

Summary Fee Schedule (at time of service)

This is a partial list of Fixed Discounted Prices at time of service.

MedMore's Provider Directory has the complete listing.

MedMore Fee Schedule at a glance.



<u>Provider</u>	<u>Usual Cost</u>	<u>*Member Pays between</u>
GENERAL PRACTICE	\$100	\$20 to \$40
Allergy Immunology	\$200	\$40 to \$100
Cardiology	\$200	\$50 to \$100
Chiropractic	\$125	\$40 to \$75
Dermatology	\$150	\$40 to \$80
Endocrinology	\$250	\$55 to \$60
Gastroenterology	\$150	\$40 to \$80
Gynecology	\$100	\$40 to \$75
Internal Medicine	\$100	\$40 to \$50
Obstetric	\$120	\$40 to \$100
Orthopedic	\$150	\$40 to \$70
Ophthalmologist	\$125	\$40 to \$75
Otorinonaringology	\$200	\$60 to \$136
Pediatrics	\$100	\$40 to \$80
Podiatry	\$150	\$40 to \$55
Urology	\$250	\$45 to \$80
Rheumatology	\$250	\$75 to \$85
Surgery	\$150	\$40 to \$85
Psychiatry	\$250	\$40 to \$130
Psychology	\$100	\$40 to \$80
DIAGNOSTICS		
Routine X-Ray	\$80	\$20 to \$35
CT Scan	\$1,000	\$150 to \$300
CT Scan w/ Contrast	\$1,500	\$250 to \$400
Mammography	\$120	\$50 to \$65
Mammography-Bilateral	\$120	\$80 to \$100
MRI	\$1,200	\$325 to \$500
MRI w/ Contrast	\$1,500	\$400 to \$550
Electrocardiogram	\$80	\$35 to \$50
LABORATORY		
Complete Blood Count	\$35	\$5 to \$10
Urinalysis	\$25	\$8 to \$15

MedMore

6101Blue Lagoon Drive,
Ste. 430 Waterford Bldg.
Miami, FL 33126

Phone: 305-662-4055

Fax: 305-662-4077

www.medmoreplan.com

PLAN MedMore 20/20

MEMBER EYE CARE BENEFIT

Member will receive Comprehensive Eye Exam(s) with a \$40 visit which includes:

- **Vision Evaluation**
- **Intraocular Pressure Evaluation to check for Glaucoma**
- **Dilated Eye Exam to determine eye health and to look for diseases such as high blood pressure and diabetes**
- **External eye health evaluation**

MEMBER FRAME BENEFIT

33% Discount of Usual & Customary Frame Prices

FAMILY MEMBER EYECARE BENEFIT

All Family members included in the plan will receive all of the principal Member's **MedMore 20/20** Benefits.

CONTACT LENS BENEFIT

Members will receive one Standard Contact Lens Fitting, one Follow Up visit and one pair of covered contact lenses per year with a \$100 first visit*.

*This reflects a 60% savings of the usual % customary fees.

Covered Contact Lens:

Only ONE pair of the Contact Lenses Below, are covered with a "Standard" fitting:

- CIBA D2LT DW
- COOPER SILVER 07
- OCULAR SCIENCE Z4
- CIBA SOFTCON EW

All fittings include insertion and removal lessons, care kit and one follow up visit at NO additional charge.

FRAMES & STANDARD LENS OPTIONS

	REGULAR PRICE	MEMBER PAYS
Any Provider Frames	Regular price	33% OFF
Standard Stock CR-39 (Single Vision)	\$59.00	\$35.00
Standard Stock CR-39 (Bifocal FT-28)	\$81.00	\$50.00
Standard Stock CR-39 (Trifocal 7x28)	\$99.00	\$65.00
Standard Selected Progressives	\$205.00	\$105.00

For detailed benefits, general information and other procedures please visit: www.fopn.org/



GENERAL DENTAL FEES

EXAMINATION & DIAGNOSIS

120	PERIODIC ORAL EXAM	NO CHARGE
140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$10.00
150	COMPREHENSIVE ORAL EVAL-NEW OR ESTABLISHED PATIENT	NO CHARGE
160	DETAILED & EXTENSIVE EVAL-PROBLEM FOCUSED	NO CHARGE
170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED	NO CHARGE
180	COMPREHENSIVE PERIODONTAL EVALUATION	\$15.00
9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN	\$10.00

RADIOGRAPHY/DIAGNOSTIC DENTISTRY

210	X-RAY - INTRAORAL - COMPLETE SERIES (INCLUDING BITEWINGS)	NO CHARGE
220	X-RAY - INTRAORAL - PERIAPICAL FILM	NO CHARGE
230	X-RAY - INTRAORAL PERIAPICAL EACH ADDITIONAL FILM	NO CHARGE
240	X-RAY - INTRAORAL - OCCLUSAL FILM	NO CHARGE
250	X-RAY - EXTRAORAL - FIRST FILM	NO CHARGE
260	X-RAY - EXTRAORAL - EACH ADDITIONAL FILM	NO CHARGE
270	X-RAY - BITEWING - SINGLE FILM	NO CHARGE
272	X-RAY - BITEWING - 2 FILMS	NO CHARGE
274	X-RAY - BITEWING 4 FILMS	\$24.00
277	VERTICAL BITEWINGS, 4 FILMS	\$28.00

