Dental Health Centers & Associates
3700 Donnell Drive
Suite 215
Forestville, MD 20747-3901
Phone: (301)736-1400
Fax: (301) 736-1635
Toll Free: (888) 802-6970

April 18, 2013

Ms. Alicia Cochran, Account Manager
Mr. Ryk Tierney, CEBS
Board of Trustees Union Local No. 730
911 Ridgebrook Road
Sparks, MD 21152-9459

Dear Ms. Cochran, Mr. Tierney and Board of Trustees:

Enclosed is a copy of the Summary of 2012 Annual Report and the Summary of Cost of Care (including the Forestville Dental Center).

The Summary of 2012 Annual Report indicates the value of the dentistry received based on U.C.R. value. As noted, for every $1.00 in premium, members are receiving $1.97 of dental services.

The summary of 2012 Cost of Care report indicates that our overall profit for 2012 was 5.29%, and the accompanying small spreadsheet simply summarizes this information and compares it to the 2011 numbers.

The enclosed large spreadsheets show the number of members and dependents receiving each procedure, along with the dental values of each procedure. There is a breakdown of the total number of each procedure done per month for the entire year. There are separate spreadsheets for the Class E members (with endo), and the Class C members (without endo).

It is our pleasure to be of service to the Local 730 members and dependents, and we will be glad to answer any questions or concerns you may have at any time.

Sincerely yours,

Robert P. Cohen, D.M.D.
Dental Health Centers & Associates

DENTAL HEALTH CENTERS & ASSOCIATES, L.L.C.
3700 Donnell Drive - Suite 215
Forestville, MD 20747-3901
Phone: (301)736-1400
Toll Free: (888)802-6970
Fax: (301)736-1635
ROBERT P. COHEN, D.M.D.
Director

Summary of 2012 Annual Report
Local 730

Dental Health Centers is pleased to present the Annual Utilization Report for the 2012 year to the trustees of Local 730.

Each line of the report itemizes each covered procedure, provides the usual, customary and reasonable (U.C.R.*) dental value for each procedure, and gives the number of members and dependents who received each procedure during the year. The value of each service for members and dependents is also totaled on each line along with a month by month breakdown for each procedure done on members and dependents.

Following is an analysis of the utilization report (based on an average of 604 members, with Class E members receiving root canal coverage):

	Total	*Class E (with endo) (542)*	*Class C (without endo) (62)*
Total yearly premium paid for dental coverage	$209,883.28	$190,450.00	$19,433.28
Amount of dentistry produced at average U.C.R. fees in 2011	412,660.00	377,533.00	35,127.00
Total premium paid per member/month (average)	28.97	29.30	26.12
Amount of dentistry received at U.C.R. fees per member/month	56.97	58.08	47.21

We are most pleased to report that for every $.51 in premium, the members are receiving $1.00 worth of dental services, and for each $1.00 in premium paid, the members are receiving $1.97 of dental services based on U.C.R. values.

*U.C.R. fees used for this report are average fees taken from the National Dental Advisory Service publication (2011 edition), from the 2011annual fee survey contained in Dental Economics magazine, and from the 2011 fee survey in Dental Practice Report.

DENTAL HEALTH CENTERS & ASSOCIATES, L.L.C.
3700 Donnell Drive - Suite 215
Forestville, MD 20747-3901
Phone: (301)736-1400
Toll Free: (888)802-6970
Fax: (301)736-1635
ROBERT P. COHEN, D.M.D.
Director

SUMMARY OF 2012 COST OF CARE

TOTAL	ASSOC. DENTISTS INCLUDING FORESTVILLE
PREMIUMS PAID	$209,883.28
COST OF CARE	$198,780.47
EXCESS	$11,102.81
EXCESS %	5.29%

