

District School Board of Pasco County

20430 Gator Lane • Land O' Lakes, Florida 34638 • 813/ 794-2221

Heather Fiorentino, Superintendent


www.pasco.k12.fl.us

Department of Purchasing
Kendra Goodman, CPPO, CPPB, Purchasing Agent
813/ 794-2221 Fax: 813/ 794-2111
727/ 774-2221 TDD: 813/ 794-2484
352/ 524-2221 e-mail: kgoodman@pasco.k12.fl.us

July 5, 2011

MEMORANDUM

TO: Honorable School Board Members

FROM: Kendra Goodman, CPPO, CPPB, Purchasing Agent 

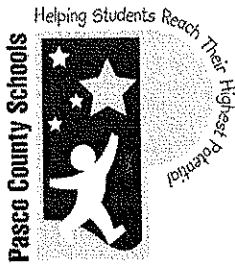
RE: Pasco County Health Department Partnership Agreement
Pasco County Prekindergarten Services Head Start/Early Head Start

The Pasco County Health Department Partnership Agreement (attached) addresses the most current necessary health services, practices, and requirements for Head Start and Early Head Start enrolled families. Funds to reimburse services are provided by the Federal Head Start/Early Head Start grants. The Medicaid cost reimbursement rate is \$145.70 per visit, non-Medicaid will be based upon the Exhibit F schedule attached, and required lead blood tests will be performed on children at the rate of \$15.00 each and hemoglobin tests at the rate of \$5.00 each.

At this time, we respectfully request your approval of the attached amendment. This agreement shall become retroactive to August 1, 2011 through July 31, 2012. This agreement was reviewed and approved by Nancy Alfonso, School Board Attorney in July of 2010 and no changes have been made to this year's agreement.

If you should have any questions regarding this matter, please contact me at your earliest convenience.

KDG/sb
Attachments



District School Board of Pasco County

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638 • 813/794-2000

Heather Fiorentino, Superintendent

www.pasco.k12.fl.us

Memo # PRK-001-10/12
Contact: Beth E. Rawls *BER*
Ext.# 42732

DATE: July 5, 2011

TO: HONORABLE SCHOOL BOARD MEMBERS

FROM: Heather Fiorentino, Superintendent
Ruth B. Reilly, Assistant Superintendent for Curriculum and Instructional Services

SUBJECT: **Approval of the Updated Pasco County Health Department Partnership Agreement with the Pasco County Prekindergarten Services Head Start/Early Head Start**

History

The Head Start and Early Head Start Programs must partner with existing community agencies to deliver necessary health services to enrolled families. The agreement will facilitate necessary health services for Head Start and Early Head Start enrollees.

Description

The agreement is reviewed and updated annually to address most current practices and requirements.

Action Requested

Approval of the updated Pasco County Health Department Partnership Agreement with the Pasco County Prekindergarten Services Head Start and Early Head Start programs in order to satisfy health services requirements.

Conclusion

The staff respectfully requests the approval of the Pasco County Health Department Partnership Agreement with the Pasco County Prekindergarten Services Head Start and Early Head Start programs for the 2011-12 school year.

**District School Board of Pasco County
Pasco County Prekindergarten Services Head Start/Early Head Start and
Voluntary Pre-K (VPK)**

RECEIVED

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**Pasco County Health Department Partnership Agreement
2011-2012 Fiscal School Year**

Pasco County Prekindergarten Services and the Pasco County Health Department (Pasco CHD) agree to work together and share information in providing Child Health Check Up (EPSDT physicals), dental services, nutrition services and prenatal/postpartum health care for enrolled expectant/postpartum (up to six weeks after delivery) women, infants, toddlers and preschool children in Head Start/Early Head Start and Voluntary Pre-K (VPK) during the 2011-2012 fiscal school year. **NO APPOINTMENTS CAN BE SCHEDULED AND NO TREATMENTS CAN BE PERFORMED PRIOR TO AUGUST 1.**

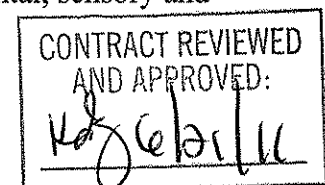
Funds to reimburse services are provided by the Federal Head Start/Early Head Start grants to those expectant/postpartum women, infants, toddlers and preschool children who do not have current Medicaid eligibility or other health insurance. Reimbursement for Medicaid patients will be based on the Medicaid cost based reimbursement rate in effect for the Pasco CHD at the time the service is provided. The Medicaid cost based reimbursement rate for the Pasco CHD at the writing of this agreement is \$145.70 per visit. Reimbursement for non-medicaid patients will be based on the Pasco County Health Department Fee Schedule in Exhibit F of this agreement. In addition, if the physician who performed the initial Child Health Check-up failed to perform required lead blood testing and /or required hemoglobin testing, the Pasco CHD will perform lead blood tests for Head Start/Early Head Start and VPK children at the rate of \$15.00 each and hemoglobin tests (finger stick) at the rate of \$5.00 each.

Head Start/Early Head Start funds may be used for professional medical and dental services when no other source of funding is available. The Pasco CHD will verify Medicaid or other insurance coverage when services are provided to ensure that Head Start/Early Head Start is the payor of last resort. The Pasco CHD will verify that any infants, toddlers and preschool children requesting treatment are currently enrolled in the Head Start/Early Head Start program before services are provided. Parent/Guardian of such child or children will provide a copy of their program acceptance letter as verification.

Purchase orders will be issued in favor of the Pasco CHD and reimbursement will be made upon receipt of an invoice, which includes the patient's name and the services provided. Purchase orders will expire at the end of the Head Start/Early Head Start Fiscal year on July 31, 2012. Payment will not be made for services provided after that date, and all invoices must be submitted no later than August 31, 2012.

Pasco County Prekindergarten Services agrees to provide services as outlined:

- Receive referrals from the Pasco CHD for expectant/postpartum women, infants, toddlers and preschool children who may be eligible for the program.
- Recruit, enroll and serve eligible expectant/postpartum women, infants, toddlers age birth to three years, and preschool children.
- Provide screening, using the Ages and Stages Questionnaire, for all enrolled infants and toddlers within 45 days of entry into the program for developmental, sensory and behavior concerns.



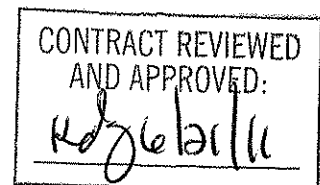
- Provide an infant and toddler assessment on an ongoing basis for enrolled infant and toddlers.
- Implement “Partners for a Healthy Baby” home visiting curriculum.
- Refer expectant/postpartum women, infants, toddlers and preschool children for medical, dental and nutritional services care.
- Assist expectant/postpartum women and families with scheduling transportation for all medical, dental and nutrition care appointments.
- Work closely with other community agencies in order to provide comprehensive services to expectant/postpartum women, infants, toddlers and preschool children in order to build on pre-existing plans.
- Provide individualized services to all expectant/postpartum women, infants, toddlers and preschool enrolled children pursuant to the Medicaid Physician Evaluation and Management Services Fee Schedule
- Develop family partnership agreements that build on pre-existing plans with all enrolled families.
- Develop and implement transition plans that support expectant/postpartum women, infants, toddlers and preschool children as they enter and exit into different program options.
- Be available to provide training and consultation to the staff at the Pasco County Health Department on an as needed basis.

The Pasco CHD agrees to provide services for Early Head Start expectant/postpartum women, infants, and toddlers, and for Head Start and VPK children as follows:

Prenatal and Postpartum care
 Child Health Check Ups (EPSDT)
 Lead Blood Testing/Hemoglobin for children whose PCPs do not provide this test
 Dental procedures as outlined on Dental Treatment Guidelines for children 12 months of age or older (Exhibit A)

The Pasco CHD agrees to make referrals as follows:

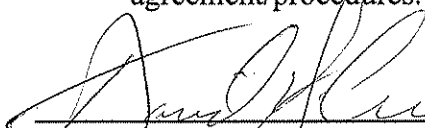
Fetal Development
 Smoking cessation
 Alcohol and drug exposure
 Environmental Hazards
 Child Birth Classes
 Parenting Classes
 Family Planning
 Miscarriage Support




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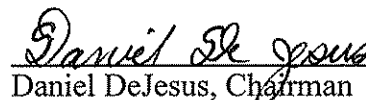
SIDS
 Grief Counselling Referrals
 Infant Toddler First Aid CPR Training
 How to Apply for Medicaid and Florida Kid Care
 Identification of Nutritional Needs
 Nutrition Counseling & Intervention
 Breast Feeding Support
 Food Budgeting/ Menu Planning
 Attachment and Bonding

- The parties will maintain confidentiality of all data, files and client records related to the services provided pursuant to the agreement and shall comply with all State and Federal laws including, but not limited to, Sections 384.29, 381.004, 392.65 and 456.057 Florida Statutes. Both parties shall assure compliance with HIPAA as well as all regulations promulgated there under (45 CFR parts 160, 162, and 164).
- A referral form mutually agreed upon by the parties will be used to document the need for services, the treatment recommended and services received. A sample referral form is attached hereto (Exhibit B).
- A Release for Information form that is mutually agreed upon by both partners will be used to document that confidentiality procedures have been followed (Exhibit C).
- A representative from the Pasco CHD will participate as a member of the Head Start Health Advisory Committee.
- A representative from the Pasco CHD will be available as needed to provide training to parents on health related topics mentioned in this agreement.
- The Pasco CHD will train its office/clinic staff to be knowledgeable of the partnership agreement/procedures.

 5-12-11
 David R. Johnson, MD, MS, MHA Date
 Director
 Pasco County Health Department

 5/23/11
 Beth E. Rawls, Director Date
 Prekindergarten Services

 6/21/11
 Kendra Goodman, CPPB Date
 Purchasing Agent
 District School Board of Pasco County

 15 Jun 2011
 Daniel DeJesus, Chairman Date
 Or
 Bailey McGoldrick, Co-Chair
 Head Start/Early Head Start Policy Council

 Joanne Hurley, Chairman Date
 District School Board of Pasco County

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Pasco County Head Start/Early Head Start Dental Treatment Guidelines

The dentist will provide treatment to the Head Start/Early Head Start and Voluntary Pre-K (VPK) children not less than twelve (12) months of age and expectant postpartum women assigned to him/her under the following conditions:

Covered Services:

Because of budget limitations, Head Start/Early Head Start can provide only those services, which will give the greatest long-term benefit to the child. **Please contact the program office to discuss exceptions on a per-child basis.**

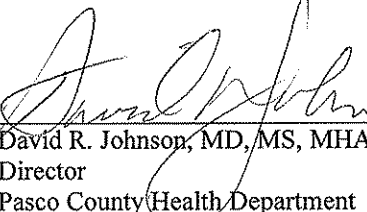
1. Prophylaxis is allowed for all children.
2. Fluoride treatment may be provided to all children.
3. Teeth not restored may be extracted when deemed necessary at the sole discretion of the dentist.
4. Polycarbonate crowns are not to be used.
5. Bitewing and limited periapical x-rays are the only x-rays permitted, if they are indicated.
6. Space maintainers and orthodontic appliances are not included as basic services due to the prolonged follow-up that may be required.
7. Head Start/Early Head Start cannot pay for sealants.

Method of Payment:

1. If a child is not covered under Medicaid or any other insurance, the Pasco County Prekindergarten Services Head Start/Early Head Start will pay for services. The dentist will be reimbursed by the District School Board of Pasco County through a purchase order.
2. A standing purchase order will be issued to the dental office by August 1 to:
 - a. Cover initial dental examinations of non-Medicaid children preparing to enter the program.
 - b. Cover treatment costs of \$500 per child or less during the program year.
3. Prior approval should be obtained from the program bookkeeper for treatment costing **more than \$500**. The request for approval should be submitted by mail or, in the event immediate treatment is required, a request for approval can be submitted by telephone. A separate purchase order may be issued and treatment should not begin until this authorization is received by the dental office.

Documentation of Service:

1. Prior to beginning dental treatment, the dentist will provide the program with a treatment plan and cost estimate for each child. An itemized statement of completion is also required for both Medicaid and non-Medicaid children.
2. Families of enrolled children will be provided with a yellow Dental Exam Form and shall be instructed to make an appointment with the dental provider of their choice. After each visit, this completed form should be returned to the Program by the family. Head Start/Early Head Start staff may obtain the dental form from the dental provider if necessary. Head Start/Early Head staff can provide transportation and other needed assistance in order to increase compliance.


 David R. Johnson, MD, MS, MHA Date 5-12-2011
 Director
 Pasco County Health Department


 Beth E. Rawls, Director
 Prekindergarten Services Date 5/23/11





REFERRAL FORM

Please Type or Print Legibly

CLIENT AND FAMILY INFORMATION

Client's Name	Date of Birth (mm/dd/yy)	Social Security Number	Medicaid Number
Parent/Guardian Name			
Telephone Number	Mailing Address		

Referred To:

Address:

From (name of person making referral):	Title:	Telephone Number:
Agency:		
Address:		

Reason for Referral/Notes to Referral Agency:

LIST SERVICES AUTHORIZED

Rate Authorized:

- Applicable Medicaid Rate
 Up to _____ Dollars
 Per Contract
 No Payment Authorized

If on Medicaid or HMO, indicate authorization number

Medicaid/HMO #: _____

Expiration Date: _____

Referring Person's Signature

Date

Response to Referral Originator:

Respondent's Signature

Date

CONTRACT REVIEWED
 AND APPROVED:
W. J. [Signature]

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AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION

INFORMATION MAY BE DISCLOSED BY:

Person/Facility: _____ Phone #: _____

Address: _____ Fax #: _____

INFORMATION MAY BE DISCLOSED TO:

Person/Facility: _____ Phone #: _____

Address: _____ Fax #: _____

INFORMATION TO BE DISCLOSED: (Initial Selection)

- General Medical Record(s)
- History and Physical Exam
- Progress Notes
- Diagnostic Test Reports (Specify Type of test(s))
- Other: (specify) _____
- Immunizations
- Prenatal Records
- Consultations

I specifically authorize release of information relating to: (initial selection)

STD HIV/AIDS TB Drug/Alcohol Mental Health WIC Eligibility Early Intervention

PURPOSE OF DISCLOSURE:

Continuity of Care Personal Use Other (specify) _____

EXPIRATION DATE: This authorization will expire (insert date or event) _____. I understand that if I fail to specify an expiration date or event, this authorization will expire twelve (12) months from the date on which it was signed.

REDISCLOSURE: I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.

CONDITIONING: I understand that completing this authorization form is voluntary. I realize that treatment will not be denied if I refuse to sign this form.

REVOCATION: I understand that I have the right to revoke this authorization any time. If I revoke this authorization, I understand that I must do so in writing and that I must present my revocation to the medical record department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company, Medicaid and Medicare.

Client/Representative Signature _____

Date _____

Printed Name _____

Representative's Relationship to Client _____

Witness (optional) _____

Date _____

Client Name: _____

ID#: _____

DOB: _____

Original: To File Copy: To Client Copy: To Accompany Disclosure

CONTRACT REVIEWED
AND APPROVED:
Kelly Colville

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District School Board of Pasco County

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638 • 813/794-2000

Heather Fiorentino, Superintendent

www.pasco.k12.fl.us

Department of Prekindergarten Services Central 813-794-2730 West 727-774-2730 East 352-524-2730

2011-2012 HEAD START PROGRAM ACCEPTANCE/ORIENTATION NOTIFICATION

Dear Parent/Guardian:

Your child has been accepted into the Pasco County Head Start Program. We hope you share in our excitement as we look forward to working with you and your family. In order for your child to begin school, you and your child must attend Orientation which will be scheduled by your Family Services Worker or Social Educator. **It will be necessary for you to bring all of the required documents indicated below in order to officially register your child into the program.**

1. **Certificate of Immunization (Blue DH Form #680) Immunization must be complete or up-to-date and must contain a health professional's signature**
2. **Child Health Check-Up (Goldenrod DH Form #3040, or physician-signed form)**
3. **Child Health Information (Enclosed in red folder)**
4. **School Registration Packet (Enclosed in red folder)**
5. **Hemoglobin Result (Form enclosed, or you may use the provider's form)
Hemoglobin must be dated within 1 year prior to entering Head Start.**
6. **Lead blood test results (Form enclosed, or health provider form, or physical form)**
7. **Dental Exam (Form enclosed, dated within 1 year)**
8. **ALL OTHER ENCLOSED FORMS NEED TO BE COMPLETED AND BROUGHT TO Orientation**

The purpose of Orientation is for you and your child to learn more about the Pre-K experience. Please try to refrain from bringing other children. Orientation may last about 2 hours and will include:

- Meeting your child's teacher
- Learning about the Head Start Program
- Completing and turning in required program paperwork
- Participating in Bus Transportation training
- Having your child measured for a bus safety vest (If applicable)

Family Label

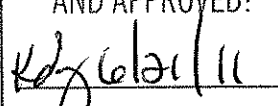
Your child's teacher will be scheduling a home visit with your family during the first month of school. This is a requirement of your family's participation in Head Start. The purpose of the home visit is to learn more about your child's development and interests in a relaxed environment. During this home visit you will also be setting some family goals.

