

0216

**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2011
October 1, 2010 – September 30, 2011**

Agency Name	Rural Health Network of Monroe County FL, Inc.
Physical Address	27225-29 Overseas Hwy., Ramrod Plaza, Summerland, FL 33042 * see below for additional addresses
Mailing Address	P.O. Box 500370
City, State, Zip	Marathon, FL 33050-0370
Phone	305-517-6613
Fax	305-517-6617
Email	dsmith@rhnmc.org
Who should we contact with questions about this application?	Daniel Smith, Ph.D., M.B.A., President & CEO

Amount received for prior fiscal year ending 09/30/09	\$ 60,000.00
Amount received for current fiscal year ending 09/30/10	\$ 60,000.00
Amount requested for upcoming fiscal year ending 09/30/11	\$ 80,000.00

* 1010 Kennedy Drive, Suite 307
Key West, Florida 33040

2901, Suites 2 & 2
Marathon, Florida 33050

Other Locations Pending Contract Approvals

Upper Keys (Key Largo)

DePoo Hospital Primary Care Clinic
1200 Kennedy Drive
Suite 208
Key West, FL 33040

① Glynna is on Board *

② reasonable salaries no increase

③ huge service #s!

CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

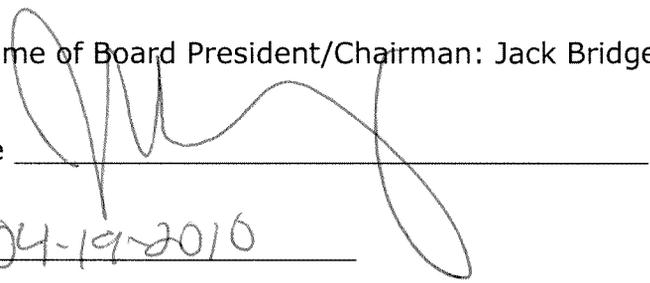
We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

Typed Name of Executive Director: Danjel E. Smith, PhD, MBA

Signature  CEO

Date: 04-19-2010

Typed Name of Board President/Chairman: Jack Bridges

Signature 

Date: 04-19-2010

Detailed instructions for each question appear in the separate instruction document.

1. Insert your agency's board-approved mission statement below.

Rural Health Network's (RHN) mission is "To improve the quality of and access to affordable health care for all Monroe County (FL) residents".

2. List the services your agency provides.

Primary Care:

A) *Medical Services:*

Such as (but not limited to); blood testing, employment, school & camp physicals, routine physicals, well woman exams, pap smears, ear, nose & throat exams, asthma / respiratory treatments, diabetes & hypertension management, HIV testing, pregnancy testing, and family planning. Also treatments for the following conditions; rashes, urinary & gynecological infections, std's, herpes, warts, fever management, pain management, cuts, wounds, lacerations, sutures/staple removal, sprains, scrapes, minor fractures, flu symptoms, vomiting, diarrhea, allergies, headaches, migraines, minor surgeries, removal of moles & skin tags, pink eye, respiratory infections, pneumonia, and medical prescriptions. In addition, Rural Health Network maintains a successful prescription assistance program (PAP). It is available to those who qualify and is coordinated by our case management team.

B) *Dental Services:*

Screening, exams, x-rays, cleaning, deep cleanings, fillings, regular and surgical extractions, dental sealants, root canals, dentures (full & partial), crowns, fixed prosthodontics, infection control and limited emergency care.

3. What services will be funded by this request?

RHN will use any allocation from the HSAB for Oral Health Care services for the entire Florida Keys, focusing on services delivered from its - two dental facilities (eight operatories) located in Key West and in Marathon. Specifically to support our children's program of healthy smiles, by providing dental sealants and oral care for our school aged children.

4. Will County HSAB funds be used as match for a grant?

Yes. The funding does expect a match and there is an expectation of strong local support.

5. If you answered "yes" to number four, please specify the:

a. grant award title, granting agency, and purpose:

Healthy Smiles Oral Health Consortium, Health Resource Service Administration (HRSA).

Rural Health Network has a working grant with the Department of Health and Hyman Services (HHS), Health Resource Service Administration (HRSA) from their latest Outreach Grant cycle. The funding does require and expects a match and there is an expectation of strong local support. The Monroe County School Board and the health department have

signed Memorandums of Agreement with Rural Health Network for this project. Also, to date we have received a matching contribution of "goods" from vendor Henry Schein and Colgate worth over \$ 20,000 to aid this project. The project entails dental sealants for school aged children, education for the children and their families, finding dental homes for the children and their families and finally addressing the "Medicaid" reimbursement issue as a community and a State.

b. grant amount: \$ 375,000 (over a three year period, this upcoming funding year, year two = \$ 125,000); year 1= \$ 150K, year 2= \$ 125K, & year 3= \$ 100K

c. match percentage requirement and amount:

Total project is \$ 641,118. The project amount minus the grant amount leaves a balance of \$ 266,118. That amount, minus patient co-pays & contributions through-out the project (e.g.; the Henry Schein/Colgate), leave a support balance needed of \$ 100,000.

6. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."

No.

7. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment E, under "Grants to Other Organizations."

Rural Health Network of Monroe was awarded a grant from the Health Foundation of South Florida, and beginning on May 20th, 2009. Rural Health is the lead agency, partnering with Womankind, Inc., to provide cancer screening exams (breast, cervical and colorectal) throughout Monroe County. This year's award (2009-2010) is \$ 50,000.

8. Will you or have you applied for other sources of County funding? If yes, please list source(s) and amount(s). Also be sure to reflect this information on Attachment F.

Rural Health is a part of the county line item budget, supporting administration and primary care.

9. What needs or problems in this community does your agency address?

RHN addresses the provision of direct oral health and primary health care for the uninsured and those unable to access health care by reason of cost. Our service rates are based on the Federal Poverty Guidelines, applying a sliding fee scale for those that qualify (based on the patient's documented inability to pay). In Monroe County, at the time of this writing, Rural Health Network has the only full time (40+ hour/wk) dental clinic in Marathon, and a second full time (40+ hour/wk) dental clinic in Key West serving the indigent, uninsured, and under-insured, accepting Medicaid and a variety of insurances (including Care Credit). Our services are provided without regard to one's income. To date we have over 12,000 dental patients. Our care clinics serve as a safety net, providing care to thousands of local residents that don't have a medical home. We also work with the Department of Juvenile Justice in Monroe providing medical and dental care to incarcerated juveniles. Also, we are working with the Lower Keys Medical Center attempting to address the issues of their primary care clinic at the DePoo hospital. We hope to bring in grant funding to resolve this issue, as well as plans for a new clinic in the Upper Keys!

10. What statistical data support the needs listed in number nine?

A Florida Agency for Health Care Administration (FL AHCA Study) states that 20-25% of the county's population (or 20,000+ persons) do not have health insurance. The Keynoter (Saturday, November 10, 2007) quotes a study that, "...showed that half the county's residents were either underinsured or not insured at all". The high cost of living and the high cost of health/dental insurance in Monroe County is creating an ever widening gap between those who have insurance and those who don't. The statistical data concerning the percentage of the uninsured population of Monroe hasn't significantly improved over the years.

*Written in Jacksonville.com, a study by Pew Research states that;
"the greatest health care need among kids involves their teeth",
"Dental care is the single greatest unmet need for health services among children.",
"This is a national epidemic with sobering consequences"
"Tooth decay is the most common childhood disease, and it's getting worse.",
"...the State of Florida gets a grade of F for meeting just two of eight policy benchmarks set...in dental care for children."*

I'm proud to say that in Monroe County, we as a community are making substantial strides in fighting this issue.

11. What are the causes (not the symptoms) of these problems?

*It is the RHN assessment that
(1) local, high costs of living and housing, low wages, the hurricane seasons of 2004 & 2005,
(2) unaffordable dental services for low income households (including Florida's ridiculously low Medicaid reimbursement rates (ranking near the bottom of the 50 US States)to health care providers, and
(3) the current recession (including the problems within the mortgage companies, the banking industry, the housing market, the stock market and very high unemployment) are the key causes for difficulties in accessing affordable dental care.*

12. What does your agency do to address these causes?

In 1999 RHN brought primary care to the residents and visitors of the Keys. Since January 2003, RHN has provided a dental program that has been continually expanding. RHN has achieved 7-1/2 years of successfully serving the oral health care needs of the county. Today, we have three full time dentists (and one part-time dentist), four dental assistants, and two full time hygienists readied to provide services in our Marathon Clinic (40+ hrs/ week) and to our expansion project. In August 2008, RHN expanded to Key West to provide a dental clinic and lab (providing 40+ hrs/ week) for the Lower Keys. Our dentists see children from age 2 and older. The three dentists give RHN the ability to cover the diverse range of needs that our patients possess. RHN also provides primary care services throughout the county serving around 20% of the county residents. RHN operates on a sliding fee scale, accepts Medicaid, and does not refuse services to anyone with a documented inability to pay for those services. In 2003-2004, RHN took the initial initiative with the Health Insurance Task Force, to examine and ascertain the county's health care situation. RHN has partnered with the Monroe County Health Department, in administering it's dental sealant program (through the school nurses) and has partnered in the past with their (MCHD) Plantation Key facility, to bring greater access and coordination to health care in Monroe County. We've partnered with the Monroe County Juvenile Justice, for the past two years, to provide health care to the incarcerated juveniles. Also we have partnered with the Guidance Clinic/ Care Center (for over nine years) jointly sharing grants and grant responsibilities. This year we are also the lead agency, partnering with Womankind, Inc. through a grant award from the Health Foundation

of South Florida to provide cancer screenings to economically disadvantage county residents. We are currently looking to provide further expansion in Key West and in the Upper Keys.

