



**2022**  
***CHAMPAGNE DENTAL PLAN***

**DR. GEORGE HITZEL**  
**DR. LINDSEY REZNIK**  
**DR. MATTHEW DOCKUS**  
**DR. KRISTINA VILLAFRIA**

Clearwater Location: 727-535-3233  
St Petersburg Location: 727-384-6656

Membership runs for a year from date you sign up  
All Membership must be paid in advance.

**THIS IS NOT AN INSURANCE PLAN AND MAY  
ONLY BE USED AT OUR OFFICE LOCATIONS**

**EXAMS AND X-RAYS: NO CHARGE**  
**CLEANINGS AT REDUCED FEE**

\$50.00 Kiddie Club (under 5 years old)  
\$75.00 Child/teen (6-15)  
\$100.00 Junior Membership (16-25)  
\$120.00 Single Membership (25-49)  
\$85.00 Senior Club Plan (50 and up)  
\$325.00 Family Plan (up to 5 member)

Champagne Dental Plan			Date of Plan:		
George Hitzel DDS & Assoc					
1/1/2022					
ADA Code	Diagnostic	Fee	ADA Code	Restorative - Fillings	Fee
120	Periodic Exam	\$0	2330	Resin - one surface Anterior	\$115
140	Limited Exam - not emergency 1 per year	\$0	2331	Resin - two surface -Anterior	\$160
150	Comprehensive Exam - new patient	\$0	2332	Resin - three surface - Anterior	\$235
9110	Emergency EXAM DAY OF Pallative TX	\$60	2335	Resin - four or more surfaces w/ incisal angle	\$245
			2391	Resin - one surface Posterior	\$115
			2392	Resin - two surface Post	\$160
			2393	Resin - three surface Post	\$235
			2394	Resin - four or more surfaces w/ incisal angle	\$245
	<b>General Services</b>				
9999	Broken Appointment less than 24 hr. notice	\$35			
9230	Analgesia - Nitrous Oxide per 1/2 hr	\$75			
9948	Monitoring Halcion Sedation	\$160			
				<b>Crowns</b>	
9910	Application of Desensitizing Medicament	\$45	2740	Crown - Porcelain/ceramic substrate	\$850
9951	Occlusal Adjustment-limited	\$70	2750	Crown - Porcelain/high nobel metal	\$860
9952	Occlusal Adjustment-complete	\$325	2790	Crown -Full Gold	\$900
9940	Occlusal Guard	\$300	*****	add upcharge for gold may occur	
			2910	Recement Crown- Recmt Inlay/2920	\$75
			2940	Sedative Filling	\$96
	<b>Cosmetic Services</b>				
	Botox - Discounted Service	10%	2950	Core Buildup, including pins	\$165
	Juvederm - Discounted Service	10%	2951	Pin retention	\$23
	Zoom Bleaching	\$285	2954	Prefab post and Core	\$178
	Home Bleaching w/ 20% w/trays	\$120	2960	Labial Veneer - Resin Chairside	\$600
	Home Bleaching w/ 35%	\$150	2962	Labial Veneer - Porcelain Laboratory	\$720
	Bleach refill 20% (2 Syringes)	\$25	2970	Temporary crown	\$400
			2999	Custom Shading per tooth	\$55
	<b>Radiographs</b>				
210	Intraoral - complete series	\$0		<b>Crowns/Fixed Bridges</b>	
220	Intraoral - periapical (first film)	\$0	6740	Ret Crn - Porcelain/Ceramic	\$850
230	Intraoral - periapical (each additional)	\$0	6245	Pontic Porcelain/ceramic	\$800
277	Intraoral - Seven Series	\$0	6750	Ret Crn - Porc w/ High Nobel Metal	\$860
270	Bitewing - One film (Once per year)	\$0	6240	Pontic Porc to High Nobel Metal	\$810
272	Bitewing - Two films (Once per year)	\$0	6790	Ret Crown Full Gold	\$900
274	Bitewings - Four films (once per year)	\$0	*****	add upcharge for gold may occur	
330	Panoramic Film (Once per Year)	\$15	6210	Pontic High Nobel Metal - full gold	\$900
470	Diagnostic casts	\$28	*****	add upcharge for gold may occur	
			6930	Recement Fixed Partial Denture	\$110
			6940	Stress Breaker	\$150
			6950	Precision Attachment	\$294
	<b>Preventative</b>				
1110	Prophylaxis - Adult Cleaning	\$65	9120	Section Bridge	\$70
1120	Prophylaxis - Child Cleaning 13 and under	\$36	6793	Temp Bridge - \$400/per unit	\$1,200
1201	Application of Flouride - Child	\$15			
1204	Application of Flouride - Adult	\$20			
				<b>Endodontics</b>	
1351	Sealant per tooth	\$25	3110	Pulp Cap - Direct	\$95
1510	Space Maintainer-Fixed Unilateral	\$215	3120	Pulp Cap - InDirect	\$95
1515	Space Maintainer-Fixed Bilateral	\$276	3220	Therapeutic Pulpotomy	\$160
1525	Space Maintainer - Removable Bilateral	\$230	3310	Root Canal - Anterior	\$690
1550	Recementation of Space Maintainer	\$45	3320	Root Canal - Bicuspiderior	\$700
1555	Removal of Space maintainer	\$60	3330	Root Canal - Molar	\$820
9910	Application of Desensiting Med (Vanish)	\$45			
9911	Vanish XT -per click	\$45			
	Any other procedures not listed above will be quoted as needed at time of service				