Families requesting Head Start enrollment in a school outside of their designated school zone CANNOT be guaranteed enrollment in the same school for kindergarten.

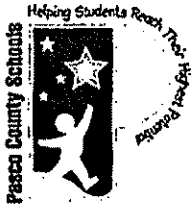
Please carry this letter with you to medical and dental appointments; it is your identification as an enrolled Head Start Family. If your address or telephone number changes, or if you do not intend to have your child attend this program, please notify Prekindergarten Services immediately!

We look forward to seeing you soon!

REV. AR 2-11-FCP 112

CONTRACT REVIEWED AND APPROVED: 

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District School Board of Pasco County

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638 • 813/794-2000

Heather Fiorentino, Superintendent

www.pasco.k12.fl.us

Department of Prekindergarten Services
 813/794-2730 Fax: 813/794-2736
 727/774-2730
 352/524-2730

2011-2012 Head Start Program Orientation Notification

Congratulations on your child being accepted into the Pasco County Head Start Program. In order for your child to begin school, you and your child must attend Orientation at the school as follows:

School Label

Child's Label

The purpose of Orientation is for **you and your child** to learn more about the Pre-K experience. Please try to refrain from bringing other children. Orientation may last about 2 hours and will include:

- Meeting your child's teacher
- Learning about the Head Start Program
- Completing and turning in required program paperwork
- Participating in Bus Transportation training
- Having your child measured for a bus safety vest (If applicable)

Your child's teacher will be scheduling a home visit with your family during the first month of school. This is a requirement of your family's participation in Head Start. The purpose of the home visit is to learn more about your child's development and interests in a relaxed environment. During this home visit you will also be setting some family goals.

Families requesting Head Start enrollment in a school outside of their designated school zone CANNOT be guaranteed enrollment in the same school for kindergarten.

Please carry this letter with you to medical and dental appointments; it is your identification as an enrolled family. **If your address or telephone number changes, or if you do not intend to have your child attend this program, please notify Prekindergarten Services immediately!**

See additional information on the back of this letter if you are interested in transportation. Transportation is provided by the District School Board of Pasco County if you live within the boundaries of the school that was selected for your child.

We look forward to seeing you and your child at Orientation.

Exhibit F

FAMILY HEALTH SERVICE FEES	2011 Fees (effective 2/1/2011)	CPT Code
Office Visits (new patients):		
Problem focused	\$60.00	99201
Expanded problem focused	\$90.00	99202
Detailed	\$130.00	99203
Comprehensive / moderate	\$200.00	99204
Office Visits (established patients):		
Problem focused	\$40.00	99211
Expanded problem focused	\$60.00	99212
Detailed	\$90.00	99213
Comprehensive / Moderate	\$124.00	99214
Adult health screening	\$50.00	Age 21-39: 99385 (New Pt.) 99395 (Est Pt.); Age 40- 64: 99387 (New Pt.) 99397 (Est Pt.); >65: 99387 (New Pt.) 99397 (Est Pt.)
STD Nurse Visit	\$50.00	
Adult STD screening (Including gonorrhea/chlamydia, syphilis, HIV and Hepatitis)	\$65.00	99202
STD partner visit with exam (without exam by provider or additional testing)	\$25 (sliding scale)	99211
Adult Health physical (physician), includes follow up nurse visit for test readings	\$75.00 + contract lab & x-ray fees	99395
Chest X-Ray	Contract Price	71010
EKG	\$50.00 + \$5.00 for reading	93005
Colposcopy without biopsy	\$110.00	57452
Coloposcopy with biopsy	\$150.00 + contract lab fee	57455
Post-colposcopy check, as needed	\$50.00	
Endometrial biopsy	\$50.00	99212
Cryo-surgery / histofreeze per visit	\$35.00	57061
Office surgery except toenail removal	\$55.00	99212
Incision & drainage (simple)	\$55.00	Body Area Specific
Incision & drainage (complicated)	\$75.00	Body Area Specific
Skin tag/wart removal	\$55.00	11200

(Rates subject to change)

CONTRACT REVIEWED
AND APPROVED:
[Signature]