DENTAL HEALTH CENTERS, LLC

LOCAL 730 CLASS E SUMMARY - 2012

PROCED. NUMBER	PROCEDURE DESCRIPTION	DENTAL VALUE	NUMBER OF PROCEDURES MEMBER	DEP.	TOTAL	TOTAL DENTAL VALUE OF MEMBER	DEP.	TOTAL
0120	RECALL EXAM	45.00	231	265	496	10,395.00	11,925.00	22,320.00
0140	EMERGENCY EXAM	80.00	49	54	103	3,920.00	4,320.00	8,240.00
0150	INITIAL EXAM	80.00	62	65	127	4,960.00	5,200.00	10,160.00
0210	FULL MOUTH X-RAY INCLUDING BITEWING	135.00	19	6	25	2,565.00	810.00	3,375.00
0220	INDIVIDUAL X-RAY (INITIAL)	31.00	107	109	216	3,317.00	3,379.00	6,696.00
0230	INDIVIDUAL X-RAY (IF NOT TAKEN)	30.00	48	53	101	1,440.00	1,590.00	3,030.00
0240	OCCLUSAL X-RAY	33.00	0	5	5	0.00	165.00	165.00
0272	BITEWINGS - 2 SETS PER YEAR MAXIMUM	45.00	34	84	118	1,530.00	3,780.00	5,310.00
0274	BITEWINGS	68.00	110	112	222	7,480.00	7,616.00	15,096.00
0330	PANORAMIC (INSTEAD OF FULL MOUTH)	113.00	44	48	92	4,972.00	5,424.00	10,396.00
1110	ADULT PROPHYLAXIS	89.00	278	236	514	24,742.00	21,004.00	45,746.00
1120	CHILD'S PROPHYLAXIS - UNDER 14	71.00	0	93	93	0.00	6,603.00	6,603.00
1230	FLOURIDE TREATMENT - ONCE PER YEAR, UNDER 14	38.00	0	69	69	0.00	2,622.00	2,622.00
1351	SEALANTS PER QUADRANT - UNDER 14	65.00	0	16	16	0.00	1,040.00	1,040.00
2110	ONE SURFACE - DECIDIOUS	100.00	0	0	0	0.00	0.00	0.00
2120	TWO SURFACE - DECIDIOUS	130.00	0	0	0	0.00	0.00	0.00
2130	THREE OR MORE SURFACES - DECIDIOUS	160.00	0	0	0	0.00	0.00	0.00
2140	ONE SURFACE - PERMANENT	130.00	6	7	13	780.00	910.00	1,690.00
2150	TWO SURFACE - PERMANENT	155.00	11	11	22	1,705.00	1,705.00	3,410.00
2160	THREE SURFACE - PERMANENT	200.00	8	7	15	1,600.00	1,400.00	3,000.00
2161	FOUR OR MORE SURFACES - PERMANENT	240.00	1	1	2	240.00	240.00	480.00
2190	PIN RETENTION (EACH) - 3 PER TOOTH MAX.	35.00	0	0	0	0.00	0.00	0.00
2330	COMPOSITE RESIN - ONE SURFACE	155.00	17	6	23	2,635.00	930.00	3,565.00
2331	COMPOSITE RESIN - TWO SURFACES	185.00	15	2	17	2,775.00	370.00	3,145.00
2332	COMPOSITE RESIN - THREE SURFACES	201.00	6	6	12	1,206.00	1,206.00	2,412.00
2335	COMPOSITE RESIN (FOUR OR MORE SURFACES)	265.00	7	2	9	1,855.00	530.00	2,385.00
2385	RESIN - ONE SURFACE POSTERIOR	94.00	0	0	0	0.00	0.00	0.00
2386	RESIN - TWO SURFACE POSTERIOR	130.00	0	0	0	0.00	0.00	0.00
2387	RESIN - THREE OR MORE SURFACES	160.00	0	0	0	0.00	0.00	0.00
2391	RESIN - ONE SURFACE POSTERIOR	160.00	29	84	113	4,640.00	13,440.00	18,080.00
2392	RESIN - TWO SURFACE POSTERIOR	197.00	56	63	119	11,032.00	12,411.00	23,443.00
2393	RESIN - THREE SURFACE POSTERIOR	242.00	25	21	46	6,050.00	5,082.00	11,132.00
2394	RESIN - FOUR OR MORE SURFACE POSTERIOR	282.00	11	4	15	3,102.00	1,128.00	4,230.00
2920	RECEMENT CROWN	120.00	7	4	11	840.00	480.00	1,320.00
2930	PREFAB STAINLESS STEEL CROWN	250.00	0	0	0	0.00	0.00	0.00
2932	PREFAB RESIN CROWN	269.00	1	0	1	269.00	0.00	269.00
2940	SEDATIVE FILLING	100.00	1	3	4	100.00	300.00	400.00
2950	CROWN BUILDUP/ PINS	295.00	1	6	7	295.00	1,770.00	2,065.00

