

SLEEP APPLIANCE PACKAGE

The price for the oral sleep appliance package is **\$3700**. This alternative to CPAP package includes five parts: **consultations** (initial and explanation of orofacial findings), **diagnostic records** (information necessary to custom fit your oral sleep appliance), **oral sleep appliance**, up to 5(five) **follow up visits**, and **modifications to the oral sleep appliance**, as needed, for 1 year. Oral sleep appliance package DOES NOT include fees incurred for: lost appliances, broken appliances due to neglect or misuse, dental treatment (fillings/crowns), or TMJ dysfunction treatment.

1. Initial consultation appointment (1 hour) **COST**
included
This is a thorough screening/review of health history and preliminary testing (airway and snore sound).

2. Records Appointment (2 hours) - may be accomplished same day as initial consult
Information is gathered in order to make a thorough assessment and proper plan. This includes:

<u>PROCEDURE</u>	<u>ADA CODE</u>	<u>MED CODE</u>	<u>COST</u>
DETAILED FOCUSED EVALUATION-CFP	0160	99204	included
FMX DIGITAL RADIOGRAPHS - ALL	0210	70320	included
OROFACIAL AND POSTURE IMAGES	0350	99070	included
3D CONE BEAM CT SCAN AND REVIEW	0360	70486	included
ORAL CANCER SCREENING ID	0431	02431	included
DIAGNOSTIC CASTS	0470	99070	included
COMPUTERIZED JAW TRACKING (JT)	0999JT	97750	included
COMPUTERIZED JOINT SURVEY (JVA)	0999JVA	77077	included
NEUROLOGIC TESTING	0999NT	95831	included
PHARYNGOMETER (AIRWAY)	0999PR	92520	included
NUTRITIONAL SCAN	NS		included
TOTAL DIAGNOSTIC FEES			included

3. Final Consultation Appointment (1 hour) - 1 wk after records **COST**
included
Both the patient, patient's spouse (if applicable), and the responsible party(s) should attend this final consultation. At this time, your orofacial health will be discussed, conditions will be explained, and the proposed treatment plan will be outlined.

4. Insertion of oral sleep appliance (30 minutes) - 2 wks after final consult **COST**
included
5. Up to 5 (five) follow up visits and modifications (30-60 minutes each) - as needed **included**
6. Take-home sleep study to assure effectiveness of oral sleep appliance (overnight) **included**

Payment of Fees

Payment for treatment is due at the time of service. Medical and/or dental insurance may reimburse you for some or all of our services. It is YOUR responsibility to obtain any reimbursement. At the conclusion of treatment, a superbill that you can send to your insurance company will be provided as a courtesy.

Yours in better dental health,

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

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

Printed name

Signed name