Lifestyle Dental Plan George Hitzel DDS:			Date of Plan:		
ADA Code	Removable Prosthodontics	Fee	ADA Code	Periodontics	Fee
5820	Interm Partial - Flipper - 1 tooth only	\$450	4210	Gingivectomy - per quadrant	\$245
5110	Complete Denture - Maxillary	\$960	4211	Gingivectomy - 1-3 teeth	\$170
5120	Complete Denture - Mandibular	\$960	4240	Gingival Flap, including SRP	\$340
5130	Immediate Denture - Maxillary	\$985	4241	Gingival Flap, including SRP	\$250
5140	Immediate Denture - Mandibular	\$985	4245	Apically Positioned Flap	\$250
5211	Maxillary Partial Denture - Resin	\$800	4260	Osseous Surgery 4 or more teeth	\$700
5212	Mandibular Partial Denture - Resin	\$800	4261	Osseous Surgery 1-3 teeth	\$364
5225	Maxillary Partial Denture - Valplast	\$945	4263	Bone Replacement Graft	\$500
5226	Mandibular Partial Denture - Valplast	\$945	4270	Pedicle Soft Tissue Graft	\$460
5213	Maxillary Partial Denture - cast metal	\$985	4271	Free soft Tissue Graft	\$460
5214	Mandibular Partial Denture - Cast Metal	\$985	4249	Clinical Crown Lengthening - Bone	\$375
5410	Adjust complete denture-Max	\$25	4231	E-Surge Crown Lengthening	\$375
5411	Adjust complete denture-Mand	\$25	4320	Provisional Splinting-intracoronaral	\$309
5421	Adjust Partial denture - Max	\$25	4321	Provisional Splinting-extracoronaral	\$309
5422	Adjust Partial denture - Mand	\$25	4341	Periodontal Scaling - 4 or more teeth	\$150
5510/5610	Repair Broken Complete or partial	\$145	4342	Periodontal Scaling - 1-3 teeth	\$120
5520/5640	Replace Missing Teeth /per th	\$95	4355	Full Mouth Debridement	\$95
5610	Repair resin denture base	\$145	4910	Periodontal Maintenance	\$80
5630	Repair Broken Clasp	\$100			
5640	Replace Broken Teeth - per tooth	\$95		<b>Oral Surgery</b>	
5650	Add tooth to existing partial	\$110	7111	Extraction-primary (baby tooth)	\$69
5660	Add Clasp to existing partial	\$110	7140	Extraction-erupted tooth	\$160
5730	Reline Comp.Maxillary (chairside)	\$200	7210	Extraction - Surgical	\$185
5731	Reline Comp.Mandibular (chairside)	\$200	7220	Removal Impacted Tooth-Soft Tis	\$225
5740	Reline Partial Maxillary(chairside)	\$200	7230	Removal Impacted - Bony	\$335
5741	Reline Partial Mandibular(chairside)	\$200	7240	Removal - Completely Boney	\$450
5750	Reline Complete Maxillary (lab)	\$295	7250	Removal residual root	\$180
5751	Reline Complete Mandibular (lab)	\$295	7270	Tooth Reimplantation	\$190
5760	Reline Partial Maxillary(lab)	\$295	7280	Surgical access unerupted tooth	\$145
5761	Reline Partial Mandibular - (lab)	\$295	7960	Frenulectomy	\$225
5850/5851	Tissue Conditioning -soft reline	\$130	7286	Biopsy of Oral Tissue - soft	\$180
5860/5861	Over Denture-complete or partial	\$1,125	7310	Alveoloplasty w/ ext 4 or more	\$195
5867	Keepers Includes housing if needed/unit	\$165	7311	Alveoloplasty w/ ext 1-3	\$185
			7320	Alveoplasty no ext - 4 or more	\$300
			7321	Alveoplasty no ext - 1-3	\$240
	<b>Implant Services</b>		7410	Excision of benign lesion up 1.25 cm	\$285
6010	Surgical Placement Implant	\$1,900			
6057	Custom Abutment	\$520			
6059	Implant Crown	\$980			
7953	bone graft	\$500			
Any other procedures not listed above will be quoted as needed at time of service					

