

DIAGNOSTIC RECORDS

Diagnosis (finding the root of the problem) is the key to any successful treatment. This letter will explain our “diagnostic phase,” which consists of three appointments.

1. Initial consultation appointment

This is a screening/review of symptoms to determine *if* treatment is necessary.

COST
\$195

This amount will be applied to the cost of records and/or treatment.

2. Records Appointment

Information is gathered in order to make a thorough assessment and diagnosis. This includes:

<u>PROCEDURE</u>	<u>ADA CODE</u>	<u>MED CODE</u>	<u>COST</u>
DETAILED FOCUSED EVALUATION-CFP	0160	99204	\$65.00
COMPLETE SERIES RADIOGRAPHS	0210	70320	\$83.00
AP, PA OR LATERAL SKULL	0290	70150	\$59.00
SUBMENTAL VERTEX	0290	70150	\$59.00
TMJ FILM	0321	70330	\$69.00
PANORAMIC FILM	0330	70355	\$73.00
CEPHALOMETRIC FILM	0340	70350	\$77.00
OROFACIAL IMAGES	0350	99070	\$53.00
DIAGNOSTIC CASTS	0470	99070	\$63.00
RANGE OF MOTION MEASUREMENTS (JT)	0999JT	97750	\$47.00
JOINT SURVEY (JVA)	0999JVA	77077	\$57.00
MUSCLE TESTING (NEURO TESTS)	0999NT	95831	\$45.00
PHARYNGOMETER TEST	0999PR	92520	\$51.00

TOTAL DIAGNOSTIC FEES \$801.00

3. Final Consultation Appointment

Both the patient and the responsible party(s) should attend this final consultation. At this time, the diagnosis and treatment plan will be explained. The cost of the treatment will be explained and a financial agreement discussed/signed.

COST
\$195

Payment of Fees

If you have dental insurance, some of these fees *may* be reimbursable. If you have medical insurance, reimbursement may also be possible under the provisions of your individual policy. Regardless of insurance coverage, however, **payment for services rendered is due at the time of service.** Any credit or debit resulting from insurance payment will either be mailed to you or reflected as a credit on your account.

Yours in better dental health,

Judson B. Wall, DDS, FAGD
TMJ Dental Health Center

By signing below, I attest that I understand and agree to the above-listed procedures and associated fees.

Printed name

Signed name