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Exhibit F

Diabetes counseling	\$20.00 / session	DIABED
Injection administration / blood drawing	\$15.00	90002
Removal of ingrown toenail	\$85.00	11750
Pathogen stool specimen testing (O & D)	Contract lab fee	87045
Throat culture	Contract lab fee	87060
Urinalysis	Contract lab fee	81003
Pap smear	Contract lab fee	88412 88150 (repeat)
Confirmation by Pathologist	Contract lab fee	88141
Nurse visit	\$25.00	99211
Vision testing	\$15.00	
Hearing testing	\$15.00	
Well Woman Annual Exam	\$150.00	
County employment physical	\$23.00	
County firefighter physical exam, incldg. exam,	\$185.00	
Drug Testing	Contract Lab Fee	
DOT physical	\$65.00-\$70.00	
Spirometry (PFT)	\$25.00	
Wellness Exams including health risk	\$40.00	
Wellness Exam lab fees:		
PSA	\$25.00	
TSH	\$15.00	
CBC	\$10.00	
Hemoglobin	\$15.00	
CMP, Blood Sugar, Kidney Function, Lipid	\$40.00	
Family Planning:		
Emergency Contraceptive Plan - Nurse office visit	\$25.00 (sliding fee)	E99211
Pregnancy test (blood HCG)	Contract lab fee + drawing fee	84703
Pregnancy test, urine	\$5.00	
Initial / annual visit	\$150.00	99383FP
Re-supply	\$25.00	99211FP
Counseling	\$25.00	99403
IUD insertion	\$125.00 + cost of product	58300
IUD removal	\$85.00	58301
Diaphragm fitting	\$75.00	99211
Pap / physical (annual) 18-39 yrs of age	\$92.00	99385FP new pt. 99395FP est. pt.

(Rates subject to change)

CONTRACT REVIEWED
AND APPROVED:
[Signature]

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Exhibit F

Repeat Pap/physical	\$60.00	99202 new pt. 99212 est. pt.
Female cancer screening	\$40.00	96060
Implanon Kit	Cost of product	J7307
Implanon Insertion	\$125.00	11975
Implanon removal	\$100.00	1198
Vasectomy	\$100.00 + Contract fee	55250
Tubal ligation	Contract fee	58600
Prenatal:		
Prenatal risk assessment	Cost Based Reimbursement Fee	99211
First IPO visit	Cost Based Reimbursement Fee	59425
Subsequent visits (up to 10)	Cost Based Reimbursement Fee	59426
Post partum	Cost Based Reimbursement Fee	59430
Fetal sonogram plus reading	Contract fee	76818 (fetal bio physical profile)
Fetal non stress test	\$40.00	59025
Rhogam Injection	Vaccine cost + \$15 admin	90384
Co-Pay per visit	\$52.00 + labs	N/A
Post partum suture/staple removal/incision check	\$20.00	59430
Child Health:		
Lead Blood	\$15 + contract fee	P3655

(Rates subject to change)

CONTRACT REVIEWED
AND APPROVED:
[Signature]

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Exhibit F

Child Health Check-up	Sliding fee scale based on Cost Based Reimbursement	(0-1: 99381-New Pt / 99391-Est Pt) (1-4: 99382-New Pt / 99392-Est Pt) (5-11: 99383-New Pt / 99393-Est Pt) (12-17: 99384-New Pt / 99394-Est Pt) (18-20: 99385EP-New Pt / 99395EP-Est Pt)
School physical	\$25.00	99395
Sports physical	\$30.00	SPORTS
Vermox issuance per family member	\$25.00	99211
Bacteriology Studies:		
Throat culture	Contract lab fee	87060
Pathogen stool specimen testing (Salmonella, Shigella Campylobacter, Staph)	Contract lab fee	87045 lab 87077 state lab
Parasite stool specimen testing (Requires special media, handling & shipping)	Contract lab fee	87045 lab 87077 state lab
Other cultures (i.e. lesions, etc.)	Contract lab fee	Body Area Specific
Miscellaneous Fees:		
Photocopies (per page, one-sided copies)	\$1.00	COPIES
Large scale copies (per page, two sided copies)	\$1.00	COPIES
Additional copies of immigration form I-693	\$15.00 each	1693A
Health Certificate for Immigration	\$20.00	1693A
Immigration physical I-693	\$275.00	1693
Immigration expedited lab fee	\$150.00	LC693
All labs not included in exams	Contract lab fee + 15 draw fee	90002

(Rates subject to change)

