

Dear Provider:

Here is the Delta Dental Premier Fee Comparison Form you requested. Thank you for the opportunity to assist you.

Please return the completed Premier Fee Comparison by fax, 877/224.2441, or emailing providerrelations@deltadentalky.com. You may submit fees for any procedure code listed, and you may include additional procedure codes. After we receive your fee listing, we will compare it to Delta Dental Premier's approved amounts.

If you would like to know more about Delta Dental of Kentucky, Inc. and how its programs can benefit your practice, please contact your Professional Services Representative.

Provider Services
Delta Dental of Kentucky, Inc.



DELTA DENTAL PREMIER FEE COMPARISON

Name _____
Address _____
Tax ID # _____ Specialty _____

Dentist Fee	Dentist Fee	Dentist Fee	Dentist Fee	Dentist Fee
0120	1550	2750	2982	4277
0140	1555	2751	2983	4278
0145	2140	2752	3220	4283
0150	2150	2780	3230	4285
0170	2160	2781	3240	4341
0171	2161	2782	3310	4342
0180	2330	2783	3320	4355
0190	2331	2790	3330	4910
0210	2332	2791	3331	5110
0220	2335	2792	3332	5120
0230	2390	2794	3333	5130
0240	2391	2799	3346	5140
0270	2392	2910	3347	5211
0272	2393	2915	3348	5212
0273	2394	2920	3351	5213
0274	2542	2929	3352	5214
0277	2543	2930	3353	5221
0330	2544	2931	3410	5222
0460	2642	2932	3421	5223
1110	2643	2933	3425	5224
1120	2644	2934	3426	5225
1206	2662	2940	3430	5226
1208	2663	2950	3450	5282
1351	2664	2951	4210	5283
1353	2710	2952	4211	5511
1510	2712	2953	4240	5512
1516	2720	2954	4241	5520
1517	2721	2962	4249	5611
1526	2722	2980	4260	5612
1527	2740	2981	4261	5621

(Continued on back)



DELTA DENTAL PREMIER FEE COMPARISON

Name _____
Address _____
Tax ID # _____ Specialty _____

Dentist Fee	Dentist Fee	Dentist Fee	Dentist Fee	Dentist Fee
5622	6067	6112	6722	7282
5630	6068	6113	6740	7285
5640	6069	6114	6750	7286
5650	6070	6115	6751	7288
5660	6071	6116	6752	7290
5670	6072	6117	6790	7310
5671	6073	6210	6791	7320
5750	6074	6211	6792	7321
5751	6075	6212	6794	7510
6010	6076	6214	6930	7520
6056	6077	6240	7111	7521
6057	6080	6241	7140	7960
6058	6090	6242	7210	9110
6059	6092	6251	7220	9222
6060	6093	6252	7230	9223
6061	6095	6253	7240	9239
6062	6100	6545	7241	9243
6063	6101	6549	7250	9944
6064	6102	6720	7270	9945
6065	6110	6721	7280	9946
6066	6111			

ADDITIONAL CODES

Code	Dentist Fee	Code	Dentist Fee	Code	Dentist Fee	Code	Dentist Fee	Code	Dentist Fee
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

USE ADDITIONAL SHEET IF NEEDED