PROCED. NUMBER	JAN MEM	JAN DEP	FEB MEM	FEB DEP	MAR MEM	MAR DEP	APR MEM	APR DEP	MAY MEM	MAY DEP	JUN MEM	JUN DEP	JUL MEM	JUL DEP	AUG MEM	AUG DEP	SEP MEM	SEP DEP	OCT MEM	OCT DEP	NOV MEM	NOV DEP	DEC MEM	DEC DEP
0120	30	34	15	31	31	32	16	13	19	14	15	21	22	15	18	26	14	36	18	13	16	17	17	13
0140	7	7	5	6	5	7	2	2	8	8	4		3	1	3	11	3	5	4		4	3	1	4
0150	6	11	10	6	7	9	7	7	4	3	7	4	5	6	1	11	3	2	5		3	2	4	4
0210	2		4	2	2	2	4		1				1	2	1				4					
0220	13	11	8	9	15	10	6	10	14	6	6	15	8	7	7	11	5	6	8	4	11	11	6	9
0230	2	5	5	2	8	9	5	6	7	2	3	6	3	1		7	4	6	4	1	7	7		1
0240				1														1						3
0272	3	10	5	9	3	12	3	3	4	3	2	9	3	2	4	11	3	13		2	2	5	2	5
0274	11	18	8	14	16	13	7	11	5	7	10	9	11	3	9	13	5	12	12	4	9	6	6	2
0330	6	12	3	2	8	5	2	5	5	4	5	2	5	1	2	8	2	4	3		1	4	2	1
1110	32	33	24	29	39	29	24	14	23	14	21	20	24	17	20	21	15	27	19	11	16	11	21	10
1120		10		8		11		5		3		6		4		13		14		4		9		6
1230		10		6		13				2		1		2		10		11		4		5		5
1351		4				4		5								1		1		1				
2110																								
2120																								
2130																								
2140		2	1	3	1		2		1	1			1							1				
2150		1		6	3	2	1				3	1	2					1				2		
2160	1			1		1	2		2	1	1	1		1		1		1	1		1			
2161							1																	
2190																					1			
2330	2	1	2	1	4		1			1	4	1	3		1	2								
2331	1		1	1	4				3		2				1	1	1				1		1	
2332		1	1	1					1		3							1				2	1	1
2335		2	3				1		1				1				1							
2385																								
2386																								
2387																								
2391	5	5	1	14	1	21	1	4	5	4	11	5	2	5	1	1		6		5	1	11	1	3
2392	3	10	2	6	6	8	6	16	8	4	9	2	6	4	4	1	5		2	7	2		3	5
2393	4	3		2	5		4	5	3	3		2	2				2	1	1	1	3	2	1	2
2394	1		1		1			1	3		2		1			2		1	1				1	
2920			2	1				1	1			2					1		1		2			
2930																								
2932																				1				
2940		1			1										1							1		
2950									1			3						2		1				