CONTRACT REVIEWED AND APPROVED:


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Exhibit F

DENTAL FEES	2011 Fees (effective 2/1/2011)	CPT Code
Diagnostic:		
Comprehensive (new or established patients) Exam	\$50.00	D0150
Periodic (established patients) Exam	\$30.00	D0120
Limited Exam (new or established patients), problem focused	\$25.00	D0140
Re-Evaluation – Limited, problem focused	\$25.00	D0170
Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$50.00	D9310
Radiographs:		
Intraoral Complete Series (includes 14 periapicals and 2 bitewings)	\$65.00	D0210
Intraoral Periapical – first single film	\$15.00	D0220
Intraoral Periapical - each additional film	\$10.00	D0230
Bitewing - single film	\$15.00	D0270
Bitewing - two films	\$25.00	D0272
Bitewing - four films	\$30.00	D0274
Panoramic film	\$60.00	D0330
Preventive:		
Prophylaxis (cleaning) - adult	\$50.00	D1110
Prophylaxis (cleaning) - child	\$35.00	D1120
Topical Application of Fluoride (03 child / 04 adult)	\$20.00	D1203 D1204
Oral Hygiene Instruction	\$10.00	D1330
Nutritional Counseling for Control of Dental Disease	\$18.00	D1310
Tobacco Counseling for the Control and Prevention of Oral Disease	\$18.00	D1320
Topical Fluoride Varnish	\$15.00	D1206

(Rates subject to change)

CONTRACT REVIEWED
AND APPROVED:
[Signature]
6/21/11

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Exhibit F

Sealants - per tooth	\$25.00	D1351
Restoration:		
Amalgam - one surface (primary or permanent)	\$60.00	D2140
Amalgam - two surfaces (primary or permanent)	\$70.00	D2150
Amalgam - three surfaces (primary or permanent)	\$80.00	D2160
Amalgam - four or more surfaces (primary or permanent)	\$100.00	D2161
Composite Resin - one surface anterior	\$75.00	D2330
Composite Resin - two surfaces anterior	\$85.00	D2331
Composite Resin - three surfaces anterior	\$100.00	D2332
Composite Resin - four surfaces or incisal edge - anterior	\$125.00	D2335
Composite Resin - one surface posterior	\$75.00	D2391
Composite Resin - two surfaces posterior	\$85.00	D2392
Composite Resin - three surfaces posterior	\$100.00	D2393
Temporary filling	Abolish	
Temporary/Sedative filling	\$50.00	D2940
Re-cement Crown (temporary cement)	\$30.00	D2920
Prefabricated Stainless Steel Crown (permanent)	\$200.00	D2931
Prefabricated Stainless Steel Crown (primary)	\$145.00	D2930
Endodontics:		
Pulp Cap - Direct (excluding final restoration)	\$35.00	D3110
Pulp Cap - Indirect (excluding final restoration)	\$30.00	D3120
Therapeutic Pulpotomy	\$75.00	D3220
Periodontics:		

(Rates subject to change)

CONTRACT REVIEWED
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Exhibit F

Gingivectomy or Gingivoplasty per tooth	\$55.00	D4211
Periodontal Scaling – one to three teeth per quadrant	\$175.00	D4342
Periodontal Scaling – four or more teeth per quadrant	\$175.00	D4341
Full Mouth Debridement	\$75.00	D4355
Extractions:		
(includes local anesthesia and routine post-op care)		
Extraction - erupted tooth or exposed root, per tooth	\$60.00	D7140
Extraction - coronal remnants - primary tooth, per tooth	\$45.00	D7111
Extraction, surgical - erupted tooth, per tooth	\$100.00	D7210
Extraction, surgical – residual tooth roots	\$85.00	D7250
Miscellaneous:		
Behavior management, by report	\$0.00	D9920
Palliative treatment (emergency)	\$30.00	D9110
Diagnostic cast	\$22.00	D0470
Removable appliance therapy	\$108.00	D8210
Incision and Drainage of Abscess	\$75.00	D7510
Oral Antral Fistula Closure	\$168.00	D7260
Broken Appointment	\$15.00	N/A
Visit Co-Payment (to cover the cost of barrier protection materials)	\$20.00	N/A
Uninsured Patient initial visit	\$25.00	N/A
Future visits	fee for service	

(Rates subject to change)

CONTRACT REVIEWED
AND APPROVED:
[Signature]

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