PREVENTIVE DENTISTRY

1110	ROUTINE PROPHYLAXIS ADULT (ONCE EVERY 6 MOS)	NO CHARGE
1110	ADDITIONAL ROUTINE PROPHYLAXIS - ADULT	\$45.00
1120	ROUTINE PROPHYLAXIS - CHILDREN UNDER THE AGE OF 16	NO CHARGE
1120	ADDITIONAL ROUTINE PROPHYLAXIS - CHILDREN UNDER 16	\$30.00
1201	TOPICAL APPLICATION OF FLOURIDE CHILDREN UNDER 16	NO CHARGE
1203	TOPICAL APPLICATION OF FLOURIDE) CHILDREN UNDER 16	NO CHARGE
1204	TOPICAL APPLICATON OF FLOURIDE ADULT	\$20.00
1205	TOPICAL APPLICATION OF FLOURIDE ADULT	\$20.00
1310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE	NO CHARGE
1320	TOBACCO COUNSELING FOR THE CONTROL & PREVENTION OF ORAL DISEASE	NO CHARGE
1330	ORAL HYGIENE INSTRUCTIONS	NO CHARGE
1351	APPLICATION OF SEALANT PER TOOTH - CHILDREN UNDER 16	\$15.00

ENDODONTIC SERVICES

3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$25.00
3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	\$25.00
3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	\$75.00
3221	PUPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$95.00
3230	PUPAL THERAPY (RESORB FILLING) - ANTERIOR, PRIMARY	\$80.00
3240	PUPAL THERAPY (RESORBABLE FILLING) - POTERIOR, PRIMARY	\$90.00
3310	ENDODONTIC THERAPY - ANTERIOR	\$310.00
3320	ENDODONTIC THERAPY - BICUSPID	\$375.00
3330	ENDODONTIC THERAPY - MOLAR	\$485.00
3331	TREATMENT OF ROOT CANAL OBSTRUCTION, NON-SURGICAL ACCESS	\$85.00
3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	\$375.00
9215	LOCAL ANESTHESIA	NO CHARGE
9220	GENERAL ANETHESIA - FIRST 30 MINUTES	\$125.00
9221	GENERAL ANETHESIA - EACH ADDITIONAL 15 MINUTES	\$55.00
9230	ANALGESIA NITROUS OXIDE	\$20 PER 1/2 HOUR
9241	INTRAVENOUS SEDATION/ANALGESIA - FIRST 30 MINUTES	\$125.00
9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES	\$55.00
9630	ORAL IRRIGATION/OTHER DRUGS/MEDICAMENT	\$15 PER QUAD
9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$20.00
9940	OCCLUSAL GUARD	\$250.00
9950	OCCLUSAL ANALYSIS - MOUNTED CASE	\$75.00
9951	OCCLUSAL ADJUSTMENT - LIMITED	\$25.00
9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$150.00

For the rest of the procedures please call MedMore at (305) 662-4066

BROWARD

G&G Dental Associates

7030 NW 57 St.
Tamarac, FL 33319
Tel 954-722-1082 or 954-722-1088
Fax 954-720-7973

Jupiter Dental Group

175 Toney Penna Dr., Suite 105
Jupiter, FL 33458
Tel 561-745-3118
Fax 561-745-2440

Sunrise Dental Group

1776 N. Pine Island Rd., Suite 300
Plantation, FL 33322
Tel 954-916-0947
Fax 954-916-9994

Dental Associates of Hollywood

3801 Hollywood Blvd Suite #225
Hollywood, FL. 33021
Tel 954-921-7339
Fax 954-923-1206

Plantation Dental Services

314 S University Dr.
Plantation, FL 33324
Tel 954-474-8475
Fax 954-474-4239

Towncare Dental of Forest Hill

3027 Forest Hill Blvd., Suite A-3
West Palm Beach, FL 33406
Tel 561-433-4330
Fax 561-433-0099

Sunrise Ctr for Dental Specialties

1776 N. Pine Island Rd., Suite 300
Plantation, FL 33322
Tel 954-916-9955
Fax 954-916-9994

DADE

Dental Associates of Kendall

9000 SW 87 Ct., Suite 212
Miami, FL 33176
Tel 305-271-2254
Fax 305-271-0279

Dental Ctr at Baptist

8940 N. Kendall Dr., Suite 1005-E
Miami, FL 33176
Tel 305-271-3001
Fax 305-271-5077

Palm Dental Center

7150 W 20 Ave, Suite 102
Hialeah, FL 33016
Tel 305-556-3313
Fax 305-556-5693

Dental Assoc. of Homestead

925 NE 30 Terrace Suite 118
Homestead, FL 33033
Tel 305-247-0099
Fax 305-247-0084

Towncare Dental of Pinecrest

8353 SW 124 St., Suite 202
Miami, FL 33156
Tel 305-253-7227
Fax 305-253-7228

Dental Spec Ctr at Baptist

8940 N. Kendall Dr., Suite 1001-E
Miami, FL 33176
Tel 305-275-8875
Fax 305-598-0315

Palmetto Ctr for Dental Spec.

7150 W 20 Ave, Suite 102
Hialeah, FL 33016
Tel 305-556-5600 Pedo-305-556-9020
Fax 305-556-5693

Dental Specialty Ctr of Homestead

925 NE 30 Terrace Suite 114
Homestead, FL 33033
Tel 305-247-0910
Fax 305-247-5249

Hialeah Square Dental

4186 West 12 Ave
Hialeah, FL 33012
Tel 305-556-6291
Fax 305-825-0215

Caplin & Gober, DDS

6600 West 12 Ave.
Hialeah, FL 33012
Tel 305-821-2611
Fax 305-556-0746

Miami Beach Dental Center

333 Arthur Godfrey Rd., Suite 818
Miami Beach, FL 33140
Tel 305-674-0095
Fax 305-674-1553