DENTAL HEALTH CENTERS, LLC

PROCED. NUMBER	PROCEDURE DESCRIPTION	DENTAL VALUE	NUMBER OF PROCEDURES MEMBER	DEP.	TOTAL	TOTAL DENTAL VALUE OF MEMBER	DEP.	TOTAL
2951	PIN RETENTION 3 PER TOOTH	55.00	1	0	1	55.00	0.00	55.00
2954	PREFAB POST & CORE	350.00	1	0	1	350.00	0.00	350.00
3220	DECIDUOUS PULPOTOMY	300.00	0	0	0	0.00	0.00	0.00
3310	ROOT CANAL	895.00	5	0	5	4,475.00	0.00	4,475.00
3320	2 ROOT CANAL	1025.00	3	2	5	3,075.00	2,050.00	5,125.00
3330	3 ROOT CANAL	1250.00	4	4	8	5,000.00	5,000.00	10,000.00
3347	RETREATMENT 2 CANAL TOOTH	1261.00	0	0	0	0.00	0.00	0.00
3415	APICOECTOMY-ADD. ROOT	900.00	0	0	0	0.00	0.00	0.00
3430	RETROGRADE AMALGAM	250.00	0	0		0.00	0.00	0.00
3950	CANAL PREP. & POST FITTING	202.00	1	1	2	202.00	202.00	404.00
4340	GINGIVITIS 2X YEAR	175.00	0	0	0	0.00	0.00	0.00
4355	FULL MOUTH DEBRIDEMENT	175.00	0	2	2	0.00	350.00	350.00
4910	PERIO. MAINT	125.00	3	0	3	375.00	0.00	375.00
5000	PROSTHETICS STEPS	65.00	16	3	19	1,040.00	195.00	1,235.00
5110	FULL DENTURE - UPPER INCLUDING ADJUSTMENT	1273.00	3	2	5	3,819.00	2,546.00	6,365.00
5120	FULL DENTURE - LOWER INCLUDING ADJUSTMENT	1300.00	1	2	3	1,300.00	2,600.00	3,900.00
5211	PARTIAL DENTURE - UPPER ACRYLIC BASE & WIRE	1250.00	2	1	3	2,500.00	1,250.00	3,750.00
5212	PARTIAL DENTURE - LOWER ACRYLIC BASE & WIRE	1250.00	4	0	4	5,000.00	0.00	5,000.00
5213	PARTIAL DENTURE - LOWER INCLUDING ADJUSTMENT	1410.00	10	1	11	14,100.00	1,410.00	15,510.00
5214	PARTIAL DENTURE - UPPER INCLUDING ADJUSTMENT	1410.00	11	3	14	15,510.00	4,230.00	19,740.00
5610	SIMPLE REPAIR - 2 OR LESS TEETH AND/OR ACRYLIC	175.00	3	3	6	525.00	525.00	1,050.00
5630	COMPLEX REPAIR - 3 OR MORE TEETH AND/OR CLASP	250.00	2	3	5	500.00	750.00	1,250.00
5730	RELINE COMPLETE MAX.- CHAIRSIDE	300.00	0	0	0	0.00	0.00	0.00
5731	RELINE PARTIAL MAN.- CHAIRSIDE	300.00	0	0	0	0.00	0.00	0.00
5741	RELINE PARTIAL MAN. - CHAIRSIDE	295.00	0	0	0	0.00	0.00	0.00
5750	RELINE COMPLETE MAX. - LAB.	375.00	0	2	2	0.00	750.00	750.00
7110	ROUTINE EXTRACTION	124.00	0	0	0	0.00	0.00	0.00
7111	CORONAL REMNANTS - DECID.	104.00	0	1	1	0.00	104.00	104.00
7120	EACH ADDITIONAL EXTRACTION	124.00	0	0	0	0.00	0.00	0.00
7130	SURG. REMOV. OF ERUP. TOOTH	124.00	0	0	0	0.00	0.00	0.00
7140	EXTRACTION, ERUPT TOOTH	160.00	82	24	106	13,120.00	3,840.00	16,960.00
7210	SURGICAL REMOVAL OF ERUPTED TOOTH	300.00	44	18	62	13,200.00	5,400.00	18,600.00
7220	SOFT TISSUE	320.00	8	11	19	2,560.00	3,520.00	6,080.00
7230	PARTIALLY BONY	450.00	4	12	16	1,800.00	5,400.00	7,200.00
7240	COMPLETE BONY	495.00	0	11	11	0.00	5,445.00	5,445.00
7241	COMPLETE BONY PRESENTING PROBLEMS	600.00	0	0	0	0.00	0.00	0.00
7250	SURGICAL REMOVAL OF RESIDUAL ROOT	309.00	9	0	9	2,781.00	0.00	2,781.00
7280	SURG. EXPOSURE TO AID ERUPTION	630.00	0	0	0	0.00	0.00	0.00
7281	EXPOSURE TO AID ERUPTION	450.00	0	0	0	0.00	0.00	0.00
7285	BIOPSY	311.00	0	0	0	0.00	0.00	0.00

PROCED. NUMBER	JAN MEM	JAN DEP	FEB MEM	FEB DEP	MAR MEM	MAR DEP	APR MEM	APR DEP	MAY MEM	MAY DEP	JUN MEM	JUN DEP	JUL MEM	JUL DEP	AUG MEM	AUG DEP	SEP MEM	SEP DEP	OCT MEM	OCT DEP	NOV MEM	NOV DEP	DEC MEM	DEC DEP
2951							1																	
2954																								1
3220																								
3310	1		1																					
3320	1	1							1						1						1		2	
3330			1	3	3						1													1
3347																								
3415																								
3430																								
3950									1			1												
4340																								
4355										1		1												
4910													2								1			
5000		1		1							6		4		4		2					1		
5110	1							1	1		1									1				
5120	1							1												1				
5211	1				1											1								
5212	1				1		2										1							
5213	1		2		1		1		1	1	1		1				2							
5214	1		2	1	1		2		1	1	1		1		1		2							
5610			1										1				1	1		2				
5630									2									1		1		1		
5730																								
5731																								
5741																								
5750				1																		1		
7110																								
7111																								
7120																						1		
7130																								
7140	5	8	1	1	7	3	10		22	3	8	1	1	2	4	3	13	1	11					2
7210	9	3	4	1	1		2	4			2	2	21			2	1	2	2		1	4	1	
7220	1		1			2			6	2								4		3				
7230		4	1			2		2				2	1		2			1		1				
7240		8						2										1						
7241																								
7250			2		2						2				2				1					
7280																								
7281																								
7285																								

