

## Costs of Most Common Services - Transparency in Health Care Prices Act

Community health centers offer service to all individuals regardless of insurance status or ability to pay. Patients in households with incomes below 200% of the Federal Poverty Level (FPL) receive discounts on a sliding fee scale. Patients with incomes less than 100% FPL pay a nominal fee.

Below are some of the most common services provided. The costs below represent the cost of services for self-pay patients and do not take into account any coverage from Medicaid, Medicare, or private health insurance. Contact us if you would like help enrolling in health insurance coverage.

Current Procedural Terminology (CPT) Code	Service Description	Self-Pay Costs					
		Income Below 100% FPL	Income 100-125% FPL	Income 125-150% FPL	Income 150-175% FPL	Income 175-200% FPL	Income Above 200% FPL
		D9230	ANALGESIA	\$ 40.00	\$ 41.00	\$ 42.00	\$ 47.00
D7140	EXTRACTION ERUPTED TOOTH/EXR	\$ 65.00	\$ 66.00	\$ 67.00	\$ 98.00	\$ 130.00	\$ 163.00
D0120	PERIODIC ORAL EVALUATION	\$ 65.00	\$ 66.00	\$ 67.00	\$ 98.00	\$ 130.00	\$ 163.00
D0140	LIMIT ORAL EVAL PROBLM FOCUS	\$ 40.00	\$ 41.00	\$ 42.00	\$ 50.00	\$ 67.00	\$ 83.00
D0150	COMPREHENSVE ORAL	\$ 40.00	\$ 41.00	\$ 42.00	\$ 53.00	\$ 71.00	\$ 88.00
D0210	INTRAOR COMPLETE FILM SERIES	\$ 40.00	\$ 41.00	\$ 42.00	\$ 50.00	\$ 67.00	\$ 82.00
D0220	INTRAORAL PERIAPICAL FIRST	\$ 15.00	\$ 16.00	\$ 17.00	\$ 18.00	\$ 23.00	\$ 28.00
D0230	INTRAORAL PERIAPICAL EA ADD	\$ 15.00	\$ 16.00	\$ 17.00	\$ 18.00	\$ 21.00	\$ 26.00
D0272	DENTAL BITEWINGS TWO FILMS	\$ 15.00	\$ 16.00	\$ 18.00	\$ 27.00	\$ 36.00	\$ 45.00
D0274	DENTAL BITEWINGS FOUR FILMS	\$ 40.00	\$ 41.00	\$ 42.00	\$ 43.00	\$ 51.00	\$ 63.00
D0330	DENTAL PANORAMIC FILM	\$ 40.00	\$ 41.00	\$ 44.00	\$ 66.00	\$ 88.00	\$ 110.00
D1110	DENTAL PROPHYLAXIS ADULT	\$ 40.00	\$ 41.00	\$ 42.00	\$ 54.00	\$ 72.00	\$ 90.00
D1120	DENTAL PROPHYLAXIS CHILD	\$ 40.00	\$ 41.00	\$ 42.00	\$ 43.00	\$ 50.00	\$ 62.00
D1208	TOPICAL APPLICATION OF FLUORIDE	\$ 15.00	\$ 16.00	\$ 17.00	\$ 21.00	\$ 28.00	\$ 34.00
D1351	DENTAL SEALANT PER TOOTH	\$ 15.00	\$ 16.00	\$ 23.00	\$ 34.00	\$ 45.00	\$ 56.00
D2391	POST 1 SRFC RESINBASED 7 CMPST	\$ 65.00	\$ 66.00	\$ 72.00	\$ 107.00	\$ 143.00	\$ 179.00
D2392	POST 2 SRFC RESINBASED CMPST	\$ 100.00	\$ 101.00	\$ 102.00	\$ 140.00	\$ 187.00	\$ 234.00
D4341	PERIODONTAL SCALING ROOT	\$ 100.00	\$ 101.00	\$ 102.00	\$ 145.00	\$ 194.00	\$ 242.00
D4910	PERIODONTAL MAINT 6 PROCEDURES	\$ 40.00	\$ 41.00	\$ 88.00	\$ 119.00	\$ 149.00	\$ 149.00
D2393	POST 3 SRFC RESINBASED CMPST	\$ 150.00	\$ 151.00	\$ 152.00	\$ 187.00	\$ 250.00	\$ 312.00

We can help you determine whether you qualify for sliding fee scale discounts or if you are eligible for health care coverage to help cover the cost of care.

This document will be updated annually by Billing Supervisor and will be displayed on the Family Health Center of Southern Oklahoma's website at [www.fhcso.org](http://www.fhcso.org).

Please contact 580-371-2343 and/or [cgomez@fhcso.org](mailto:cgomez@fhcso.org) with any questions.