

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 (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

There is no difference between 1 vs 2 arches for Pricing		
	Braces	DownPayment
<6 Months	\$2,250	\$399
6-12 Months	\$2,955	\$399
12-18 Months	\$4,099	\$399
18-24 Months	\$4,799	\$399
> 24 Months	\$5,299	\$399
\$300 for CLEAR upgrade		

CLEAR ALIGENRS

	Candid	Invisalign	DownPayment
<6 Months	\$4,899	\$6,500	\$1,199
6-12 Months	\$4,899	\$6,500	\$1,199
12-18 Months	\$4,899	\$6,500	\$1,199
18-24 Months	\$4,899	\$6,500	\$1,199
> 24 Months	N/A	N/A	

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
Hawley Retainer	\$350/arch	\$350/arch
Permanent Retainer	\$350/arch	\$450/arch
Repair of Perm Ret	\$50/tooth	\$50/tooth
Retainer with Pontic	\$350	\$350

Our ortho patients get 1 FREE replacement if they bring the broken retainer within 12 months of finishing ortho treatment with us.

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