

**AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND
RONALD L. CLARK, DDS**

This agreement is entered into between the County of Tehama, through its Sheriff's Office, ("County") and Ronald L. Clark, DDS ("Contractor") for the purpose of dental and medical services to inmates of the Tehama County Jail.

1) RESPONSIBILITIES OF CONTRACTOR

During the term of this agreement, Contractor shall, upon request, provide dental and medical services to inmates of the Tehama County Jail.

2) RESPONSIBILITIES OF THE COUNTY

County shall compensate Contractor for said services pursuant to Section 3 and 4 of this agreement.

3) COMPENSATION

Contractor shall be paid in accordance with the rates set forth in the Fee Schedule, attached hereto as Exhibit "B", after satisfactorily completing the duties described in this Agreement. The Maximum Compensation payable under this Agreement shall not exceed \$100,000.00.

Contractor shall not be entitled to payment or reimbursement for any tasks or services performed except as specified herein. Contractor shall have no claim against County for payment of any compensation or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Contractor shall not be paid any amount in excess of the Maximum Compensation amount set forth above, and Contractor agrees that County has no obligation, whatsoever, to compensate or reimburse Contractor for any expenses, direct or indirect costs, expenditures, or charges of any nature by Contractor that exceed the Maximum Compensation amount set forth above. Should Contractor receive any such payment it shall immediately notify County and shall immediately repay all such funds to County. This provision shall survive the expiration or other termination of this Agreement.

4) BILLING AND PAYMENT

On or before the 15th of each month, Contractor shall submit to County an itemized invoice for all services rendered during the preceding calendar month. County shall make payment of all

undisputed amounts within 30 days of receipt of Contractor's invoice. County shall be obligated to pay only for services properly invoiced in accordance with this section.

5) TERM OF AGREEMENT

This agreement shall commence on 7/01/2026 and shall terminate 6/30/2027, unless terminated in accordance with section 6 below.

6) TERMINATION OF AGREEMENT

If Contractor fails to perform his/her duties to the satisfaction of the County, or if Contractor fails to fulfill in a timely and professional manner his/her obligations under this agreement, or if Contractor violates any of the terms or provisions of this agreement, then the County shall have the right to terminate this agreement effective immediately upon the County giving written notice thereof to the Contractor. Either party may terminate this agreement on 30 days' written notice. County shall pay contractor for all work satisfactorily completed as of the date of notice. County may terminate this agreement immediately upon oral notice should funding cease or be materially decreased, or should the Tehama County Board of Supervisors fail to appropriate sufficient funds for this agreement in any fiscal year.

The County's right to terminate this agreement may be exercised by the Sheriff-Coroner.

7) ENTIRE AGREEMENT; MODIFICATION

This agreement for the services specified herein supersedes all previous agreements for these services and constitutes the entire understanding between the parties hereto. Contractor shall be entitled to no other benefits other than those specified herein. No changes, amendments or alterations shall be effective unless in writing and signed by both parties. Contractor specifically acknowledges that in entering into and executing this agreement, Contractor relies solely upon the provisions contained in this agreement and no other oral or written representation.

8) NONASSIGNMENT OF AGREEMENT

Inasmuch as this agreement is intended to secure the specialized services of Contractor, Contractor may not assign, transfer, delegate or sublet any interest herein without the prior written consent of the County.

9) EMPLOYMENT STATUS

Contractor shall, during the entire term of this agreement, be construed to be an independent contractor and nothing in this agreement is intended nor shall be construed to create an employer-employee relationship, a joint venture relationship, or to allow County to exercise discretion or control over the professional manner in which Contractor performs the services which are the subject matter of this agreement; provided always, however, that the services to be provided by Contractor shall be provided in a manner consistent with the professional standards applicable to such services. The sole interest of the County is to insure that the services shall be rendered and performed in a competent, efficient and satisfactory manner. Contractor shall be fully responsible for payment of all taxes due to the State of California or the Federal government, which would be withheld from compensation of Contractor, if Contractor were a County employee. County shall not be liable for deductions for any amount for any purpose from Contractor's compensation. Contractor shall not be eligible for coverage under County's Workers Compensation Insurance Plan nor shall Contractor be eligible for any other County benefit.

10) INDEMNIFICATION

Contractor shall defend, hold harmless, and indemnify Tehama County, its elected officials, officers, employees, agents, and volunteers against all claims, suits, actions, costs, expenses (including but not limited to reasonable attorney's fees of County), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of County) being damaged, arising out of contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, whether by negligence or otherwise. Contractor shall, at its own expense, defend any suit or action founded upon a claim of the foregoing. Contractor shall also defend and indemnify County against any adverse determination made by the Internal Revenue Service or the State Franchise Tax Board and/or any other taxing or regulatory agency against the County with respect to Contractor's "independent contractor" status that would establish a liability for failure to make social security or income tax withholding payments, or any other legally mandated payment.

11) INSURANCE

Contractor shall procure and maintain insurance pursuant to Exhibit A, "Insurance Requirements For Contractor," attached hereto and incorporated by reference.

12) PREVAILING WAGE

Contractor certifies that it is aware of the requirements of California Labor Code Sections 1720 et seq. and 1770 et seq., as well as California Code of Regulations, Title 8, Section 16000 et seq. (“Prevailing Wage Laws”), which require the payment of prevailing wage rates and the performance of other requirements on certain “public works” and “maintenance” projects. If the Services hereunder are being performed as part of an applicable “public works” or “maintenance” project, as defined by the Prevailing Wage Laws, and if the total compensation is \$1,000 or more, Contractor agrees to fully comply with and to require its subcontractors to fully comply with such Prevailing Wage Laws, to the extent that such laws apply. If applicable, County will maintain the general prevailing rate of per diem wages and other information set forth in Labor Code section 1773 at its principal office, and will make this information available to any interested party upon request. Contractor shall defend, indemnify and hold the County, its elected officials, officers, employees and agents free and harmless from any claims, liabilities, costs, penalties, or interest arising out of any failure or alleged failure of the Contractor or its subcontractors to comply with the Prevailing Wage Laws. Without limiting the generality of the foregoing, Contractor specifically acknowledges that County has not affirmatively represented to contractor in writing, in the call for bids, or otherwise, that the work to be covered by the bid or contract was not a “public work.” To the fullest extent permitted by law, Contractor hereby specifically waives and agrees not to assert, in any manner, any past, present, or future claim for indemnification under Labor Code section 1781.

Contractor acknowledges the requirements of Labor Code sections 1725.5 and 1771.1 which provide that no contractor or subcontractor may be listed on a bid proposal or be awarded a contract for a public works project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5, with exceptions from this requirement specified under Labor Code sections 1725.5(f), 1771.1(a) and 1771.1(n).

If the services are being performed as part of the applicable “public works” or “maintenance” project, as defined by the Prevailing Wage Laws, Contractor acknowledges that this project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

13) NON-DISCRIMINATION

Contractor shall not employ discriminatory practices in the treatment of persons in relation to the circumstances provided for herein, including assignment of accommodations, employment of personnel, or in any other respect on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

14) GREEN PROCUREMENT POLICY

Through Tehama County Resolution No. 2021-140, the County adopted the Recovered Organic Waste Product Procurement Policy (available upon request) to (1) protect and conserve natural resources, water and energy; (2) minimize the jurisdiction's contribution to pollution and solid waste disposal; (3) comply with state requirements as contained in 14 CCR Division 7, Chapter 12, Article 12 (SB 1383); (4) support recycling and waste reduction; and (5) promote the purchase of products made with recycled materials, in compliance with the California Integrated Waste Management Act of 1989 (AB 939) and SB1382 when product fitness and quality are equal and they are available at the same or lesser cost of non-recycled products. Contractor shall adhere to this policy as required therein and is otherwise encouraged to conform to this policy.

15) COMPLIANCE WITH LAWS AND REGULATIONS

All services to be performed by Contractor under to this Agreement shall be performed in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. Any change in status, licensure, or ability to perform activities, as set forth herein, must be reported to the County immediately.

16) LAW AND VENUE

This agreement shall be deemed to be made in, and shall be governed by and construed in accordance with the laws of the State of California (excepting any conflict of laws provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama County, California.

17) AUTHORITY

Each party executing this Agreement and each person executing this Agreement in any representative capacity, hereby fully and completely warrants to all other parties that he or she has full and complete authority to bind the person or entity on whose behalf the signing party is purposing to act.

18) NOTICES

Any notice required to be given pursuant to the terms and provisions of this agreement shall be in writing and shall be sent first class mail to the following addresses:

NOTICES TO COUNTY:

Tehama County Sheriff's Office
Attn: Dave Kain, Sheriff-Coroner
P.O. BOX 729
Red Bluff, CA 96080
(530) 527-7900
dkain@tehamaso.org

NOTICES TO CONTRACTOR:

Ronald L. Clark, DDS
727 Washington Street
Red Bluff, CA 96080
P: (530) 527-3411
F: (530) 527-7725
jstacy@redbluffdental.com

INVOICES SUBMITTED TO COUNTY:

Tehama County Sheriff's Office
Attn: Accounting Division
P.O. BOX 729
Red Bluff, CA 96080
(530) 528-8979 option 1
nbrummond@tehamaso.org

GRANTS/CONTRACTS TO COUNTY:

Tehama County Sheriff's Office
Attn: Grants/Contracts
P.O. BOX 729
Red Bluff, CA 96080
(530) 528-8979 option 2
jcrane@tehamaso.org

Notice shall be deemed to be effective two days after mailing.