## Terms and Conditions

### LIFESTYLE DENTAL PLAN

1/1/2022

By signing below, I understand that I am enrolling myself and any designated dependents into Lifestyle Dental Plan. I acknowledge that Lifestyle Plan is an exclusive program unique to Hitzel Dental and can only be used for services at a Hitzel Dental office. I understand that Lifestyle Plan is a discount dental plan and is NOT A REGISTERED DENTAL INSURANCE PLAN. As a result, I will incur out-of-pocket expenses which are due to the provider at the time services are rendered.

I also understand the dentist(s) I select as my provider(s) may not perform all of the services listed on the fee schedule. I authorize the dentist who renders services to me, or members of my family under the Lifestyle Plan, to make available to George E. Hitzel, D.D.S., P.A. My dental records, photocopies or information regarding such services to the extent permitted by law. I understand that once my enrollment fee is paid in full, I am immediately eligible to receive Lifestyle benefits.

Terms and Conditions. Services are provided subject to my compliance. MY CONTINUED USE OF THIS SITE INDICATES THAT I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF USE. GEORGE E. HITZEL, D.D.S, P.A., MAY REVISE AND UPDATE THE TERMS AND CONDITIONS OF USE AT ANY TIME. It is my responsibility to review the terms, conditions, and privacy statements posted on the Hitzel Dental website each time I enter the site. Continued use of the Hitzel Dental website or Hitzel Dental will be considered as acceptance of any changes to the Terms and Conditions. Certain provisions of the Terms and Conditions may be superseded by expressly designated legal notice or terms on particular pages at this site.

1. **Binding Agreement.** Electronic information. I hereby consent to the exchange of information and documents electronically over the internet or by e-mail, and I understand that this electronically displayed information shall be the equivalent of a written paper agreement. I have the right to receive this agreement in non-electronic form and I may request a non-electronic copy of this agreement either before or after I accept the terms of this agreement. To receive a non-electronic copy of this Agreement, please contact us at.
2. **Billing.** I also agree to pay Hitzel Dental all charges pursuant to the fee schedule in effect at the time of service for any dental services provided under the Lifestyle Dental Plan. I acknowledge that individual procedure prices on the Lifestyle Dental Plan are reviewed or amended annually, or more frequently, as needed, or as new services or procedures become available. George E. Hitzel, D.D.S., P.A., reserves the right to correct any errors or mistakes that may have been made on billing, even if Hitzel Dental has already requested or received payment.

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Patient Name:

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Date: