho Patient					
Debond ONLY	\$500				
Debond + Retainers	\$750				
Transfer Formula					
Braces	Evaluate them as if they are a new patient. Do not charge for debonding current braces				
Aligners	Charge them CASH FEES for BRACES				
Relapse Patients					
Time Since Debond					
<3 months	\$499				
3-6 Months	\$776				
6-12 Months	\$999				
>12 Months	20% Off Full Fee				
Appliance Cost (add to braces fee) D8220					
Most Appliances	\$449				
Herbst	\$795				
Appliances for Staff	\$350				