19) NON-EXCLUSIVE AGREEMENT:

Contractor understands that this is not an exclusive agreement, and that County shall have the right to negotiate with and enter into agreements with others providing the same or similar services to those provided by Contractor, or to perform such services with County's own forces, as County desires.

20) STANDARDS OF THE PROFESSION

Contractor agrees to perform its duties and responsibilities pursuant to the terms and conditions of this agreement in accordance with the standards of the profession for which Contractor has been properly licensed to practice.

21) LICENSING OR ACCREDITATION

Where applicable the Contractor shall maintain the appropriate license or accreditation through the life of this contract.

22) RESOLUTION OF AMBIGUITIES:

If an ambiguity exists in this Agreement, or in a specific provision hereof, neither the Agreement nor the provision shall be construed against the party who drafted the Agreement or provision.

23) NO THIRD PARTY BENEFICIARIES:

Neither party intends that any person shall have a cause of action against either of them as a third party beneficiary under this Agreement. The parties expressly acknowledge that is not their intent to create any rights or obligations in any third person or entity under this Agreement. The parties agree that this Agreement does not create, by implication or otherwise, any specific, direct or indirect obligation, duty, promise, benefit and/or special right to any person, other than the parties hereto, their successors and permitted assigns, and legal or equitable rights, remedy, or claim under or in respect to this Agreement or provisions herein.

24) HAZARDOUS MATERIALS

Contractor shall provide to County all Safety Data Sheets covering all Hazardous Materials to be furnished, used, applied, or stored by Contractor, or any of its Subcontractors, in connection with the services on County property. Contractor shall provide County with copies of any such Safety Data Sheets prior to entry to County property or with a document certifying that no Hazardous Materials will be brought onto County property by Contractor, or any of its Subcontractors, during the performance of the services. County shall provide Safety Data Sheets for any Hazardous Materials that Contractor may be exposed to while on County property.

25) HARASSMENT

Contractor agrees to make itself aware of and comply with the County's Harassment Policy, TCPR §8102: Harassment, which is available upon request. The County will not tolerate or condone harassment, discrimination, retaliation, or any other abusive behavior. Violations of this policy may cause termination of this agreement.

26) COUNTERPARTS, ELECTRONIC SIGNATURES – BINDING

This agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each Party of this agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act (“CUETA”) Cal. Civil Code §§ 1633.1 to 1633.17), for executing this agreement. The Parties further agree that the electronic signatures of the Parties included in this agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among Parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the Parties. For purposes of this section, a digital signature is a type of “electronic signature” as defined in subdivision (i) of Section 1633.2 of the Civil Code. Facsimile signatures or signatures transmitted via pdf document shall be treated as originals for all purposes.

27) EXHIBITS

Contractor shall comply with all provisions of Exhibits A through B, attached hereto and incorporated by reference. In the event of a conflict between the provisions of the main body of this Agreement and any attached Exhibit(s), the main body of the Agreement shall take

28) LICENSING OR ACCREDITATION

Where applicable the Contractor shall maintain the appropriate license or accreditation through the life of this contract.

29) CONFIDENTIALITY

The intent of this agreement is for the Contractor to provide dental and medical services to inmates of the Tehama County Jail. However, should specific information regarding the County's clients become known to Contractor, the following confidentiality rules shall apply:

- a. Contractor shall require all employees, volunteers, agents, and officers to comply with the provisions of Section 10850 of the Welfare and Institutions Code and Manual of Policies and Procedures (MPP) Division 19, which provide that:
 - 1.) All applications and records concerning any individual made or kept by Contractor shall be confidential and shall not be open to examination for any purpose not directly connected to the administration of this program.
 - 2.) No person shall publish, disclose, use, permit or cause to be published or disclosed any list of persons receiving public social services, except as provided by law.
 - 3.) No person shall publish, disclose, use, permit or cause to be published, disclosed or used any confidential information pertaining to an applicant or recipient, except as provided by law.
- b. Contractor shall ensure all employees, volunteers, agents, and officers comply with the above provisions, and shall inform all employees, agents and officers that any person knowingly and intentionally violating such provisions is guilty of a misdemeanor.
- c. During the term of this agreement, both parties may have access to information that is confidential or proprietary in nature. Both parties agree to preserve the confidentiality of and to not disclose any such information to any third party without the express written consent of the other party or as required by law. This provision shall survive the termination, expiration, or cancellation of the agreement.
- d. Notwithstanding any other provision of this Agreement, the Contractor agrees to protect the confidentiality of any and all patient, client, or resident medical information, which may be viewed in the process of doing his/her/its contracted services. The Contractor understands that he/she/its is subject to all of the confidentiality requirements of the

Health Insurance Portability and Accountability Act of 1996 (HIPAA); Title 42, Section 2.1 through 2.67-1, Code of Federal Regulations; and Confidentiality of Medical Information Act [Part 2.6 (commencing with Section 56)] of Division 1 of the Civil Code. Violation of the confidentiality of patient, client or resident medical information may result in federally imposed fines and penalties and the cancellation of this agreement.

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the day and year set forth below.

COUNTY OF TEHAMA

Date: _____

Sheriff-Coroner

Date: _____

Chairman, Board of Supervisors

RONALD L. CLARK, DDS

Ronald L. Clark DDS

Date: **04/27/2028**

Authorized Agent

Agreement #: _____

100382

Vendor Number

20321-04-532396

Budget Account Number

istacy@redbluffdental.com

Vendor/Contractor Email Address

(530) 527- 4311

Vendor/Contractor Phone Number

Exhibit A

INSURANCE REQUIREMENTS FOR CONTRACTOR

Contractor shall procure and maintain, for the duration of the contract, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work described herein and the results of that work by Contractor, his/her agents, representatives, employees or subcontractors. At a minimum, Contractor shall maintain the insurance coverage, limits of coverage and other insurance requirements as described below.

Commercial General Liability (including operations, products and completed operations) \$1,000,000 per occurrence for bodily injury, personal injury and property damage. If coverage is subject to an aggregate limit, that aggregate limit will be twice the occurrence limit, or the general aggregate limit shall apply separately to this project/location.

Workers' Compensation

If Contractor has employees, he/she shall obtain and maintain continuously Workers' Compensation insurance to cover Contractor and Contractor's employees and volunteers, as required by the State of California, as well as Employer's Liability insurance in the minimum amount of \$1,000,000 per accident for bodily injury or disease.

Professional Liability (Contractor/Professional services standard agreement only)

If Contractor is a state-licensed architect, engineer, contractor, counselor, attorney, accountant, medical provider, and/or other professional licensed by the State of California to practice a profession, Contractor shall provide and maintain in full force and effect while providing services pursuant to this contract a professional liability policy (also known as Errors and Omissions or Malpractice liability insurance) with single limits of liability not less than \$1,000,000 per claim and \$2,000,000 aggregate on a claims made basis. However, if coverage is written on a claims made basis, the policy shall be endorsed to provide coverage for at least three years from termination of agreement.

If Contractor maintains higher limits than the minimums shown above, County shall be entitled to coverage for the higher limits maintained by Contractor.

All such insurance coverage, except professional liability insurance, shall be provided on an “occurrence” basis, rather than a “claims made” basis.

Endorsements: Additional Insureds

The Commercial General Liability policies shall include, or be endorsed to include “Tehama County” as an additional insured.

The certificate holder shall be “County of Tehama.”

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions of \$25,000 or more must be declared to, and approved by, the County. The deductible and/or self-insured retentions will not limit or apply to Contractor’s liability to County and will be the sole responsibility of Contractor.

Primary Insurance Coverage

For any claims related to this project, Contractor’s insurance coverage shall be primary insurance as respects the County. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of Contractor’s insurance and shall not contribute with it.

Coverage Cancellation

Each insurance policy required herein shall be endorsed to state that “coverage shall not be reduced or canceled without 30 days’ prior written notice certain to the County.”

Acceptability of Insurers

Contractor’s insurance shall be placed with an insurance carrier holding a current A.M. Best & Company’s rating of not less than A:VII unless otherwise acceptable to the County. The County reserves the right to require rating verification. Contractor shall ensure that the insurance carrier shall be authorized to transact business in the State of California.

Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance that meets all the requirements stated herein.

Material Breach

If for any reason, Contractor fails to maintain insurance coverage or to provide evidence of renewal, the same shall be deemed a material breach of contract. County, in its sole option, may terminate the contract and obtain damages from Contractor resulting from breach. Alternatively, County may purchase such required insurance coverage, and without further notice to Contractor, County may deduct from sums due to Contractor any premium costs advanced by County for such insurance.

Policy Obligations

Contractor's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

Verification of Coverage

Contractor shall furnish County with original certificates and endorsements effecting coverage required herein. All certificates and endorsements shall be received and approved by the County prior to County signing the agreement and before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time.

