

**DIAGNOSTIC RECORDS for TMJ, SLEEP and CRANIOFACIAL PAIN**

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**  
**\$105**

**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:

<b><u>PROCEDURE</u></b>	<b><u>ADA CODE</u></b>	<b><u>MED CODE</u></b>	<b><u>COST</u></b>
DETAILED FOCUSED EVALUATION-CFP	0160	99204	\$85.00
FMX DIGITAL RADIOGRAPHS - ALL	0210	70320	\$96.00
OROFACIAL AND POSTURE IMAGES	0350	99070	\$63.00
3D CONE BEAM CT SCAN AND REVIEW	0360	70486	\$299.00
ORAL CANCER SCREENING ID	0431	02431	\$25.00
DIAGNOSTIC CASTS	0470	99070	\$75.00
COMPUTERIZED JAW TRACKING (JT)	0999JT	97750	\$51.00
COMPUTERIZED JOINT SURVEY (JVA)	0999JVA	77077	\$63.00
NEUROLOGIC TESTING	0999NT	95831	\$49.00
PHARYNGOMETER (AIRWAY)	0999PR	92520	\$57.00

**TOTAL DIAGNOSTIC FEES      \$888.00**

**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**  
**\$105**

**Payment of Fees**

If you have dental and/or medical insurance, some of these fees *may* be reimbursable. Regardless of insurance coverage, however, **payment for services rendered is due at the time of service**. As a courtesy, you will be given a superbill at the end of your appointment. You may send this to your insurance company for direct reimbursement.

Yours in better dental health,

  
Judson B. Wall, DDS, FAGD, FAACP  
Dental Solutions, Inc.

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

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signed name