DENTAL HEALTH CENTERS, LLC

PROCED. NUMBER	PROCEDURE DESCRIPTION	DENTAL VALUE	NUMBER OF PROCEDURES MEMBER	DEP.	TOTAL	TOTAL DENTAL VALUE OF MEMBER	DEP.	TOTAL
7286	BIOPSY WITH CONSULT.	248.00	0	0	0	0.00	0.00	0.00
7290	SURG. REPOSIT. OF TOOTH	390.00	0	0	0	0.00	0.00	0.00
7310	ALVEOLOPLASTY	231.00	1	0	1	231.00	0.00	231.00
7450	EXCISION OF BENIGN TUMOR	325.00	0	2	2	0.00	650.00	650.00
7470	REMOVAL OF EXOSTOSIS	550.00	0	0	0	0.00	0.00	0.00
7510	INCISE & DRAIN ABCESS	225.00	0	1	1	0.00	225.00	225.00
7953	BONE REPLACEMENT GRAFT	2150.00	0	0	0	0.00	0.00	0.00
7960	FRENECTOMY	475.00	0	0	0	0.00	0.00	0.00
9110	PALLIATIVE TREATMENT	110.00	27	13	40	2,970.00	1,430.00	4,400.00
9220	ANESTHESIA, GENERAL FOR ORAL SURGERY ONLY	340.00	3	7	10	1,020.00	2,380.00	3,400.00
9221	ANESTHESIA EACH ADD. 15 MIN.	156.00	4	8	12	624.00	1,248.00	1,872.00
9230	ANALGESIA	67.00	4	7	11	268.00	469.00	737.00
9241	IV SEDATION	367.00	0	0	0	0.00	0.00	0.00
9242	IV SEDATION - EACH ADD. 15 MINUTES	150.00	0	0	0	0.00	0.00	0.00
9310	CONSULTATION - 2ND OPINION	100.00	12	11	23	1200.00	1,100.00	2,300.00
	PATIENT REIMBURSEMENTS							5,039.00
	TOTAL LOCAL 730 CLASS E					$202,045.00	$170,449.00	$377,533.00
	PREMIUMS RECEIVED DURING 2012	$190,450.00						
	VALUE OF DENTAL SERVICES RENDERED	$377,533.00						
	VALUE/ PREMIUMS RECEIVED	$1.98						

PROCED. NUMBER	JAN MEM	JAN DEP	FEB MEM	FEB DEP	MAR MEM	MAR DEP	APR MEM	APR DEP	MAY MEM	MAY DEP	JUN MEM	JUN DEP	JUL MEM	JUL DEP	AUG MEM	AUG DEP	SEP MEM	SEP DEP	OCT MEM	OCT DEP	NOV MEM	NOV DEP	DEC MEM	DEC DEP
7286																								
7290																								
7310					1																			
7450																				2				
7470																								
7510																						1		
7953																								
7960																								
9110	5	2	1		2			3	3			1	1	1	6	1	3		3	3	2	1	1	1
9220	1	1		1				1	1			1	1					2				1		
9221	2			1								1	2					5				1		
9230		2		2			1					1	1		1		1			2				
9241																								
9242																								
9310		2	3	2	1	1	1	1	3		2					1		3	1		1	1		

DENTAL HEALTH CENTERS, L.C.

LOCAL 730 CLASS C SUMMARY - 2012

PROCED. NUMBER	PROCEDURE DESCRIPTION	DENTAL VALUE	NUMBER OF PROCEDURES MEMBER	DEP.	TOTAL	TOTAL DENTAL VALUE OF MEMBER	DEP.	TOTAL
0120	RECALL EXAM	45.00	17	13	30	765.00	585.00	1,350.00
0140	EMERGENCY EXAM	80.00	4	3	7	320.00	240.00	560.00
0150	INITIAL EXAM	80.00	7	6	13	560.00	480.00	1,040.00
0210	FULL MOUTH X-RAY INCLUDING BITEWING	135.00	0	1	1	0.00	135.00	135.00
0220	INDIVIDUAL X-RAY (INITIAL)	31.00	14	5	19	434.00	155.00	589.00
0230	INDIVIDUAL X-RAY (IF NOT TAKEN)	30.00	2	4	6	60.00	120.00	180.00
0240	OCCLUSAL X-RAY	33.00	0	0	0	0.00	0.00	0.00
0272	BITEWINGS - 2 SETS PER YEAR MAXIMUM	45.00	1	4	5	45.00	180.00	225.00
0274	BITEWINGS	68.00	15	10	25	1,020.00	680.00	1,700.00
0330	PANORAMIC (INSTEAD OF FULL MOUTH)	113.00	1	3	4	113.00	339.00	452.00
1110	ADULT PROPHYLAXIS	89.00	20	17	37	1,780.00	1,513.00	3,293.00
1120	CHILD'S PROPHYLAXIS - UNDER 14	71.00	1	2	3	71.00	142.00	213.00
1230	FLOURIDE TREATMENT - ONCE PER YEAR, UNDER 14	38.00	0	1	1	0.00	38.00	38.00
1351	SEALANTS PER QUADRANT - UNDER 14	65.00	0	4	4	0.00	260.00	260.00
1515	SPACE MAINTAINER - FIXED	485.00	0	1	1	0.00	485.00	485.00
2110	ONE SURFACE - DECIDIOUS	100.00	0	0	0	0.00	0.00	0.00
2120	TWO SURFACE - DECIDIOUS	130.00	0	0	0	0.00	0.00	0.00
2130	THREE OR MORE SURFACES - DECIDIOUS	160.00	0	0	0	0.00	0.00	0.00
2140	ONE SURFACE - PERMANENT	130.00	2	0	2	260.00	0.00	260.00
2150	TWO SURFACE - PERMANENT	155.00	0	1	1	0.00	155.00	155.00
2160	THREE SURFACE - PERMANENT	200.00	0	0	0	0.00	0.00	0.00
2161	FOUR OR MORE SURFACES - PERMANENT	240.00	0	0	0	0.00	0.00	0.00
2190	PIN RETENTION (EACH) - 3 PER TOOTH MAX.	35.00	0	0	0	0.00	0.00	0.00
2330	COMPOSITE RESIN - ONE SURFACE	155.00	1	0	1	155.00	0.00	155.00
2331	COMPOSITE RESIN - TWO SURFACES	185.00	0	1	1	0.00	185.00	185.00
2332	COMPOSITE RESIN - THREE SURFACES	201.00	0	0	0	0.00	0.00	0.00
2335	COMPOSITE RESIN (FOUR OR MORE SURFACES)	265.00	2	1	3	530.00	265.00	795.00
2385	RESIN - ONE SURFACE POSTERIOR	94.00	0	0	0	0.00	0.00	0.00
2386	RESIN - TWO SURFACE POSTERIOR	130.00	0	0	0	0.00	0.00	0.00
2387	RESIN - THREE OR MORE SURFACES	160.00	0	0	0	0.00	0.00	0.00
2391	RESIN - ONE SURFACE POSTERIOR	160.00	2	3	5	320.00	480.00	800.00
2392	RESIN - TWO SURFACE POSTERIOR	197.00	2	4	6	394.00	788.00	1,182.00
2393	RESIN - THREE SURFACE POSTERIOR	242.00	3	1	4	726.00	242.00	968.00
2394	RESIN - FOUR OR MORE SURFACE POSTERIOR	282.00	0	0	0	0.00	0.00	0.00
2920	RECEMENT CROWN	120.00	0	1	1	0.00	120.00	120.00
2930	PREFAB STAINLESS STEEL CROWN	250.00	0	0	0	0.00	0.00	0.00
2932	PREFAB RESIN CROWN	269.00	0	0	0	0.00	0.00	0.00
2940	SEDATIVE FILLING	100.00	0	1	1	0.00	100.00	100.00
2950	CROWN BUILDUP/ PINS	295.00	1	0	1	295.00	0.00	295.00