Exhibit B

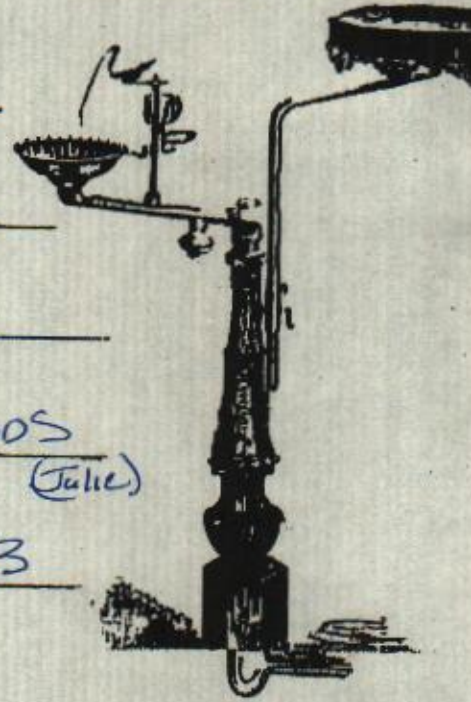
THE HAYES DENTAL CHAIR.
LATEST PATENT.



RONALD L. CLARK DDS
727 WASHINGTON ST.
RED BLUFF, CA 96080

(530) 527-4311
FAX (530) 527-7725

WHITCOMB'S DENTAL "FOUNTAIN SPIT"



DATE:

4/22/26

TO:

Tehama County Sheriff
Dept

ATTENTION:

Jennifer Crane

FROM:

Ronald L Clark DDS
(Julie)

NUMBER OF PAGES INCLUDING COVER PAGE:

13

COMMENTS:

Fee's will Increase 5% as
of 6/1/2026.

Thank you

Julie

FEE SCHEDULE

Ronald L. Clark, D.D.S.

Date: 04/22/2026

Page: 1

CODE	DESCRIPTION	FEE 1	LAB EXPENSE	MATERIAL
CMT	Cement Crown	0.00	0.00	0.00
D	Clinpro 5000	20.00	0.00	0.00
D00	Cmt PVC w/Fugi	0.00	0.00	0.00
D000	Lab Fee	0.00	0.00	0.00
D0000	Re-Med Endo	0.00	0.00	0.00
D0110	Initial Oral Examination	0.00	0.00	0.00
D0120	Periodic oral evaluation	55.00	0.00	0.00
D0130	Emergency Oral Examination	32.00	0.00	0.00
D0140	Limited oral evaluation	74.00	0.00	0.00
D0145	Oral evaluation < 3 yrs of age	74.00	0.00	0.00
D0150	Comprehensive oral evaluation	88.00	0.00	0.00
D0160	Detail/extensive oral eval, B/R	67.00	0.00	0.00
D0170	Limited re-evaluation	56.00	0.00	0.00
D0171	Re-eval - Post-op Office Visit	74.00	0.00	0.00
D0180	Comprehensive perio evaluation	69.00	0.00	0.00
D0190	Screening of Patient	48.00	0.00	0.00
D0191	Assessment of Patient	48.00	0.00	0.00
D0210	Intraoral Full Mouth Images	158.00	0.00	0.00
D0220	Intraoral Periapical Images	40.00	0.00	0.00
D0230	Intraoral-periapical each add'l	23.00	0.00	0.00
D0240	Intraoral Occlusal Image	42.00	0.00	0.00
D0250	Extraoral 2D projection image	52.00	0.00	0.00
D0260	Extraoral-each additional film	41.00	0.00	0.00
D0270	Bitewing Single Image	40.00	0.00	0.00
D0272	Bitewing Two Image	63.00	0.00	0.00
D0273	Bitewing Three Image	65.00	0.00	0.00
D0274	Bitewing Four Image	73.00	0.00	0.00
D0277	Vertical Bitewing 7 to 8 Images	128.00	0.00	0.00
D0290	Skull & Facial Bone Survey Image	44.00	0.00	0.00
D0310	Sialography	162.00	0.00	0.00
D0320	TMJ arthrogram, incl injection	266.00	0.00	0.00
D0321	Other TMJ Images	112.00	0.00	0.00
D0322	Tomographic survey	211.00	0.00	0.00
D0330	Panoramic Image	170.00	0.00	0.00
D0340	2D cephalometric image	49.00	0.00	0.00
D0350	2D Oral/Facial Photo Images	40.00	0.00	0.00
D0351	3D Photographic Image	0.00	0.00	0.00
D0360	Cone beam ct-craniofacial data	105.00	0.00	0.00
D0362	Cone beam-2D multi img reconst	788.00	0.00	0.00
D0364	CT Capture, Lmt'd View < 1 Jaw	160.00	0.00	0.00
D0367	CT Capture, Both Jaws	350.00	0.00	0.00
D0380	CT Image, Lmt'd View < 1 Jaw	368.00	0.00	0.00
D0391	Inter. Diagnostic Img, Oth Prov	525.00	0.00	0.00
D0415	Collection of microorganisms	46.00	0.00	0.00
D0419	Assess saliva flow-measurement	5.00	0.00	0.00
D0460	Pulp vitality tests	33.00	0.00	0.00
D0461	Testing for cracked tooth	0.00	0.00	0.00
D0470	Diagnostic casts	125.00	0.00	0.00
D0471	Diagnostic photographs	16.00	0.00	0.00
D0472	Accession of tissue, gr exam, rpt	86.00	0.00	0.00
D0473	Access of tiss, gr&mic exam, rpt	86.00	0.00	0.00
D0474	Acc of tiss, exam, surg mar, rpt	86.00	0.00	0.00
D0601	Caries risk assessment - Low	7.00	0.00	0.00
D0602	Caries risk assessment - Mod	7.00	0.00	0.00
D0603	Caries risk assessment - High	7.00	0.00	0.00
D0701	Pano - image capture only	0.00	0.00	0.00
D0703	2Doral/fac'l photo-capture only	0.00	0.00	0.00
D0704	3D photo image-capture only	0.00	0.00	0.00
D0707	I/O periapical-img capture only	0.00	0.00	0.00
D0708	I/O bitewing-image capture only	0.00	0.00	0.00
D0709	I/O comp ser-image capture only	0.00	0.00	0.00
D1110	Prophylaxis-adult	118.00	0.00	0.00

*Using Office Fee Schedule

FEE SCHEDULE

Ronald L. Clark, D.D.S.

Date: 04/22/2026

Page: 2

CODE	DESCRIPTION	FEE 1	LAB EXPENSE	MATERIAL
D1120	Prophylaxis-child	90.00	0.00	0.00
D1201	Prophylaxis with fluoride-child	74.00	0.00	0.00
D1203	Topical Appl of Fluoride-Child	21.00	0.00	0.00
D1204	Topical Appl of Fluoride-Adult	21.00	0.00	0.00
D1205	Prophylaxis with fluoride-adult	84.00	0.00	0.00
D1206	Topical Applic Fluoride Varnish	25.00	0.00	0.00
D1208	Topical Appl of Fluor Excl Varn	25.00	0.00	0.00
D1310	Nutritional counseling	38.00	0.00	0.00
D1320	Tobacco counseling	42.00	0.00	0.00
D1351	Sealant-per tooth	65.00	0.00	0.00
D1352	Preventive Restoration, Perm Th	45.00	0.00	0.00
D1353	Sealant repair - per tooth	0.00	0.00	0.00
D1354	Interim caries arresting meds	52.00	0.00	0.00
D1355	Caries preventive meds-per th	0.00	0.00	0.00
D1510	Space maint-fixed-unilateral	265.00	0.00	0.00
D1515	Space maint-fixed-bilateral	394.00	0.00	0.00
D1516	Space maint-fixed-bilateral,max	436.00	0.00	0.00
D1517	Space maint-fixed-bilaterl,mand	397.00	0.00	0.00
D1520	Space maint-remov-unilateral	418.00	0.00	0.00
D1525	Space maint-remov-bilateral	446.00	0.00	0.00
D1526	Space maint-remov-bilateral,max	332.00	0.00	0.00
D1527	Space maint-remov-bilaterl,mand	49.00	0.00	0.00
D1550	Re-cement/bnd space maint	47.00	0.00	0.00
D1551	Re-cmnt/bnd bilat sp mnt-max	88.00	0.00	0.00
D1552	Re-cmnt/bnd bilat sp mnt-mand	88.00	0.00	0.00
D1553	Re-cmnt/bnd unilat sp mnt-quad	88.00	0.00	0.00
D1555	Removal of fixed space maint	45.00	0.00	0.00
D1556	Remov fixd unilat sp maint-quad	88.00	0.00	0.00
D1557	Remov fixed bilat sp maint-max	88.00	0.00	0.00
D1558	Remov fixed bilat sp maint-mand	88.00	0.00	0.00
D1575	Space maint-fixed-unil,dst shoe	233.00	0.00	0.00
D1999	Unspecified prev procedure, B/R	10.00	0.00	0.00
D2110	Amalgam-1 surface, primary	89.00	0.00	0.00
D2120	Amalgam-2 surface, primary	100.00	0.00	0.00
D2130	Amalgam-3 surface, primary	116.00	0.00	0.00
D2131	Amalgam-4+ surface, primary	131.00	0.00	0.00
D2140	Amalgam-1 surf. prim/perm	148.00	0.00	0.00
D2150	Amalgam-2 surf. prim/perm	182.00	0.00	0.00
D2160	Amalgam-3 surf. prim/perm	217.00	0.00	0.00
D2161	Amalgam-4+ surf. prim/perm	264.00	0.00	0.00
D2210	Silicate cement-per restorat.	55.00	0.00	0.00
D2330	Resin-one surface, anterior	200.00	0.00	0.00
D2331	Resin-two surfaces, anterior	230.00	0.00	0.00
D2332	Resin-three surfaces, anterior	275.00	0.00	0.00
D2335	Resin-4+ w/incis angle-anterior	330.00	0.00	0.00
D2336	Compos resin crwn-anterior-prim	112.00	0.00	0.00
D2380	Resin-1 surface, poster-primary	116.00	0.00	0.00
D2381	Resin-2 surface, poster-primary	136.00	0.00	0.00
D2382	Resin-3 surface, poster-primary	147.00	0.00	0.00
D2390	Resin composite crown, anterior	428.00	0.00	0.00
D2391	Resin composite-1s, posterior	210.00	0.00	0.00
D2392	Resin composite-2s, posterior	260.00	0.00	0.00
D2393	Resin composite-3s, posterior	325.00	0.00	0.00
D2394	Resin composite-4+s, posterior	350.00	0.00	0.00
D2510	Inlay-metallic-one surface	706.00	0.00	0.00
D2520	Inlay-metallic-two surfaces	740.00	0.00	0.00
D2530	Inlay-metallic-three + surfaces	772.00	0.00	0.00
D2540	Onlay-metallic-per tooth w/inly	472.00	0.00	0.00
D2542	Onlay-metallic-two surfaces	770.00	0.00	0.00
D2543	Onlay-metallic-three surfaces	799.00	0.00	0.00
D2544	Onlay-metallic-four + surfaces	784.00	0.00	0.00
D2610	Inlay-porcel/ceramic-1 surface	736.00	0.00	0.00

*Using Office Fee Schedule

FEE SCHEDULE

Ronald L. Clark, D.D.S.

Date: 04/22/2026

Page: 3

CODE	DESCRIPTION	FEE 1	LAB EXPENSE	MATERIAL
D2620	Inlay-porcel/ceramic-2 surface	799.00	0.00	0.00
D2630	Inlay-porcel/ceramic-3+ surface	921.00	0.00	0.00
D2642	Onlay-porcel/ceram-2 surface	799.00	0.00	0.00
D2643	Onlay-porcel/ceram-3 surface	921.00	0.00	0.00
D2644	Onlay-porcel/ceram-4 + surface	921.00	0.00	0.00
D2650	Inlay-resin composite-1 surface	371.00	0.00	0.00
D2651	Inlay-resin composite-2 surface	399.00	0.00	0.00
D2652	Inlay-resin composite-3+surface	463.00	0.00	0.00
D2662	Onlay-resin composite-1 surface	405.00	0.00	0.00
D2663	Onlay-resin composite-2 surface	407.00	0.00	0.00
D2664	Onlay-resin composite-3+surface	424.00	0.00	0.00
D2710	Indirect Resin-Based Crown	677.00	0.00	0.00
D2712	Crown-3/4 resin comp(indirect)	677.00	0.00	0.00
D2720	Crown-resin w/high noble metal	984.00	0.00	0.00
D2721	Crown-resin w/ most base metal	921.00	0.00	0.00
D2722	Crown-resin with noble metal	949.00	0.00	0.00
D2740	Crown-porcelain/ceramic substr	1265.00	0.00	0.00
D2750	Crown-porc fuse high noble mtl	1265.00	0.00	0.00
D2751	Crown-porc fused to base metal	1108.00	0.00	0.00
D2752	Crown-porc fused noble metal	1170.00	0.00	0.00
D2753	Crown-porc fused to titanium	761.00	0.00	0.00
D2780	Crown-3/4 cast high noble metal	1170.00	0.00	0.00
D2781	Crown-3/4 cast most base metal	1108.00	0.00	0.00
D2782	Crown-3/4 cast noble metal	1170.00	0.00	0.00
D2783	Crown-3/4 porcelain/ceramic	1170.00	0.00	0.00
D2790	Crown-full cast high noble mtl	1290.00	0.00	0.00
D2791	Crown-full cast base metal	1108.00	0.00	0.00
D2792	Crown-full cast noble metal	1228.00	0.00	0.00
D2794	Crown-titanium	1170.00	0.00	0.00
D2799	Provisional crown	309.00	0.00	0.00
D2810	Crown-3/4 cast metallic	630.00	0.00	0.00
D2910	Recement/bnd inlay/onlay/vr/prt	116.00	0.00	0.00
D2915	Recmnt/bnd Ind/prefab post/core	116.00	0.00	0.00
D2920	Re-cement or re-bond crown	116.00	0.00	0.00
D2921	Reattach Th Fragment, incisal	103.00	0.00	0.00
D2928	Prefab Porcelain/C Crown-Perm	149.00	0.00	0.00
D2929	Prefab Porcelain/C Crown-Prim	353.00	0.00	0.00
D2930	Prefab stain steel crn-primary	414.00	0.00	0.00
D2931	Prefab stain steel crown-perm	430.00	0.00	0.00
D2932	Prefabricated resin crown	430.00	0.00	0.00
D2933	Prefab stl crown w/resin window	490.00	0.00	0.00
D2934	Prefb esth ctd stnl stl crn-prm	490.00	0.00	0.00
D2940	Protective Restoration	105.00	0.00	0.00
D2941	Interim Therapeutic Rest - Prim	46.00	0.00	0.00
D2949	Foundation for Indirect Rest	0.00	0.00	0.00
D2950	Core buildup, include any pins	255.00	0.00	0.00
D2951	Pin retention-/tooth, (+ rest)	94.00	0.00	0.00
D2952	Post/core in add to crown, fabr	385.00	0.00	0.00
D2953	Each add'l fabr post-same tooth	121.00	0.00	0.00
D2954	Prefab post/core in add to crn	320.00	0.00	0.00
D2955	Post removal (not with endo)	165.00	0.00	0.00
D2957	Each + prefab post-same tooth	126.00	0.00	0.00
D2960	Labial veneer(laminate)-chairsd	320.00	0.00	0.00
D2961	Labial veneer (resin lamin)-lab	866.00	0.00	0.00
D2962	Labial veneer (porceln lam)-lab	1102.00	0.00	0.00
D2970	Temporary crown (fractured th)	226.00	0.00	0.00
D2971	Add'l prc-new crn undr exs dent	100.00	0.00	0.00
D2980	Crown Repair, Material Failure	94.00	0.00	0.00
D3110	Pulp cap-direct, (ex rest)	68.00	0.00	0.00
D3120	Pulp cap-indirect, (ex rest)	58.00	0.00	0.00
D3220	Therapeutic pulpotomy-pulp remv	184.00	0.00	0.00
D3221	Pulpal debridemnt-prim/perm th	154.00	0.00	0.00

*Using Office Fee Schedule

FEE SCHEDULE

Ronald L. Clark, D.D.S.

Date: 04/22/2026

Page: 4

CODE	DESCRIPTION	FEE 1	LAB EXPENSE	MATERIAL
D3222	Partial pulpotomy apexogen	121.00	0.00	0.00
D3230	Pulpal therapy-anterior,primary	185.00	0.00	0.00
D3240	Pulpal therapy-posterior, prim	185.00	0.00	0.00
D3310	Endodontic therapy - anterior	795.00	0.00	0.00
D3320	Endodontic therapy - bicuspid	940.00	0.00	0.00
D3330	Endodontic therapy - molar	1120.00	0.00	0.00
D3331	Treatmnt of root canal obstruct	168.00	0.00	0.00
D3333	Int root repair of perf defects	371.00	0.00	0.00
D3346	Retreat, prev RCT - anterior	1000.00	0.00	0.00
D3347	Retreat, prev RCT - bicuspid	1115.00	0.00	0.00
D3348	Retreat, prev RCT - molar	1375.00	0.00	0.00
D3350	Apex/Recalc per trtmt visit	89.00	0.00	0.00
D3351	Apexification/recalcif, initial	371.00	0.00	0.00
D3352	Apexification/recalcif, interim	430.00	0.00	0.00
D3353	Apexification/recalcif, final	987.00	0.00	0.00
D3354	Pulpal Regeneration	0.00	0.00	0.00
D3355	Pulpal Regeneration - 1st visit	0.00	0.00	0.00
D3356	Pulpal Rgn - interim med Replc	0.00	0.00	0.00
D3357	Pulpal Regen - completion	0.00	0.00	0.00
D3410	Apicoectomy/Periradic surg-ant	485.00	0.00	0.00
D3421	Apicoect/Perirad-bicus/1st root	551.00	0.00	0.00
D3425	Apicoect/Perirad-molar/1st root	617.00	0.00	0.00
D3426	Apicoect/Perirad (each + root)	253.00	0.00	0.00
D3427	Periradicular surg-no apicoect	0.00	0.00	0.00
D3428	Bone Graft w/Perirdc Srg 1 Site	0.00	0.00	0.00
D3429	Bn Graft w/Berirdc Srg each add	0.00	0.00	0.00
D3430	Retrograde filling-per root	253.00	0.00	0.00
D3431	Bio Mtrl to aid Reg w/Prdc Srg	0.00	0.00	0.00
D3432	Guided TissRgn PerSite w/PrdSrg	0.00	0.00	0.00
D3450	Root amputation-per root	463.00	0.00	0.00
D3460	Endodontic endosseous implant	596.00	0.00	0.00
D3470	Intentional replant, inc splint	156.00	0.00	0.00
D3471	Surg rep, root resorption-anter	112.00	0.00	0.00
D3472	Surg rep, root resorption-premo	112.00	0.00	0.00
D3473	Surg rep, root resorption-molar	112.00	0.00	0.00
D3501	Surg exposure, rt surf-anterior	112.00	0.00	0.00
D3502	Surg exposure, rt surf-premolar	112.00	0.00	0.00
D3503	Surg exposure, rt surf-molar	112.00	0.00	0.00
D3910	Surg isolation of th w/rub dam	42.00	0.00	0.00
D3920	Hemisection, no root can ther	268.00	0.00	0.00
D3960	Bleaching of discolored tooth	105.00	0.00	0.00
D3962	Whitening Per Arch	158.00	0.00	0.00
D4210	Gingivectomy-4+ per quadrant	612.00	0.00	0.00
D4211	Gingivectomy-1-3 per quadrant	677.00	0.00	0.00
D4212	Gingivectomy-Access/Restoration	239.00	0.00	0.00
D4220	Gingiv curettage,surgical /quad	189.00	0.00	0.00
D4230	Anatomical crwn exp,4+teeth/qu	491.00	0.00	0.00
D4231	Anatomical crwn exp,1-3 th/quad	237.00	0.00	0.00
D4240	Ging flap,root pln, 4+ per quad	706.00	0.00	0.00
D4241	Ging flap rt pln 1-3 per quad	706.00	0.00	0.00
D4245	Apically positioned flap	303.00	0.00	0.00
D4249	Clinic crown lengthen-hard tiss	491.00	0.00	0.00
D4260	Osseous surgery- 4+ per quad	582.00	0.00	0.00
D4261	Osseous surgery- 1-3 per quad	582.00	0.00	0.00
D4263	Bone replace graft-1st site/qu	385.00	0.00	0.00
D4264	Bone replace graft-each add/qu	165.00	0.00	0.00
D4265	Bio mat, sft&osseous tiss regen	354.00	0.00	0.00
D4266	Guided tiss regen-resorb-per	429.00	0.00	0.00
D4267	Guided tiss regen-nonresorb-per	612.00	0.00	0.00
D4270	Pedicle soft tissue graft proc	463.00	0.00	0.00
D4271	Free soft tissue graft proced	210.00	0.00	0.00
D4273	Autgen con tiss graft, 1st th	463.00	0.00	0.00

*Using Office Fee Schedule

FEE SCHEDULE

Ronald L. Clark, D.D.S.

Date: 04/22/2026

Page: 5

CODE	DESCRIPTION	FEE 1	LAB EXPENSE	MATERIAL
D4274	Mesial/distal wedge procedure	265.00	0.00	0.00
D4275	NonAutgen con tis grft, 1st th	686.00	0.00	0.00
D4276	Combined graft, per tooth	294.00	0.00	0.00
D4277	Free Soft Tiss Graft, 1st Tooth	248.00	0.00	0.00
D4278	Free Soft Tiss Graft, Each Add	185.00	0.00	0.00
D4283	Autgen con tiss graft, Each Add	178.00	0.00	0.00
D4285	Non-autgen con tis grft, Ea Add	410.00	0.00	0.00
D4320	Provisional splinting-intracor	491.00	0.00	0.00
D4321	Provisional splinting-extracor	550.00	0.00	0.00
D4341	Perio scale/root pln-4+per quad	315.00	0.00	0.00
D4342	Perio scale/root pln-1-3th,quad	224.00	0.00	0.00
D4346	Scale,gingival inflam-full mth	75.00	0.00	0.00
D4355	Full mouth debridemnt,eval/diag	134.00	0.00	0.00
D4381	Local deliv antimicrb ag-th B/R	93.00	0.00	0.00
D4910	Periodontal maintenance	154.00	0.00	0.00
D4921	Gingival Irrigation - Per Quad	0.00	0.00	0.00
D5110	Complete denture - maxillary	1550.00	0.00	0.00
D5120	Complete denture - mandibular	1550.00	0.00	0.00
D5130	Immediate denture - maxillary	1765.00	0.00	0.00
D5140	Immediate denture - mandibular	1765.00	0.00	0.00
D5211	Maxillary partial - resin base	1550.00	0.00	0.00
D5212	Mandibular partial - resin base	1550.00	0.00	0.00
D5213	Maxil partl-cast metal w/resin	2116.00	0.00	0.00
D5214	Mand partl-cast metal w/resin	2116.00	0.00	0.00
D5221	Immed maxil partl dent w/resin	1522.00	0.00	0.00
D5222	Immed mand partl dent w/resin	1522.00	0.00	0.00
D5223	Imd Max part-cast metl w/resin	2116.00	0.00	0.00
D5224	Imd Mand part-cast metl w/resin	2116.00	0.00	0.00
D5225	Maxillary partial-flexible base	1780.00	0.00	0.00
D5226	Mandibul partial-flexible base	1780.00	0.00	0.00
D5281	Removable unilat part denture	1003.00	0.00	0.00
D5282	Remov unilat part denture-maxil	953.00	0.00	0.00
D5283	Remov unilat part denture-mand	953.00	0.00	0.00
D5284	Remov unil part dentr-flex-quad	446.00	0.00	0.00
D5286	Remov unil part dent-resin-quad	446.00	0.00	0.00
D5410	Adjust complete denture-maxil	88.00	0.00	0.00
D5411	Adjust complete denture-mand	88.00	0.00	0.00
D5421	Adjust partial denture-maxil	88.00	0.00	0.00
D5422	Adjust partial denture-mand	88.00	0.00	0.00
D5510	Repair complete denture base	194.00	0.00	0.00
D5511	Repair comp denture base-mand	215.00	0.00	0.00
D5512	Repair comp denture base- max	215.00	0.00	0.00
D5520	Replace teeth-comp dent (ea th)	68.00	0.00	0.00
D5610	Repair resin denture base	184.00	0.00	0.00
D5611	Repair res part dent base, mand	215.00	0.00	0.00
D5612	Repair res part dent base, max	215.00	0.00	0.00
D5620	Repair cast framework	226.00	0.00	0.00
D5621	Repair cast partial frmwk, mand	247.00	0.00	0.00
D5622	Repair cast partial frmwk, max	247.00	0.00	0.00
D5630	Rpr or rplce brkn clasp, per th	330.00	0.00	0.00
D5640	Replace broken teeth-per tooth	195.00	0.00	0.00
D5650	Add tooth to exist part denture	225.00	0.00	0.00
D5660	Add clasp, exst prt dent per th	313.00	0.00	0.00
D5670	Replace all th & acrylic-maxil	940.00	0.00	0.00
D5671	Replace all th & acrylic-mand	987.00	0.00	0.00
D5710	Rebase complete maxil denture	562.00	0.00	0.00
D5711	Rebase complete mand denture	562.00	0.00	0.00
D5720	Rebase maxil partial denture	562.00	0.00	0.00
D5721	Rebase mand partial denture	562.00	0.00	0.00
D5730	Reline complete maxil-chairside	331.00	0.00	0.00
D5731	Reline complete mand-chairside	331.00	0.00	0.00
D5740	Reline maxil partial-chairside	331.00	0.00	0.00

*Using Office Fee Schedule

FEE SCHEDULE

Ronald L. Clark, D.D.S.

Date: 04/22/2026

Page: 6

CODE	DESCRIPTION	FEE 1	LAB EXPENSE	MATERIAL
D5741	Reline mand partial-chairside	331.00	0.00	0.00
D5750	Reline Complete Maxil (lab)	490.00	0.00	0.00
D5751	Reline complete mand (lab)	490.00	0.00	0.00
D5760	Reline maxillary partial (lab)	490.00	0.00	0.00
D5761	Reline mandibular partial (lab)	490.00	0.00	0.00
D5810	Interim comp denture (maxil)	900.00	0.00	0.00
D5811	Interim comp denture (mand)	900.00	0.00	0.00
D5820	Interim partial denture (maxil)	900.00	0.00	0.00
D5821	Interim partial denture (mand)	900.00	0.00	0.00
D5850	Tissue condition, maxillary	156.00	0.00	0.00
D5851	Tissue condition, mandibular	156.00	0.00	0.00
D5862	Precision attachment, B/R	496.00	0.00	0.00
D5863	Overdenture - Complete Max	2216.00	0.00	0.00
D5864	Overdenture - Partial Max	2216.00	0.00	0.00
D5865	Overdenture - Complete Mand	2216.00	0.00	0.00
D5866	Overdenture - Partial Mand	2216.00	0.00	0.00
D5867	Replcmt prec attachmt-part/full	460.00	0.00	0.00
D5875	Mod of remvble prosth-post surg	491.00	0.00	0.00
D5986	Fluoride gel carrier	160.00	0.00	0.00
D5992	Adj Max'facial Prosth, Report	0.00	0.00	0.00
D5993	Maint Max'facial Prosth, Report	0.00	0.00	0.00
D5995	Perio med carrier,seal,lab-max	835.00	0.00	0.00
D5996	Perio med carrier,seal,lab-mnd	835.00	0.00	0.00
D6010	Surg place implant: endosteal	2520.00	0.00	0.00
D6011	Second stage implant surgery	0.00	0.00	0.00
D6012	Plcmnt of intrm impl: endosteal	1117.00	0.00	0.00
D6013	Placement of mini implant	1480.00	0.00	0.00
D6030	Endosseous Implant	0.00	0.00	0.00
D6040	Surgic place: eposteal implant	1069.00	0.00	0.00
D6050	Surg place: transosteal implant	551.00	0.00	0.00
D6051	Interim Abutment	0.00	0.00	0.00
D6052	Semi-precision attachmt abutment	682.00	0.00	0.00
D6053	Imp/abut remov,comp edent arch	2452.00	0.00	0.00
D6054	Imp/abut remov,part edent arch	2557.00	0.00	0.00
D6055	Dent implant sup connecting bar	3155.00	0.00	0.00
D6056	Prefab abutment-incl placement	525.00	0.00	0.00
D6057	Custom abutment-incl placement	1102.00	0.00	0.00
D6058	Abutment supported porc/cer crn	1838.00	0.00	0.00
D6059	Abtmt supp porc fused to hi-nob	1213.00	0.00	0.00
D6060	Abtmt supp porc fused-base metl	1213.00	0.00	0.00
D6061	Abtmt supp porc fused-mtl crown	1213.00	0.00	0.00
D6062	Abtmt supp cast mtl crown-hinob	1794.00	0.00	0.00
D6063	Abtmt supp cast mtl crown-base	1075.00	0.00	0.00
D6064	Abtmt supp cast mtl crown-noble	1794.00	0.00	0.00
D6065	Implant supp porc/cer crown	1880.00	0.00	0.00
D6066	Implant supp porc fused mtl crn	1838.00	0.00	0.00
D6067	Implant supported metal crown	1838.00	0.00	0.00
D6068	Abtmt supp ret for porc/cer FPD	1838.00	0.00	0.00
D6069	Abut sup ret-porc fsd mtl FPDhn	1838.00	0.00	0.00
D6070	Abut sup ret-porc fsd mtl FPDbm	1838.00	0.00	0.00
D6071	Abut sup ret-porc fsd mtl FPDno	1838.00	0.00	0.00
D6072	Abut sup ret-cast mtl FPD-hinob	1838.00	0.00	0.00
D6073	Abut sup ret-cast mtl FPD-base	1838.00	0.00	0.00
D6074	Abut sup ret-cast mtl FPD-noble	1838.00	0.00	0.00
D6075	Implant supp ret-ceramic FPD	1838.00	0.00	0.00
D6076	Implnt supp ret-prc fuse mtlFPD	1838.00	0.00	0.00
D6077	Implant supp ret-cast metal FPD	1838.00	0.00	0.00
D6078	Implnt/abut supp fxd comp edent	3360.00	0.00	0.00
D6079	Implnt/abut supp fxd part edent	3360.00	0.00	0.00
D6080	Implant maintenance procedures	133.00	0.00	0.00
D6081	Scaling/debridement Of Implant	82.00	0.00	0.00
D6082	Implnt sup crn-prc -base alloys	1838.00	0.00	0.00

FEE SCHEDULE

Ronald L. Clark, D.D.S.

Date: 04/22/2026

Page: 7

CODE	DESCRIPTION	FEE 1	LAB EXPENSE	MATERIAL
D6083	Implnt sup crn-prc-noble alloys	1838.00	0.00	0.00
D6084	Implnt sup crn-prc-titanium	1838.00	0.00	0.00
D6086	Implant supp crown-base alloys	1838.00	0.00	0.00
D6087	Implant supp crown-noble alloys	1838.00	0.00	0.00
D6088	Implant supp crown-titanium	1838.00	0.00	0.00
D6091	Rpl atchmnt imp/abt sup prosth	200.00	0.00	0.00
D6092	Recement/bnd imp/abut sup crwn	184.00	0.00	0.00
D6093	Recement/bnd imp/abut sup FPD	184.00	0.00	0.00
D6094	Abutment supp crown - titanium	1129.00	0.00	0.00
D6096	Remove broken implant screw	275.00	0.00	0.00
D6097	Abut sup crown-prc fus-titanium	1838.00	0.00	0.00
D6098	Imp sup retainer-prc fuse-base	1838.00	0.00	0.00
D6099	Imp sup retn,FPD-prc fus-noble	1838.00	0.00	0.00
D6100	Implant removal, by report	262.00	0.00	0.00
D6101	Debride Peri-Implant Defect	487.00	0.00	0.00
D6102	Debride/Oss Peri-Implant Defect	339.00	0.00	0.00
D6103	Bone Graft Rep Peri-Imp Defect	368.00	0.00	0.00
D6104	Bone Graft, Implant Placement	368.00	0.00	0.00
D6105	Rem Implant Body no Bone Remova	0.00	0.00	0.00
D6110	Imp/abt sup RD - ednt max	3710.00	0.00	0.00
D6111	Imp/abt sup RD - ednt mand	3710.00	0.00	0.00
D6112	Imp/abt sup RD - Part-ednt max	3528.00	0.00	0.00
D6113	Imp/abt sup RD - Part-ednt mand	3528.00	0.00	0.00
D6114	Imp/abt sup FD - ednt max	6500.00	0.00	0.00
D6115	Imp/abt sup FD - ednt mand	6500.00	0.00	0.00
D6116	Imp/abt sup FD - Part-ednt max	4961.00	0.00	0.00
D6117	Imp/abt sup FD - Part-ednt mand	4961.00	0.00	0.00
D6118	Imp/abu sup int FD denture-mand	1654.00	0.00	0.00
D6119	Imp/abu sup int FD denture-max	1654.00	0.00	0.00
D6120	Imp sup ret-prc fuse-titanium	1838.00	0.00	0.00
D6121	Imp sup ret,metal FPD-base	1171.00	0.00	0.00
D6122	Imp sup ret,metal FPD-noble	1213.00	0.00	0.00
D6123	Imp sup ret,metal FPD-titanium	1838.00	0.00	0.00
D6190	Radiograph/surg impl index B/R	800.00	0.00	0.00
D6191	Place semi-precision abutment	354.00	0.00	0.00
D6192	Place semi-precision attachment	354.00	0.00	0.00
D6194	Abut sup ret-crwn for FPD-titan	1838.00	0.00	0.00
D6195	Abut sup ret-prc fus-titanium	1575.00	0.00	0.00
D6205	Pontic-indirect res based comp	934.00	0.00	0.00
D6210	Pontic-cast high noble metal	1213.00	0.00	0.00
D6211	Pontic-cast predominantly base	1166.00	0.00	0.00
D6212	Pontic-cast noble metal	1171.00	0.00	0.00
D6214	Pontic-titanium	1223.00	0.00	0.00
D6240	Pontic-porcelain fused to hnob	1213.00	0.00	0.00
D6241	Pontic-porcelain fused to base	1166.00	0.00	0.00
D6242	Pontic-porcelain fused to nobl	1166.00	0.00	0.00
D6243	Pontic-porcelain fused-titanium	1838.00	0.00	0.00
D6245	Pontic-porcelain/ceramic	1275.00	0.00	0.00
D6250	Pontic-resin w/ high noble met	1055.00	0.00	0.00
D6251	Pontic-resin w/ predomnt base	1055.00	0.00	0.00
D6252	Pontic-resin with noble metal	1055.00	0.00	0.00
D6253	Provisional pontic	496.00	0.00	0.00
D6254	Interim Pontic	1069.00	0.00	0.00
D6520	Inlay-metallic-two surfaces	472.00	0.00	0.00
D6530	Inlay-metallic-three+ surfaces	472.00	0.00	0.00
D6540	Onlay-metallic per tooth +inlay	525.00	0.00	0.00
D6545	Retainer-cast for resin bonded	1069.00	0.00	0.00
D6548	Ret-porc/cer-resin bnd fxd pros	1069.00	0.00	0.00
D6549	Ret-res - Res bnd fxd pros	307.00	0.00	0.00
D6600	Inlay-porcelain/ceramic, 2 surf	1069.00	0.00	0.00
D6601	Inlay-porcelain/ceramic, 3+surf	1069.00	0.00	0.00
D6602	Inlay-cast high noble met,2surf	1069.00	0.00	0.00

FEE SCHEDULE

Ronald L. Clark, D.D.S.

