

Enroll
TODAY!



your Smiles
matters

Our Location

400-R Germantown Pike
Lafayette Hill, PA 19444

CALL (610) 825-7444

IN-HOUSE MEMBERSHIP PLAN



2019
GOLD PROVIDER

Visit Us

WWW.WHITEMARSHDENTIST.COM

Take advantage of our highly discounted member exclusive dental treatment prices. By taking out all hassles of complicated insurance terms and processes, we offer affordable rates to help you achieve a beautiful smile and pristine oral health. Our mission is to bring low cost dental care to every patient.

Annual Subscription Fee* \$200

**2x Semi-Annual Cleanings
and Exams including X-Rays.** FREE

**Fluoride Tx Children
(under 12)** FREE

**One Emergency
Visit/Calendar Year** FREE

*The in-house membership plan is only valid at Whitmarsh Family Dentistry and exclusive to our patients. Other insurance may be required to visit a dental specialist. Our office accepts most major dental insurance and union plans.



WHITEMARSH FAMILY DENTISTRY

WHITEMARSH FAMILY DENTISTRY



Preventive Services

Dental Code	Description	Value	You Pay
D0120	Periodic Oral Exam	\$55	\$0
D0140	Limited Oral Exam	\$70	\$0
D0150	Comprehensive Oral Exam	\$80	\$0
D0160	Extensive Oral Evaluation	\$80	\$0
D0170	Re-Evaluation Exam	\$65	\$0
D0180	Periodontal Oral Exam	\$85	\$0
D0210	Full Mouth Series Images	\$110	\$50
D0220	1 st PA Image	\$25	\$0
D0230	2 nd PA Image	\$20	\$0
D0270	1x Bitewing	\$25	\$0
D0272	2x Bitewing	\$40	\$0
D0273	3x Bitewing	\$45	\$0
D0274	4x Bitewing	\$55	\$0
D0367	CT Scan	\$475	\$250
D0330	Panoramic image	\$120	\$60
D0431	Oral Cancer Screen Test	\$60	\$30
D1110	Adult Prophy	\$95	\$30
D1120	Child Prophy	\$60	\$20
D1207	Fluoride Tx Child	\$45	\$0
D1208	Fluoride Tx Adult	\$45	\$15
D1351	Sealant	\$49	\$25
	Preventive Resin Restoration	\$50	\$25



Restorative Services

Dental Code	Description	Value	You Pay
D2330	Anterior 1x Surface	\$110	\$80
D2331	Anterior 2x Surface	\$135	\$105
D2332	Anterior 3x Surface	\$175	\$135
D2335	Anterior 4x+ Surface	\$210	\$145
D2391	Posterior 1x Surface	\$165	\$90
D2392	Posterior 2x Surface	\$205	\$120
D2393	Posterior 3x Surface	\$250	\$150
D2394	Posterior 4x+ Surface	\$285	\$175
D2644	Porcelain Onlay	\$825	\$675
D2740	Full Zirconia Crown	\$950	\$760
D2750	High Nobel Crown	\$900	\$760
D2792	Full Cast Crown	\$1000	\$790
D2920	Recement Crown	\$65	\$50
D2950	Build-Up On Tooth	\$175	\$130
D2954	Post & Core BuildUp	\$280	\$175



Endodontic Services

Dental Code	Description	Value	You Pay
D3310	Root Canal - Anterior	\$600	\$475
D3320	Root Canal - Bicuspid	\$750	\$650
D3330	Root Canal - Molar	\$950	\$745



Periodontics Services

Dental Code	Description	Value	You Pay
D4211	Gingivectomy per tooth (1-3 Teeth)	\$275	\$145
D4210	Gingivectomy per tooth (4+ Teeth)	\$395	\$245
D4249	Crown Lengthening	\$475	\$295
D4266	Guided Tissue Regeneration	\$450	\$245
D4341	Scaling & Root Planning/tth (4+ Teeth)	\$195	\$155
D4342	Scaling & Root Planning/tth (1-3 Teeth)	\$145	\$85
D4355	Full Mouth Debridement	\$105	\$85
D4381	Arestin (Antibiotic for Gums)	\$60	\$30
D4910	Periodontal Maintenance	\$98	\$80



Prosthodontic Services

Dental Code	Description	Value	You Pay
D5110	Upper Denture	\$1,495	\$895
D5120	Lower Denture	\$1,495	\$895
D5130	Immediate Upper Denture	\$1,495	\$895
D5140	Immediate Lower Denture	\$1,395	\$895
D5213	Upper Partial Denture	\$1,495	\$945
D5214	Lower Partial Denture	\$1,495	\$945
D5862	Precision Attachment	\$595	\$450
D5863	Overdenture (Implant Supported)	\$1,795	\$1,500



Implant Services

Dental Code	Description	Value	You Pay
D6010	Implant Placement	\$1,850	\$1,300
D6057	Implant Abutment	\$875	\$500
D6059	Implant Crown	\$1,496	\$1,050
D6750	High Noble Crown (Bridge)	\$1,345	\$750
D6240	Pontic on Bridge	\$1,345	\$750



Other Services

Dental Code	Description	Value	You Pay
D7140	Simple Extraction	\$175	\$130
D7210	Surgical Extraction	\$275	\$195
D7953	Bone Grafting (Extraction Site)	\$495	\$245
D9910	Desensitizing Tooth	\$80	\$40
D9944	Occlusal Mouth Guard	\$475	\$299
D9951	Occlusal Adjustment	\$65	\$45
D9980	Full Mouth Whitening (In Office)	\$499	\$350