

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 3/25)	\$ 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 (Ncoughltx)	\$ 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 ALIGENRS			
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 1 SETS	\$399	\$399				
CandidPro 4 SETS	\$625	\$625				
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					