Date: 04/22/2026

Page: 8

CODE	DESCRIPTION	FEE 1	LAB EXPENSE	MATERIAL
D6603	Inlay-cast high nob met, 3+surf	1069.00	0.00	0.00
D6604	Inlay-cast predomnt base, 2surf	804.00	0.00	0.00
D6605	Inlay-cast predomnt base,3+surf	859.00	0.00	0.00
D6606	Inlay-cast noble metal, 2 surf	859.00	0.00	0.00
D6607	Inlay-cast noble metal, 3+ surf	859.00	0.00	0.00
D6608	Onlay-porcelain/ceramic, 2 surf	1166.00	0.00	0.00
D6609	Onlay-porcelain/ceramic, 3+surf	1166.00	0.00	0.00
D6610	Onlay-cast high noble met,2surf	1069.00	0.00	0.00
D6611	Onlay-cast high nob met, 3+surf	1069.00	0.00	0.00
D6612	Onlay-cast predomnt base, 2surf	985.00	0.00	0.00
D6613	Onlay-cast predomnt base,3+surf	921.00	0.00	0.00
D6614	Onlay-cast noble metal, 2 surf	985.00	0.00	0.00
D6615	Onlay-cast noble metal, 3+ surf	1067.00	0.00	0.00
D6624	Inlay-titanium	985.00	0.00	0.00
D6634	Onlay-titanium	988.00	0.00	0.00
D6710	Crown-indirect resin composite	894.00	0.00	0.00
D6720	Crown-resin w/high noble metal	945.00	0.00	0.00
D6721	Crown-resin w/predom base metal	976.00	0.00	0.00
D6722	Crown-resin with noble metal	931.00	0.00	0.00
D6740	Crown-porcelain/ceramic	1275.00	0.00	0.00
D6750	Crown-porcelain fused-hi noble	1213.00	0.00	0.00
D6751	Crown-porcelain fused-base mtl	1069.00	0.00	0.00
D6752	Crown-porcelain fused-noble mtl	1281.00	0.00	0.00
D6753	Crown-porcelain fused-titanium	757.00	0.00	0.00
D6780	Crown-3/4 cast high noble metal	1097.00	0.00	0.00
D6781	Crown-3/4 cast most base metal	1055.00	0.00	0.00
D6782	Crown-3/4 cast noble metal	1281.00	0.00	0.00
D6783	Crown-3/4 porcelain/ceramic	1281.00	0.00	0.00
D6784	Crown-3/4 titanium & tm alloys	772.00	0.00	0.00
D6790	Retainer crn-full cast hi nob	1213.00	0.00	0.00
D6791	Retainer crn-full cast base	1069.00	0.00	0.00
D6792	Retainer crn-full cast nob met	1281.00	0.00	0.00
D6793	Provisional retainer crown	198.00	0.00	0.00
D6794	Retainer crown-titanium	1228.00	0.00	0.00
D6795	Interim Retainer Crown	0.00	0.00	0.00
D6920	Connector bar	3155.00	0.00	0.00
D6930	Recement/bnd fxd part denture	160.00	0.00	0.00
D6940	Stress breaker	181.00	0.00	0.00
D6950	Precision attachment	284.00	0.00	0.00
D6970	Cast post/core, + brdg retainer	310.00	0.00	0.00
D6971	Cast post/part of brdg retainer	240.00	0.00	0.00
D6972	Prefab post/core+ brdg retainer	315.00	0.00	0.00
D6973	Core buildup for retain,inc pin	210.00	0.00	0.00
D6975	Coping-metal	436.00	0.00	0.00
D7111	Extraction cml remnts-decid th	88.00	0.00	0.00
D7120	Extraction-each additional	89.00	0.00	0.00
D7130	Root removal-exposed root	116.00	0.00	0.00
D7140	Extract,erupted th/exposed rt	200.00	0.00	0.00
D7210	Extract, erupted th, Surgical	340.00	0.00	0.00
D7220	Extraction-impacted/soft tis	375.00	0.00	0.00
D7230	Extraction-impacted/part bony	485.00	0.00	0.00
D7240	Extraction-impacted/compl bony	590.00	0.00	0.00
D7241	Remov impact-comp bony w/ comp	724.00	0.00	0.00
D7250	Removal residual tooth roots	429.00	0.00	0.00
D7251	Coronectomy-part tooth removal	466.00	0.00	0.00
D7252	Part extrct immed imp plmnt	0.00	0.00	0.00
D7260	Oroantral fistula closure	370.00	0.00	0.00
D7261	Prim closure sinus perforation	426.00	0.00	0.00
D7270	Reimplantation/stabilization	672.00	0.00	0.00
D7272	Tooth transplantation	672.00	0.00	0.00
D7280	Exposure of an unerupted tooth	370.00	0.00	0.00
D7281	Expos impact/unerupt-aid erupt	210.00	0.00	0.00

*Using Office Fee Schedule

FEE SCHEDULE

Ronald L. Clark, D.D.S.

Date: 04/22/2026

Page: 9

CODE	DESCRIPTION	FEE 1	LAB EXPENSE	MATERIAL
D7282	Mobiliz erupt/malpos th-erupt	370.00	0.00	0.00
D7283	Device for impacted tooth	370.00	0.00	0.00
D7285	Incisional biop oral tiss-hard	306.00	0.00	0.00
D7286	Incisional biop oral tiss-soft	306.00	0.00	0.00
D7288	Brush biopsy-transepith sample	71.00	0.00	0.00
D7290	Surgical reposition of teeth	127.00	0.00	0.00
D7291	T/SC Fiberotomy, B/R	116.00	0.00	0.00
D7292	Plcmt: temp anch scrw plt + Rmv	647.00	0.00	0.00
D7294	Plcmt: temp anch w/o flap + Rmv	1118.00	0.00	0.00
D7296	Corticotomy - 1-3 th, per quad	303.00	0.00	0.00
D7297	Corticotomy - 4+ teeth per quad	303.00	0.00	0.00
D7310	Alveoloplasty w/ext 4+, quad	428.00	0.00	0.00
D7311	Alveoloplasty w/ext 1-3 th/quad	370.00	0.00	0.00
D7320	Alveoloplasty w/o ext 4+, quad	428.00	0.00	0.00
D7321	Alveoloplasty w/o ex 1-3 th/quad	370.00	0.00	0.00
D7340	Vestibuloplasty-ridge ext -2nd	399.00	0.00	0.00
D7350	Vestiplasty-ridge ext (inc)	613.00	0.00	0.00
D7410	Excision benign lesion<=1.25cm	318.00	0.00	0.00
D7411	Excision benign lesion>1.25 cm	491.00	0.00	0.00
D7430	Ex benign tumor-diam <= 1.25cm	131.00	0.00	0.00
D7431	Ex benign tumor-diam > 1.25 cm	315.00	0.00	0.00
D7450	Rem benign odont-diam<=1.25cm	370.00	0.00	0.00
D7451	Rem benign odont-diam>1.25 cm	463.00	0.00	0.00
D7460	Rem benign nonodont-di<=1.25cm	370.00	0.00	0.00
D7461	Rem benign nonodont-diam>1.25cm	353.00	0.00	0.00
D7470	Rem exostosis-maxilla/mandible	262.00	0.00	0.00
D7471	Rem lat exostosis-maxil/mand	614.00	0.00	0.00
D7472	Removal of torus palatinus	859.00	0.00	0.00
D7473	Removal of torus mandibularis	614.00	0.00	0.00
D7485	Reduction of osseous tuberosity	672.00	0.00	0.00
D7510	Incis/drain abscess-intra soft	248.00	0.00	0.00
D7511	Incis/drain abscess-int soft comp	428.00	0.00	0.00
D7520	Incis/drain abscess-extra soft	307.00	0.00	0.00
D7530	Remove foreign body from tissue	307.00	0.00	0.00
D7540	Remove foreign body from bone	238.00	0.00	0.00
D7550	Partial ostect/sequestrectomy	248.00	0.00	0.00
D7560	Maxill sinusotomy-rem foreign	307.00	0.00	0.00
D7610	Maxilla-open red (teeth immob)	613.00	0.00	0.00
D7620	Maxilla-closed red(teeth immob)	412.00	0.00	0.00
D7630	Mandible-open red (teeth immob)	766.00	0.00	0.00
D7640	Mandible-closed red (th immob)	411.00	0.00	0.00
D7670	Alveolus-closed reduction	613.00	0.00	0.00
D7710	Maxilla-open reduction	766.00	0.00	0.00
D7720	Maxilla-closed reduction	491.00	0.00	0.00
D7730	Mandible-open reduction	766.00	0.00	0.00
D7740	Mandible-closed reduction	491.00	0.00	0.00
D7820	Closed reduction of dislocate	62.00	0.00	0.00
D7830	Manipulation under anesthesia	100.00	0.00	0.00
D7880	Occlusal orthotic device, B/R	921.00	0.00	0.00
D7911	Complicated suture-up to 5 cm	262.00	0.00	0.00
D7912	Complicated suture-over 5 cm	368.00	0.00	0.00
D7921	Coll/App Autologous Blood Conc	105.00	0.00	0.00
D7922	Placement of dressing, per site	100.00	0.00	0.00
D7950	Graft of mandible/maxilla B/R	1729.00	0.00	0.00
D7951	Sinus Augmentation w/Bone	2756.00	0.00	0.00
D7952	Sinus Augment,Vertical Approach	1102.00	0.00	0.00
D7953	Bone repl grft ridge prsv/site	420.00	0.00	0.00
D7955	Rep maxillofacial sft/hrd tis	386.00	0.00	0.00
D7960	Frenulectomy-separate procedur	353.00	0.00	0.00
D7961	Frenectomy - buccal/labial	353.00	0.00	0.00
D7962	Frenectomy - lingual	353.00	0.00	0.00
D7963	Frenuloplasty	370.00	0.00	0.00

*Using Office Fee Schedule

FEE SCHEDULE

Ronald L. Clark, D.D.S.