PROCED. NUMBER	JAN MEM	JAN DEP	FEB MEM	FEB DEP	MAR MEM	MAR DEP	APR MEM	APR DEP	MAY MEM	MAY DEP	JUN MEM	JUN DEP	JUL MEM	JUL DEP	AUG MEM	AUG DEP	SEP MEM	SEP DEP	OCT MEM	OCT DEP	NOV MEM	NOV DEP	DEC MEM	DEC DEP
0120	1	2	2	1	1		1	3	2		3	2	1		1		1	1	2	1	1	1	1	2
0140									1	1	1				1		1	2						
0150			3	1	1					2				1				1				1	3	
0210												1												
0220	3		2		2	1	2		1	1			1	1	1	1	1	1					1	
0230	1					1							1	3										
0240																								
0272		2		1						1			1											
0274	1		3	1	1	1	1	3	1	1	1	1				1		1		1	1	3	2	
0330						1								1				1				1		
1110	1	2	3	2	2	1	1	3	2	1	2	3	1		1		2	1	1		1	2	3	2
1120										1									1	1				
1230										1														
1351																		4						
1515																		1						
2110																								
2120																								
2130																								
2140													2											
2150						1																		
2160																								
2161																								
2190																								
2330	1																							
2331								1																
2332																								
2335											1	1			1									
2385																								
2386																								
2387																								
2391					2	2		1																
2392								2										1	2	1				
2393	2						1													1				
2394																								
2920																								1
2930																								
2932																								
2940																				1				
2950										1														

DENTAL HEALTH CENTERS, LLC

PROCED. NUMBER	PROCEDURE DESCRIPTION	DENTAL VALUE	NUMBER OF PROCEDURES MEMBER	DEP.	TOTAL	TOTAL DENTAL VALUE OF MEMBER	DEP.	TOTAL
2951	PIN RETENTION 3 PER TOOTH	55.00	0	0	0	0.00	0.00	0.00
3220	DECIDUOUS PULPOTOMY	300.00	0	0	0	0.00	0.00	0.00
3310	ROOT CANAL	895.00	0	0	0	0.00	0.00	0.00
3320	2 ROOT CANAL	1025.00	0	0	0	0.00	0.00	0.00
3330	3 ROOT CANAL	1250.00	0	0	0	0.00	0.00	0.00
3346	RETREATMENT OF 1 CANAL TOOTH	1128.00	0	0	0	0.00	0.00	0.00
3348	RETREATMENT OF 3 OR MORE CANAL TOOTH	1463.00	0	0	0	0.00	0.00	0.00
3410	APICOECTOMY-FIRST ROOT	900.00	0	0	0	0.00	0.00	0.00
3950	CANAL PREP & POST FITTING	202.00	0	0	0	0.00	0.00	0.00
4340	GINGIVITIS (2 TIMES PER YEAR MAXIMUM)	175.00	0	0	0	0.00	0.00	0.00
5000	PROSTHETICS STEPS	65.00	28	0	28	1,820.00	0.00	1,820.00
5110	FULL DENTURE - UPPER INCLUDING ADJUSTMENT	1273.00	2	0	2	2,546.00	0.00	2,546.00
5120	FULL DENTURE - LOWER INCLUDING ADJUSTMENT	1300.00	2	0	2	2,600.00	0.00	2,600.00
5211	PARTIAL DENTURE - UPPER ACRYLIC BASE & WIRE	1250.00	0	0	0	0.00	0.00	0.00
5212	PARTIAL DENTURE - LOWER ACRYLIC BASE & WIRE	1250.00	0	0	0	0.00	0.00	0.00
5213	PARTIAL DENTURE - LOWER INCLUDING ADJUSTMENT	1410.00	0	0	0	0.00	0.00	0.00
5214	PARTIAL DENTURE - UPPER INCLUDING ADJUSTMENT	1410.00	0	0	0	0.00	0.00	0.00
5610	SIMPLE REPAIR - 2 OR LESS TEETH AND/OR ACRYLIC	175.00	6	0	6	1,050.00	0.00	1,050.00
5630	COMPLEX REPAIR - 3 OR MORE TEETH AND/OR CLASP	250.00	2	0	2	500.00	0.00	500.00
5740	RELINE PARTIAL MAX.- CHAIRSIDE	293.00	0	0	0	0.00	0.00	0.00
5750	RELINE COMPLETE MAX.- LAB	375.00	0	0	0	0.00	0.00	0.00
5751	RELINE COMPLETE MAN. - LAB.	375.00	0	0	0	0.00	0.00	0.00
6930	RECEMENT FIXED PARTIAL DENTURE	130.00	0	0	0	0.00	0.00	0.00
7002	UNCLASSIFIED	50.00	0	0	0	0.00	0.00	0.00
7110	ROUTINE EXTRACTION	124.00	0	0	0	0.00	0.00	0.00
7111	CORONAL REMNANTS	104.00	0	0	0	0.00	0.00	0.00
7120	EACH ADDITIONAL EXTRACTION	124.00	0	0	0	0.00	0.00	0.00
7130	SURG. REMOV. OF ERUP. TOOTH	124.00	0	0	0	0.00	0.00	0.00
7140	EXTRACTION, ERUPT. TOOTH	160.00	17	0	17	2,720.00	0.00	2,720.00
7210	SURGICAL REMOVAL OF ERUPTED TOOTH	300.00	5	6	11	1,500.00	1,800.00	3,300.00
7220	SOFT TISSUE	320.00	0	0	0	0.00	0.00	0.00
7230	PARTIALLY BONY	450.00	0	2	2	0.00	900.00	900.00
7240	COMPLETE BONY	495.00	0	0	0	0.00	0.00	0.00
7241	COMPLETE BONY PRESENTING PROBLEMS	600.00	0	0	0	0.00	0.00	0.00
7250	SURGICAL REMOVAL OF RESIDUAL ROOT	309.00	2	1	3	618.00	309.00	927.00
7280	SURG. EXPOSURE TO AID ERUPTION	630.00	0	0	0	0.00	0.00	0.00
7281	EXPOSURE TO AID ERUPTION	450.00	0	0	0	0.00	0.00	0.00
7285	BIOPSY	311.00	0	0	0	0.00	0.00	0.00
7310	ALVEOLOPLASTY	231.00	0	0	0	0.00	0.00	0.00
7450	EXCISION OF BENIGN TUMOR	325.00	0	0	0	0.00	0.00	0.00

PROCED. NUMBER	JAN MEM	JAN DEP	FEB MEM	FEB DEP	MAR MEM	MAR DEP	APR MEM	APR DEP	MAY MEM	MAY DEP	JUN MEM	JUN DEP	JUL MEM	JUL DEP	AUG MEM	AUG DEP	SEP MEM	SEP DEP	OCT MEM	OCT DEP	NOV MEM	NOV DEP	DEC MEM	DEC DEP
2951																								
3220																								
3310																								
3320																								
3330																								
3346																								
3348																								
3410																								
3950																								
4340																								
5000							4		11		4						5		4					
5110									1		1													
5120									1		1													
5211																								
5212																								
5213																								
5214																								
5610							1				2						1		1		1			
5630									1								1							
5740																								
5750																								
5751																								
6930																								
7002																								
7110																								
7111																								
7120																								
7130																								
7140	1		6		1		2		3								4							
7210			4					2		3						1						1		
7220																								
7230								2																
7240																								
7241																								
7250																		1				2		
7280																								
7281																								
7285																								
7310																								
7450																								

DENTAL HEALTH CENTERS LLC

PROCED. NUMBER	PROCEDURE DESCRIPTION	DENTAL VALUE	NUMBER OF PROCEDURES MEMBER	DEP.	TOTAL	TOTAL DENTAL VALUE OF MEMBER	DEP.	TOTAL
7470	REMOVAL OF EXOSTOSIS	550.00	0	0	0	0.00	0.00	0.00
7960	FRENECTOMY	475.00	0	0	0	0.00	0.00	0.00
9110	PALLIATIVE TREATMENT	110.00	11	2	13	1,210.00	220.00	1,430.00
9220	ANESTHESIA, GENERAL FOR ORAL SURGERY ONLY	340.00	0	3	3	0.00	1,020.00	1,020.00
9221	ANESTHESIA EACH ADD. 15 MIN.	156.00	0	2	2	0.00	312.00	312.00
9230	ANALGESIA	67.00	0	1	1	0.00	67.00	67.00
9241	IV SEDATION	367.00	0	0	0	0.00	0.00	0.00
9310	CONSULTATION	100.00	1	3	4	100.00	300.00	400.00
	PATIENT REIMBURSEMENTS							0.00
	TOTAL LOCAL 730 CLASS C					$22,512.00	$12,615.00	$35,127.00
	PREMIUMS RECEIVED DURING 2012	$19,433.28						
	VALUE OF DENTAL SERVICES RENDERED	$35,127.00						
	VALUE/ PREMIUMS RECEIVED	$1.81						

PROCED.	JAN	JAN	FEB	FEB	MAR	MAR	APR	APR	MAY	MAY	JUN	JUN	JUL	JUL	AUG	AUG	SEP	SEP	OCT	OCT	NOV	NOV	DEC	DEC
NUMBER	MEM	DEP	MEM	DEP	MEM	DEP	MEM	DEP	MEM	DEP	MEM	DEP	MEM	DEP	MEM	DEP	MEM	DEP	MEM	DEP	MEM	DEP	MEM	DEP
7470																								
7960																								
9110	3		2				1		1		1				1		1	2	1					
9220								1		1								1						
9221								2																
9230																1								
9241																								
9310				1				1		1												1		