

## Dental Savings Fee Schedule (General Dentist)

\*Dentists may add additional lab fees to discounted services with\*.

### DIAGNOSTIC & PREVENTATIVE Fee

D0120	Periodic Oral Evaluation	\$20
D0150	Comprehensive Oral Evaluation	\$30
D0210	Xrays – Complete Series	\$60
D0274	Bitewings – Four Films	\$35
D0330	Panoramic Film	\$65
D1110	Prophylaxis – Adult Cleaning	\$55
D1120	Prophylaxis – Child Cleaning	\$45
D1203	Fluoride	\$15
D1351	Sealant – Per Tooth – No Age Limit	\$30

### 1 FREE DENTAL CLEANING (PROPHY) PER YEAR PER CARDHOLDER

- Exams & Xrays Not Included -

### RESTORATIVE Fee

D2140	Amalgam – One Surface	\$55
D2150	Amalgam – Two Surfaces	\$75
D2160	Amalgam – Three Surfaces	\$85
D2161	Amalgam – Four Surfaces	\$105
D2330	Resin Based Composite – One Surface - Anterior	\$60
D2331	Resin Based Composite – Two Surfaces - Anterior	\$80
D2332	Resin Based Composite – Three Surfaces - Anterior	\$115
D2391	Resin Based Composite – One Surface - Posterior	\$80
D2392	Resin Based Composite – Two Surfaces - Posterior	\$105
D2393	Resin Based Composite – Three Surfaces - Posterior	\$140
D2394	Resin Based Composite – Four Surfaces - Posterior	\$170
D2750	* Crown – Porcelain Fused to High Noble Metal*	\$875
D2950	Core Buildup – Including any Pins	\$135
D2954	Prefabricated Post & Core	\$155

### ENDODONTICS Fee

D3310	Root Canal – Anterior	\$500
D3320	Root Canal – Bicuspid	\$600
D3330	Root Canal – Molar	\$700

### PERIODONTICS Fee

D4210	Gingivectomy Per Quad	\$400
D4211	Gingivectomy Per Tooth	\$200
D4341	Perio Scaling/Per Quadrant	\$70
D4381	Localized Delivery of Antimicrobial Agents Via a Controlled Release Vehicle into Diseased Crevicular Tissue - Per Tooth, By Report	\$50 Per Site

### PROSTHODONTICS Fee

D5110	*Complete Denture – Maxillary*	\$800
D5120	*Complete Denture – Mandibular*	\$800
D5213	*Maxillary Partial - Denture Bases* (Including any Conventional Clasps, Rests or Teeth)	\$875
D5214	*Mandibular Partial - Denture Bases* (Including any Conventional Clasps, Rests or Teeth)	\$875
D6010	Implant	20% off UCR fee
D6059	Implant Crown	20% off UCR fee

## ORAL SURGERY Fee

D7140	Simple Extraction – Erupted Tooth/Exposed Root	\$85
D7210	Surgical Extraction	\$225
D7220	Removal Impacted Tooth – Soft Tissue	\$175
D7230	Removal Impacted Tooth – Partial Bony	\$200

### IN-OFFICE WHITENING SYSTEM 25% Discount

#### DENTAL SPECIALISTS - 25% DISCOUNT OFF UCR FEES

Oral Surgeon, Periodontist, Endodontist, Orthodontist & Pedodontist

\*Dentists may add additional lab fees to discounted services with\*.

*Any Service not listed on Discounted Fee Schedule,  
please refer to office private fees.*

*Patients Pay at Time of Service  
No Claims, No Waiting, No Limitations*

## Vision Savings Fee Schedule

### VISION CARE Fee

Routine Eye Exam	\$5 off UCR fee
Exam - Contact Lens	\$10 off UCR fee

### 1 FREE EYE EXAM PER YEAR PER CARDHOLDER

\*Available at Select Participating Provider Locations

### LENS OPTIONS Fee

Ultraviolet Coating	25% off UCR fee
Tint – Solid or Gradient	25% off UCR fee
Standard Scratch-Resistance (Scratch A)	25% off UCR fee
Standard Polycarbonate	10% off UCR fee
Standard Progressive	10% off UCR fee
Basic Anti-Reflective Coating	20% off UCR fee
Blended Invisible Bifocal	20% off UCR fee
Intermediate Vision Lenses	20% off UCR fee
Polarized	20% off UCR fee
Other Lens Options/Features	20% off UCR fee