Date: 04/22/2026

Page: 10

CODE	DESCRIPTION	FEE 1	LAB EXPENSE	MATERIAL
D7970	Excision, hyperplast tiss-arch	524.00	0.00	0.00
D7971	Excision-pericoronal ging /arch	203.00	0.00	0.00
D7972	Surg reduc, fibrous tuberosity	147.00	0.00	0.00
D7979	Non-surgical sialolithotomy	140.00	0.00	0.00
D7980	Sialolithotomy	185.00	0.00	0.00
D7982	Sialodochoplasty	89.00	0.00	0.00
D7983	Closure of salivary fistula	131.00	0.00	0.00
D8010	Limited ortho trt, primary dent	492.00	0.00	0.00
D8020	Limited ortho trt, transitional	492.00	0.00	0.00
D8030	Limited ortho treat, adolescent	3150.00	0.00	0.00
D8040	Limited ortho treat, adult dent	2000.00	0.00	0.00
D8050	Intercep orth trt, primary dent	492.00	0.00	0.00
D8060	Intercep orth trt, transitional	492.00	0.00	0.00
D8070	Comprehensive orth,transitional	3617.00	0.00	0.00
D8080	Comprehensive ortho, adolescent	5000.00	0.00	0.00
D8090	Comprehensive ortho, adult dent	5000.00	0.00	0.00
D8210	Removable appliance therapy	430.00	0.00	0.00
D8220	Fixed appliance therapy	430.00	0.00	0.00
D8306	Limited Trtmt. (1 arch or-)6mo.	210.00	0.00	0.00
D8312	Limit. Trtmt (1ArchOr-) 12 mo.	189.00	0.00	0.00
D8660	Pre-orthodontic treatment exam	75.00	0.00	0.00
D8671	Period orth trt assoc ortho srg	0.00	0.00	0.00
D8680	Orthodontic retention	200.00	0.00	0.00
D8681	Remov ortho retainer adjustment	100.00	0.00	0.00
D8691	Repair of orthodontic appliance	150.00	0.00	0.00
D8692	Retainer replacemnt-lost/broken	200.00	0.00	0.00
D8693	Recement/bond of fixed retainer	79.00	0.00	0.00
D8698	Recement/bond fxd retainer-maxil	116.00	0.00	0.00
D8699	Recement/bond fxd retainer-mand	116.00	0.00	0.00
D8703	Replace retainer-maxillary	270.00	0.00	0.00
D8704	Replace retainer-mandibular	270.00	0.00	0.00
D9110	Emerg treatment, palliative	168.00	0.00	0.00
D9120	Fixed partl denture sectioning	150.00	0.00	0.00
D9130	TMJ:non-invasive phys therapies	1.00	0.00	0.00
D9219	Eval for deep sedat/gen anesth	0.00	0.00	0.00
D9220	Deep sedat/gen anesth-1st 30m	140.00	0.00	0.00
D9222	Deep sedat/gen anesth- 1st15min	0.00	0.00	0.00
D9223	Deep sedat/gen anesth-ea15m	0.00	0.00	0.00
D9230	Analgesia-inhal of nitrous oxid	50.00	0.00	0.00
D9248	Non IV conscious sedation	150.00	0.00	0.00
D9310	Consultation (2nd opinion)	0.00	0.00	0.00
D9410	Professional house call	168.00	0.00	0.00
D9430	Office visit for observation	63.00	0.00	0.00
D9440	Office visit-after regular hrs	195.00	0.00	0.00
D9450	Case present,detailed/extens tx	0.00	0.00	0.00
D9610	Therap parenteral drug, 1 dose	158.00	0.00	0.00
D9630	Drugs/medicaments for home use	25.00	0.00	0.00
D9910	Application of desensitize med	44.00	0.00	0.00
D9911	Apply desensitiz' resin, per th	62.00	0.00	0.00
D9930	Treat complications-postsurgic	64.00	0.00	0.00
D9931	Clean/insp of rmvbl appliance	0.00	0.00	0.00
D9932	Clean/insp of maxl comp denture	0.00	0.00	0.00
D9933	Clean/insp of mand comp denture	0.00	0.00	0.00
D9934	Clean/insp of maxl part denture	0.00	0.00	0.00
D9935	Clean/insp of mand part denture	0.00	0.00	0.00
D9940	Occlusal guard, by report	388.00	0.00	0.00
D9941	Fabricate athletic mouthguards	163.00	0.00	0.00
D9942	Repair/Reiline of occlusal guard	158.00	0.00	0.00
D9944	Occlusal guard- hard, full arch	430.00	0.00	0.00
D9945	Occlusal guard- soft, full arch	175.00	0.00	0.00
D9946	Occlusal guard- hard, part arch	289.00	0.00	0.00
D9951	Occlusal adjustment-limited	158.00	0.00	0.00

*Using Office Fee Schedule

FEE SCHEDULE

Ronald L. Clark, D.D.S.

Date: 04/22/2026

Page: 11

CODE	DESCRIPTION	FEE 1	LAB EXPENSE	MATERIAL
D9952	Occlusal adjustment-complete	368.00	0.00	0.00
D9953	Reline custom sleep apnea appl	0.00	0.00	0.00
D9970	Enamel microabrasion	368.00	0.00	0.00
D9971	Odontoplasty 1-2 teeth-rmv enam	80.00	0.00	0.00
D9972	External Bleaching-Office-Arch	158.00	0.00	0.00
D9973	External bleaching-per tooth	168.00	0.00	0.00
D9974	Internal bleaching-per tooth	116.00	0.00	0.00
D9975	External Bleaching-Home-Arch	168.00	0.00	0.00
D9980	Sterilization Surcharge	0.00	0.00	0.00
D9986	Missed appointment	25.00	0.00	0.00
D9987	Cancelled Appointment	26.00	0.00	0.00
D9999	Unspecified adjunct. proced,B/R	11.00	0.00	0.00
F	Fixodent	37.00	0.00	0.00
H/C	Healing Collar	0.00	0.00	0.00
I	Medical Ins Billed	0.00	0.00	0.00
Laser	Laser	0.00	0.00	0.00
P	PreviDent 5000	13.00	0.00	0.00
15000	Drifting - Mesial	0.00	0.00	0.00
15001	Drifting - Distal	0.00	0.00	0.00
15002	Impacted - Distal	0.00	0.00	0.00
15003	Impacted - Mesial	0.00	0.00	0.00
15004	Bleeding	0.00	0.00	0.00
15005	Abrasion	0.00	0.00	0.00
15006	Periodontal abscess	0.00	0.00	0.00
15007	Calculus	0.00	0.00	0.00
15008	Plaque	0.00	0.00	0.00
15009	Watch Tooth	0.00	0.00	0.00
15011	Hypersensitivity	0.00	0.00	0.00
15012	Recession	0.00	0.00	0.00
15100	Missing tooth, more than a year	0.00	0.00	0.00
15101	Missing tooth	0.00	0.00	0.00
15102	Prem. loss, pri tooth, > a year	0.00	0.00	0.00
15103	Prem. loss, primary tooth	0.00	0.00	0.00
15104	Deep dentinal/cemental caries	0.00	0.00	0.00
15105	Caries Check	0.00	0.00	0.00
15106	Incipient Caries	0.00	0.00	0.00
15107	Recurring caries/surface restor	0.00	0.00	0.00
15108	Restoration,poor marg.integrity	0.00	0.00	0.00
15109	Fractured restoration	0.00	0.00	0.00
15110	Fractured th, needs restoration	0.00	0.00	0.00
15111	Non-functional tooth	0.00	0.00	0.00
15112	Open contact - Mesial	0.00	0.00	0.00
15113	Open contact - Distal	0.00	0.00	0.00
15114	Unerrupted tooth	0.00	0.00	0.00
15115	Periapical abscess	0.00	0.00	0.00
15116	Implant	0.00	0.00	0.00
20999	Orthopedic splint (orthotic)	0.00	0.00	0.00
209999	Mandibular kinesiograph record	0.00	0.00	0.00
21212	Whitening Gel	25.00	0.00	0.00
21213	Opalescence Go Whitening	85.00	0.00	0.00
22222	Opalescence Tooth Paste	8.00	0.00	0.00
22223	Gloves/Masks	16.00	0.00	0.00
22224	Peridex-mouth rinse	16.00	0.00	0.00
22225	Oral-B Hummingbird	6.00	0.00	0.00
22226	Hummingbird Flossers	4.00	0.00	0.00
22227	Hummingbird Picks	4.00	0.00	0.00
64550	Transcutan. electric. stimulat.	0.00	0.00	0.00
80001	AED-Spare Denture	100.00	0.00	0.00
90620	Exam and consultation	0.00	0.00	0.00
95831	Muscle testing	0.00	0.00	0.00
95868	Electromyography	105.00	0.00	0.00
97700	Adjust orthotic/splint	0.00	0.00	0.00

*Using Office Fee Schedule

FEE SCHEDULE

Ronald L. Clark, D.D.S.

Date: 04/22/2026

Page: 12

CODE	DESCRIPTION	FEE 1	LAB EXPENSE	MATERIAL
99990	Failed Appointment Fee	26.00	0.00	0.00
99999	Don't Use	0.00	0.00	0.00