TREATMENT DATE	PATIENT LAST NAME	I understand that the services listed were undertaken and I agree to pay the total copayment of $_____.
CENTER NUMBER	PATIENT FIRST NAME MIDDLE INITIAL	
AUTHORIZATION NUMBER	MEMBER NUMBER	Patient Signature
PLAN NUMBER	DDS SIGNATURE	Date

ADA CODE	SERVICE	TOOTH OR QUAD	COPAY AMOUNT
	OFFICE VISIT COPAYMENT		
	Office Visit copayment (where applicable)		
	DIAGNOSTIC		
00120	Periodic Oral Exam		
00140	Problem Focused Exam		
00150	Comprehensive Exam		
00210	Intraoral Comp. Series		
00220/230	Intraoral Periapical 1st/Ea. Add.		
00240	Intraoral Occlusal		
00270	Bitewing Single Film		
00272	Bitewing Two Films or Four Films		
00277	Veritcal Bitewings 7-8 Films		
00330	Panoramic Film		
	PREVENTIVE		
01110	Prophlaxis, Adult		
01120	Prophlaxis, Child		
01203	Fluoride Treatment Child		
01204	Fluoride Treatment Adult		
01351	Sealant Per Tooth		
01510/15	Space Maintainer-Fixed		
01520/25	Space Maintainer-Remov		
	RESTORATIVE		
02110	Amalgam 1 Surface Primary		
02120	Amalgam 2 Surface Primary		
02130	Amalgam 3 Surface Primary		
02131	Amalgam 4/More Surface Primary		
02140	Amalgam 1 Surface Permanent		
02150	Amalgam 2 Surface Permanent		
02160	Amalgam 3 Surface Permanent		
02161	Amalgam 4/More Surface Permanent		
02330	Resin 1 Surface		
02331	Resin 2 Surface		
02332	Resin 3 Surface		
02335	Resin 4/More Surface		
02380	Resin 1 Surface Primary Post.		
02381	Resin 2 Surface Primary Post.		
02382	Resin 3 Surface Primary Post.		
02385	Resin 1 Surface Permanent Post.		
02386	Resin 2 Surface Permanent Post.		
02387	Resin 3 Surface Permanent Post.		
02388	Resin 4 or more Surfaces Permanent Post.		
02940	Sedative Filling		
	ENDODONTICS		
03110	Pulp Cap Direct/Exc Post		
03120	Pulp Cap Ind/Exc Post		
03220/21	Therapeutic Pulpotomy/		
	Gross Pulp Debridement (endo done elsewhere)		
03310	Root Canal 1 Canal		
03320	Root Canal 2 Canal		
03330	Root Canal 3 Canal		
	PERIODONTICS		
04210	Gingivectomy/Quad		
04211	Gingivectomy/Tooth		
04249	Crown Lengthening		
04249	Mucogingival Surgery/Quad		
04260	Osseous Surgery/Quad		
04270/71/73	Soft Tisssue Graft		
04341	Scaling Root Plan/Quad		
04355	Full Mouth Debridement		
04910	Perio Maintenance Procedure		
04263/64	Bone Graft 1st Site/Add. Site		

ADA CODE	SERVICE	TOOTH OR QUAD	COPAY AMOUNT
	REMOVABLE PROSTHODONICS		
05211/12	Upper/Lower Partial-Acylic		
05213/14	Upper/Lower Partial-Cast		
5850/5851	Tissue Conditioning-Upper/Lower		
	Denture Reline/Rebase		
	Denture Repair		
	ORAL SURGERY		
07110	Extraction Single Tooth		
07120	Each Additional Tooth		
07130	Exposed Root Removal		
07210	Surgical Removal Erupted Tooth		
07220	Remove Tooth-Soft Tissue		
07230	Remove Tooth-Partial Bony		
07240	Remove Tooth-Complete Bony		
07310	Alveo in Conj. Ext/Quad		
	COSMETIC		
02960	Labial Veneer (Chairside)		
02961	Labial Veneer (Resin Laminate)		
02962	Labial Veneer (Porcelain)		
	INLAYS/ONLAYS		
	Inlay 1 Surface		
	Inlay 2 Surface		
	Inlay 3 Surface		
	Onlay-2 Surfaces (lab processed)		
	Onlay-3 Surfaces (lab processed)		
	Onlay-4/More Surfaces (lab processed)		
	For High Noble, Actual Metal Cost		
	CROWN & BRIDGE		
2740	Crown/Porc/Ceramic Sub		
2750/6240/6750	Crown/Pont-Porc/High Noble		
2751/6241-6751	Crown/Pont-Porc/Base		
2752/6242/6752	Crown/Pont-Porc/Noble		
2790/6210/6790	Crown/Pont-Cast High Noble		
2791/6211/6791	Crown/Pont-Cast Base Noble		
2792/6212/6792	Crown/Pont-Cast Noble		
2780/6780	Crown- 3/4-cast high noble metal*		
2781/6781	Crown- 3/4-cast predominanly base metal		
2782/6782	Crown- 3/4-cast noble metal		
2783/6783	Crown- 3/4-porcelain/ceramic		
2930/31	Prefab Stainless Steel Crown		
2950/6973	Core build up for crown, retainer		
2952/6970	Cast Post & Core		
02953	Additional Cast post, same tooth		
2954/6972	Prefab Post & Core		
02957	Additional Prefabricated post, same tooth		
06245	Pontic-Porcelain/Ceramic		
06519	Inlay/Onlay Porcelain/Ceramic		
06546	Retainer-Porcelain/		
	ceramic for resin bonded prost		
	For High Noble Metal, Actual Metal Cost		
	ADJUNCTIVE GENERAL SERVICES		
09110	Palliative Treatment		
09911	App. Desens. Resin,root surface, per tooth		
09230	Nitrous Oxide Analgesia		
09910/11	Application of Desensitizing Material		

SUBMIT TO: First Commonwealth 444 North Wells Chicago, Illinois 60610 312/644-1800