

# SAMPLE

## Proposed Treatment Plan Cornerstone Dental

Recent Client Proposal

09/16/2010

Existing   
  Complete   
  Referred Out   
  Treatment Planned

Done	Priority	Tab	Surf	Code	Description	Fee	Pct Ins	Sec Ins	Pat
	1		UR	D4341	periodontal scaling and root planing - four or more teeth per quadrant	212.00	162.00	0.00	50.00
	1		UL	D4341	periodontal scaling and root planing - four or more teeth per quadrant	212.00	162.00	0.00	50.00
	1		LR	D4341	periodontal scaling and root planing - four or more teeth per quadrant	212.00	162.00	0.00	50.00
	1		LL	D4341	periodontal scaling and root planing - four or more teeth per quadrant	212.00	162.00	0.00	50.00
					<b>Subtotal</b>	<b>848.00</b>	<b>648.00</b>	<b>0.00</b>	<b>200.00</b>
	2	1	O	D2391	resin-based composite - one surface, posterior	81.00	51.00	0.00	30.00
	2	6	F	D2330	resin-based composite - one surface, anterior	132.00	132.00	0.00	0.00
	2	7	DL	D2331	resin-based composite - two surfaces, anterior	168.00	168.00	0.00	0.00
	2	8	IF	D2331	resin-based composite - two surfaces, anterior	168.00	168.00	0.00	0.00
	2	9	DO	D2392	resin-based composite - two surfaces, posterior	202.00	157.00	0.00	45.00
	2	10		D2950	core buildup, including any pins	237.00	167.00	0.00	70.00
	2	10		D3310	endodontic therapy, anterior tooth (excluding final restoration)	689.00	589.00	0.00	100.00
	2	10		D6750	crown - porcelain fused to high noble metal	1100.00	855.00	0.00	245.00
	2	10		D6997	Lab Fee	150.00	0.00	0.00	150.00
	2	10		D6998	Porcelain Margin	70.00	0.00	0.00	70.00
	2	11		D6240	pontic - porcelain fused to high noble metal	970.00	725.00	0.00	245.00
	2	11		D6997	Lab Fee	150.00	0.00	0.00	150.00
	2	11		D6998	Porcelain Margin	70.00	0.00	0.00	70.00
	2	12		D6750	crown - porcelain fused to high noble metal	1100.00	855.00	0.00	245.00
	2	12		D6997	Lab Fee	150.00	0.00	0.00	150.00
	2	12		D6998	Porcelain Margin	70.00	0.00	0.00	70.00
					<b>Subtotal</b>	<b>5507.00</b>	<b>3887.00</b>	<b>0.00</b>	<b>1640.00</b>
	3	2		D6997	Lab Fee	150.00	0.00	0.00	150.00
	3	10		N4118	PFM Seat	0.00	0.00	0.00	0.00
	3	18	MOD	D2393	resin-based composite - three surfaces, posterior	251.00	186.00	0.00	65.00
	3	20	DB	D2392	resin-based composite - two surfaces, posterior	202.00	157.00	0.00	45.00
	3	27	DO	D2392	resin-based composite - two surfaces, posterior	202.00	157.00	0.00	45.00
	3	32		D6997	Lab Fee	150.00	0.00	0.00	150.00
	3			D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) #2,3,14,15	1662.00	1237.00	0.00	425.00
	3			D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) #19,23-26,29,30	1662.00	1237.00	0.00	425.00
					<b>Subtotal</b>	<b>4279.00</b>	<b>2974.00</b>	<b>0.00</b>	<b>1305.00</b>
					<b>Total</b>	<b>10634.00</b>	<b>7488.00</b>	<b>0.00</b>	<b>3145.00</b>

If you have dental insurance, please be aware that THIS IS AN ESTIMATE ONLY. Coverage may be different if your deductible has not been met, annual maximum has been met, or if your coverage table is lower than average.

1 - Cost = \$10,634.00  
 2 - Reduced = -\$7,489.00  
 3 - Client Pays = \$3,145.00