

IMPORTANT—Please Read: In the course of your practice, if you render (or may render) any of the listed procedures on the enclosed Fee Survey Form, it is necessary that you file a fee for such a procedure.

NOTE: All dentists in the office utilizing these fees must sign the form. Please copy this form for your records before returning it to Northeast Delta Dental. New fees are not effective until confirmed by Northeast Delta Dental.

Northeast Delta Dental Fee Survey Form (Orthodontists Only)

CONFIDENTIAL Participating Dentist's Agreement

This fee profile represents my usual fees, as charged to my patients.

I will verify fees listed below by permitting inspection of my records upon request by a representative of Northeast Delta Dental. In the event Delta Dental finds that my fees listed below do not comply with the usual fees charged to my patients, I agree to adjust my filed fee.

I agree that I shall not charge a patient the amount of the Delta Dental withhold, if any, and that portion of my fee which may be in excess of the maximum fee allowed by Delta Dental.

I further agree that I will accept direct payment from Delta Dental and that I will not seek any additional compensation at the time of service from the covered subscriber/dependent other than appropriate co-payments or other stated obligations under the patient's group program, i.e., non-covered services and deductibles.

If I increase my fees to all of my patients, I understand that I may resubmit my listing of fees.

I understand that my participation and fee listing extend to subscribers/dependents covered under Delta Dental's fee for service national account programs, including but not limited to, DeltaUSA and multi-state programs.

1. I continue to hold an active, valid license to practice in all states in which I provide services. Agree ____ Disagree ____
2. I continue to carry malpractice insurance. Agree ____ Disagree ____
3. I continue to have no state or local licensing board actions currently restricting or affecting my license. Agree ____ Disagree ____
4. My office continues to meet the infection control standards of the Centers for Disease Control and Prevention. Agree ____ Disagree ____
5. I have not been involved in any malpractice suits, claims, or settlements within the last ten years. Agree ____ Disagree ____

(If you disagree with any statements above, please provide complete details on a separate sheet.)

My signature below certifies my acceptance of these terms. My responses to the statements above are true to the best of my knowledge. **If I have not marked any responses above, my signature further certifies that my responses to all five statements are in agreement.**

XDENTIST'S SIGNATURE (no signature stamps)

License Number Type 1 (Treating Dentist) National Provider ID #

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License Number Type 1 (Treating Dentist) National Provider ID #

Street Address City State Zip Code

Tax Identification Number Telephone Number E-Mail Address

Business Name (*please print*): _____ Date: _____

Type 2 (Billing Entity) National Provider ID #: _____

DIAGNOSTIC D0100-D0999

D0120	Periodic oral evaluation	\$
D0150	Comprehensive oral evaluation	\$
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$
D0210	Intraoral-complete series of radiographic images	\$
D0220	Intraoral-periapical first radiographic image	\$
D0230	Intraoral-periapical each additional radiographic image	\$
D0240	Intraoral-occlusal radiographic image	\$
D0250	Extraoral-first radiographic image	\$
D0260	Extraoral-each additional radiographic image	\$
D0270	Bitewing-single radiographic image	\$
D0272	Bitewings-two radiographic images	\$
D0273	Bitewings, three radiographic images	\$
D0274	Bitewings-four radiographic images	\$
D0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	\$
D0330	Panoramic radiographic image	\$
D0340	Cephalometric radiographic image	\$
D0350	Oral/facial photographic image obtained intraorally or extraorally	\$
D0470	Diagnostic casts	\$
D0486	Accession of transepithelial cytologic sample	\$

PREVENTIVE D1000-D1999

D1310	Nutritional counseling for the control of dental disease	\$
D1320	Tobacco counseling for the control and prevention of oral disease	\$
D1330	Oral hygiene instructions	\$
D1510	Space maintainer-fixed-unilateral	\$
D1515	Space maintainer-fixed-bilateral	\$
D1520	Space maintainer-removable-unilateral	\$
D1525	Space maintainer-removable-bilateral	\$
D1550	Recementation of space maintainer	\$
D1555	Removal of fixed space maintainer	\$

MAXILLOFACIAL PROSTHETICS D5900-D5999

D5986	Fluoride gel carrier	\$
D5991	Vesiculobullous disease medicament carrier	\$

ORAL AND MAXILLOFACIAL SURGERY D7000-D7999

D7283	Placement of device to facilitate eruption of impacted tooth	\$
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D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$
D7998	Placement of fixation device not in conjunction with a fracture	\$

ORTHODONTICS D8000-D8999

D8010	Limited orthodontic treatment of the primary dentition	\$
D8020	Limited orthodontic treatment of the transitional dentition	\$
D8030	Limited orthodontic treatment of the adolescent dentition	\$
D8040	Limited orthodontic treatment of the adult dentition	\$
D8050	Interceptive orthodontic treatment of the primary dentition	\$
D8060	Interceptive orthodontic treatment of the transitional dentition	\$
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$
D8090	Comprehensive orthodontic treatment of the adult dentition	\$
D8210	Removable appliance therapy	\$
D8220	Fixed appliance therapy	\$
D8691	Repair of orthodontic appliance	\$
D8692	Replacement of lost or broken retainer	\$
D8693	Rebonding or recementing of fixed retainers	\$
D8694	Repair of fixed retainers, includes reattachment	\$

ADJUNCTIVE GENERAL SERVICES D9000-D9999

D9110	Palliative (emergency) treatment of dental pain-minor procedure	\$
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$
D9420	Hospital or ambulatory surgical center call	\$
D9450	Case presentation	\$
D9610	Therapeutic parenteral drug, single administration	\$
D9612	Therapeutic parenteral drugs, two or more administrations	\$
D9920	Behavior management, by report	\$
D9941	Fabrication of athletic mouthguard	\$
D9971	Odontoplasty 1-2 teeth	\$

CURRENT ADA CODES FOR PROCEDURES PERFORMED BUT NOT LISTED

Code	Description	Fee
		\$
		\$
		\$
		\$
		\$
		\$
		\$

The filed fee for procedures **D0120 through D1555** represents your usual fee for these items when rendered as a separate service, not as part of your orthodontic treatment.

When filing fees for orthodontic treatment, codes **D8010 through D8090**, your usual fee should include all phases of treatment from the initial evaluation and diagnostic records through retention and post treatment recalls.

NORTHEAST DELTA DENTAL FEE SURVEY POLICY

Do not list a range of fees when completing the fee survey; **list only one fee**. The fee listed should be your usual fee charged to all your patients. It should **not** be the highest fee you might charge for that particular procedure. If you should charge a Northeast Delta Dental patient a higher fee than filed, due to special circumstances, individual consideration must be requested.

It is not necessary to complete the entire form unless all fees are being changed. You need only fill in those fees that are being updated. For all procedures left blank, Northeast Delta Dental will continue to use your last filed fee as your usual fee for that procedure. **DO NOT** leave any procedures blank unless your last fee on file represents your current fee.

If you no longer perform a procedure for which you have previously filed a fee, and you no longer wish that fee to remain on file, please mark **"DELETE"** on the fee survey for that procedure.

Current Dental Terminology CDT 2014 Compiled and Edited by the American Dental Association's Council on Dental Benefit Programs.

NOTE: The procedures listed are not necessarily covered benefits for all Northeast Delta Dental patients. Please contact our Customer Service department or call Northeast Delta Dental's automated information system, DentalLink, for benefit information. Predetermination is also strongly recommended. Thank you.