### STANDARD LENSES - GLASS OR PLASTIC Fee

Single	10% off UCR fee
Bifocal	10% off UCR fee
Trifocal	10% off UCR fee
Frames	25% off UCR fee

### CONTACT LENSES Non-Disposable: 15% Discount

### NON-PRESCRIPTION SUNGLASSES 20% off UCR fee

### LASER CORRECTION PRK, LASIK, & Custom LASIK: 15% off UCR fee

**CHP**  **(888) 926-5041**  
www.communityhealthplans.com

Fee Schedule Last Updated: 5/30/17



# DENTAL PROFESSIONALS INFORMATION FORM

Fax to: (800) 556-5690 Email to: providers@communityhealthplans.com

## PRACTICE INFORMATION *(\*Information included in Online Marketing Directory Webpage)*

\*Office Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

\*Address: \_\_\_\_\_  
Street City State Zip

\*Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Medical Malpractice Insurance Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Hours of Operation

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_
- Saturday \_\_\_\_\_
- Sunday \_\_\_\_\_

### Website Links

Practice Website: \_\_\_\_\_

Facebook: \_\_\_\_\_

Twitter: \_\_\_\_\_

### Online Appointment Requests Recipient Information *(required)*

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

## DENTAL PROFESSIONALS INFORMATION *(For additional dental professionals you would like listed on our Online Marketing Directory, Social Media Pages and included in our Dental Marketing Program, please complete Additional Dental Professionals Form.)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  D.D.S.  D.M.D.

Hygienist  Dentist  Pedodontist  Periodontist  Endodontist  Oral Surgeon  Orthodontist  Prosthodontist

State License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

DEA #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

National Provider Identifier (NPI) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## BILLING INFORMATION - \$300 Annual Marketing/Advertising Fee per Dental Office Location *(required)*

# of Dental Professionals: \_\_\_\_\_ Amount Billed Annually: \_\_\_\_\_  Visa  MasterCard  AMEX  Discover

Name on Card: \_\_\_\_\_  
First Last

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street City State Zip

*I confirm that the information submitted to Community Health Plans is accurate and true and authorize CHP to charge the agreed recurring annual marketing/advertising fee listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.*

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_



# ADDITIONAL DENTAL PROFESSIONALS FORM

Fax to: (800) 556-5690 Email to: providers@communityhealthplans.com

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ D.D.S. D.M.D.

Hygienist Dentist Pedodontist Periodontist Endodontist Oral Surgeon Orthodontist Prosthodontist

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# CHP Dental Marketing Program

Total Marketing Package Valued at \$1000 for Only \$300 per Location!



## E-MAIL MARKETING

We send out scheduled email campaigns with your practice information, website and social media links to our network.

Valued at \$300



## SOCIAL MEDIA

We create custom social media posts with your practice information on Community Health Plans Social Media pages. Share It, Like It, Tweet It.

