

SUBJECT: Dental Crowns, Bridges, and Prosthodontic Services Pricing and Payment

MANUAL: Finance

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POLICY STATEMENT: Family Health Centers, Inc. offers dental crowns, bridges, partial and full dentures, full restorations, repairs, and relines as specialty prosthodontic services. All laboratory, material, and supply costs associated with these services are designated as cash-pay only and are not billable to Medicaid, Medicare, commercial insurance, or any other third-party payer.

Clinical evaluation and office visit services related to these specialty procedures may be eligible for billing under the Sliding Fee Discount Program in accordance with HRSA Health Center Program requirements; however, prosthodontic supply, laboratory, and material costs are excluded from sliding fee adjustments and remain the patient's responsibility

PURPOSE: To establish standardized pricing, payment, and patient responsibility requirements for prosthodontic dental services at Family Health Centers, Inc., ensuring transparency, financial accountability, and compliance with organizational and regulatory standards.

DEFINITIONS:

- Prosthodontic Services: Crowns, bridges, partial dentures, full dentures, relines, and repairs.
- Cash-Pay Services: Services for which full patient payment is required without third-party billing.
- Laboratory Fees: Charges associated with dental lab fabrication that are non-refundable once incurred.

PROCEDURES:

A. Payment Requirements

1. Fifty percent (50%) of the total treatment cost is due at the initial visit prior to treatment initiation.
2. The remaining balance must be paid in full at the final visit before delivery or cementation.
3. Prosthodontic appliances will not be delivered or placed until payment is complete.
4. Laboratory and special-order material fees are non-refundable once treatment has begun.

B. Approved Dental Pricing Structure

Dentures

Name	CDT Code	Price
Complete Denture (Upper)	D5110	\$600.00
Complete Denture (Lower)	D5120	\$600.00
Immediate Denture (Upper)	D5130	\$300.00
Immediate Denture (Lower)	D5140	\$300.00
Partial Denture	D5211	\$500.00
Partial Denture	D5212	\$500.00
Partial Denture – Metal w/ Resin	D5213	\$550.00
Partial Denture – Metal w/ Resin	D5214	\$550.00
Flexible Partial Denture	D5225	\$460.00
Flexible Partial Denture	D5226	\$460.00

Full Restorations

- e.max Layered Crown — \$268.00
- e.max Monolithic Crown — \$191.00
- e.max Inlay / Onlay — \$165.00
- e.max Layered Veneer — \$283.00

Crowns and Bridges

Name	CDT Code	Price
Porcelain Fused Crown	D2752 / D2753	\$715.00
Full Contour Zirconia Crown	D2750	\$753.00
Full Cast Crown	D2792	\$700.00

Repairs and Relines

- Heat-Cured Reline / Rebase — \$165.00
- Jig Reline — \$128.00
- Soft Reline — \$167.00
- Premium Soft Reline — \$222.00
- Tooth or Fracture Repair — \$85.00 and up

C. Additional Charges and Notes

- Gold denture teeth: Additional \$200.00 (non-refundable)
- Custom trays and bite rims are billed separately
- Special-order teeth: \$75.00 per arch

D. Patient Acknowledgment and Consent

- Patients must receive a written treatment plan and cost estimate, and sign informed consent acknowledging payment terms prior to treatment initiation.

COMPLIANCE AND REVIEW:

This policy is reviewed periodically and complies with Family Health Centers, Inc. financial governance standards, HRSA Health Center Program expectations, and applicable state dental regulations.

Development Date: January 21, 2026

Approved By:



 Chief Financial Officer

1/27/2026

 Date



 Chief Executive Officer

1/27/26

 Date



 Chairman, Finance Committee

1/27/2026

 Date



 Chairman, Board of Directors

1/27/2026

 Date