Valued at \$500



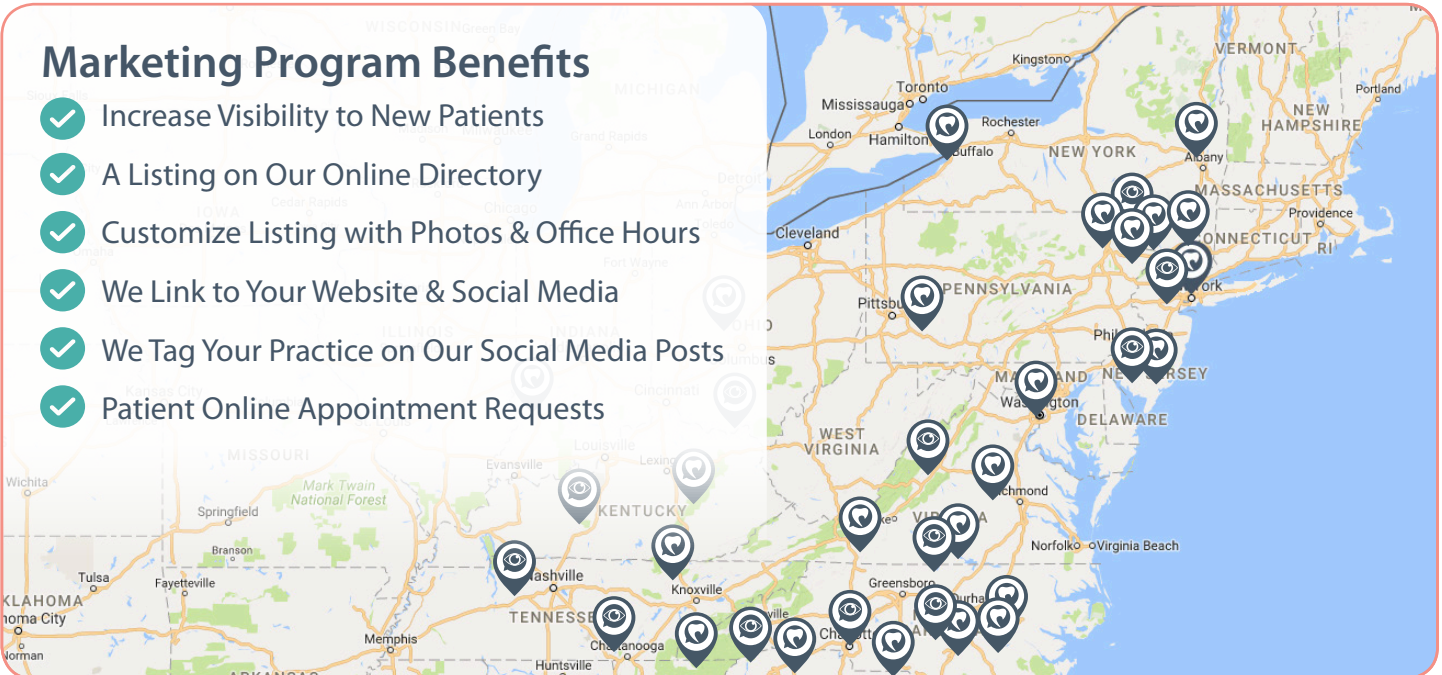
## NEWSLETTER

Your practice will be featured in our monthly and holiday newsletters and distributed to our CHP members in your local area.

Valued at \$200

## Marketing Program Benefits

- ✓ Increase Visibility to New Patients
- ✓ A Listing on Our Online Directory
- ✓ Customize Listing with Photos & Office Hours
- ✓ We Link to Your Website & Social Media
- ✓ We Tag Your Practice on Our Social Media Posts
- ✓ Patient Online Appointment Requests



## *Have Exclusivity in Your Zip Code* **Secure Your Spot!**

We limit the number of dental professional listings on our Marketing Directory to a total of 20 providers per zip code. This means greater visibility to our members for your practice. The benefit of a smaller dental network will increase in-office patient retention making patients more likely to stay active within your practice.

## **We Give Back to the Local Community**

10% of Your Marketing Fee Goes to Benefit Local Non-Profit Healthcare Causes

Increase New Patients to Your Practice with Our Marketing Program

**FAX YOUR PRACTICE FORMS TODAY!** (800) 556-5690



## About Us

Community Health Plans (CHP) is the fastest growing discounted dental and vision savings program with a national network of participating providers. We are the only free dental and vision savings card. We specialize in creating a provider marketing program that will immediately increase the number of new patients to your practice.

## Who We Are

CHP was created by healthcare professionals who understand the healthcare industry and recognize some of the challenges associated for healthcare providers and patients alike. These professionals were committed to finding an in-office solution to combat limitations of traditional healthcare. For you, the provider, it's a means to create a new marketing lead source that will increase the number of new patients for your practice immediately.

## A Unique Approach

At Community Health Plans, we take a very different approach to growing our network in comparison to other savings plan programs. We specialize in asking our members to refer dental and vision care providers that they know, trust and have a great reputation in their community. We pride ourselves in being the only provider community that is built organically leaving members with a sense of trust and our dentists and eye care specialists with a sense of exclusivity.

Enclosed, you will find our dental professional forms, our schedule of discounted dental and vision services, and our marketing program highlights for your review.

*Thank you for your time and consideration, we look forward to working with you.*

### Community Health Plans

Monday through Friday, 9a.m. to 5p.m

Customer Service Line: (888) 926-5041

[www.communityhealthplans.com](http://www.communityhealthplans.com)

**Email Application to:** [providers@communityhealthplans.com](mailto:providers@communityhealthplans.com)

or

**Fax Application to:** (800) 556-5690