13. Describe your target population as specifically as possible.

RHN targets low income households, the homeless and uninsured residents of Monroe County, FL. Specifically, RHN attempts to target those at 100-200% of poverty level. Primary care is provided from newborn to senior adulthood. Dental health care is provided from childhood, age 24 months to senior adulthood. The 201-400% (of poverty) group is also a new target population, as county residents are struggling (through job and housing loss) with the economic recession that has hit our county and country.

14. How are clients referred to your agency?

RHN receives clients through direct referral from the Florida Department of Health, the Monroe County Health Department, the Department of Juvenile Justice, Monroe County Social Services, Florida Department of Children and Families (and their associated agencies), Lower Keys Medical Center, Fisherman's Hospital, Mariners Hospital, faith based networks, the Southernmost Homeless Assistance League, the local private practices, and the community-at-large. In addition, we utilize local advertising venues, including newspaper ads, radio ads, bus shelter ads, and brochure and flyer distributions.

15. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority?

All Clients are screened as to their respective eligibility at intake, and based on income documentation provided (3 most recent paystubs and/or most recent tax statements), are assigned to the sliding fee scale, from 100-200% of poverty (currently in 10% increments). Clients at or above 201% of federal poverty are recorded as full-pay clients. (Our full pay is extremely discounted from the private pay services within the county.) Federal and state guidelines do not apply at or above 201%. Client's financial records are reviewed and updated annually. Clients from the 201% - 400% poverty levels are the new and growing segment in the Monroe population that struggle to survive in this weak economy. Our extremely reduced rates are able to help them receive the care they need without them neglecting their healthcare.

16. Describe any networking arrangements that are in place with other agencies.

RHN maintains a Memo-of Understanding (MOU) with the Guidance Clinic of the Middle Keys to accommodate transportation disadvantaged clients and referrals to the clinic site, while referral MOU's are in place with Mariners and the Lower Florida Keys Hospitals. A contract-for-services for HIV-AIDS dental patients exist between RHN and the Monroe County Health Department. MOU's are current with the County's Housing Authority, County Social Services, the Homeless Coalition (SHAL), the Department of Juvenile Justice (DJJ), and the various faith based networks, as well as with Aids Help.

RHN has previously partnered with the Monroe County Health Department, in their (MCHD) Plantation Key facility, to bring greater access and coordination to health care in Monroe County. We hope to further expand this relationship in the Lower Keys and to other locations as needed and/or required.

RHN is also working with Meylan Lowe-Watler, COO of Lower Keys Medical Center, on a contract with the Lower Keys Medical Center at the DePoo Bldg. to provide primary care services in

collaboration with the Lower Keys Hospital. We are researching Federal and Foundation grant funding to provide start-up funding for the project.

We have been contracted by the Monroe Juvenile Justice (for past 2 years) to provide primary care and dental care to incarcerated juveniles. We have contracted with the Monroe School Board (Head Start Program) to provide dental care. We also have a MOA with the Monroe County School District to provide dental sealants and oral assessments to the 2nd and 7th grade school children of Monroe.

17. List all sites and hours of operation.

As of this application;

RHN operates a 40+ hour per week dental care clinic in the Middle Keys, at 2901-Suite 2, Overseas Hwy., Marathon, Florida 33050. A Primary care clinic is also currently offered at this location. Hours are Monday-Friday, 8 am-5 pm. (RHN has had a presence in Marathon since 1999) We also have a referral network established with the Pride Care Center (PCC) in Marathon for primary care.

RHN recently opened an administration office in Ramrod Plaza located at 27225-29 Overseas Highway, Summerland Key, FL 33042 Administration hours are Monday-Friday, 8 am-6 pm.

RHN operates a second, 40+ hour per week dental care clinic in Key West. Located at 1010 Kennedy Drive, Suite 307, Key West, Florida. Hours are Monday-Friday, 9 am-6 pm.

RHN works to support, by way of referrals, the Monroe County Health Department with its primary care clinics and Womankind's clinic. (RHN has had a primary care presence in the Key West area from 1999-2006. In 2006 our clinic at St. Clair's closed, however patients were seen at the DePoo Primary Care Center with Dr. Covington's practice. We are currently working on funding grants to support more extensive efforts at the DePoo Hospital. (RHN is working with Meylan Lowe-Watler of the Lower Keys Medical Center to provide primary care services in conjunction with the Lower Keys Hospital.)

RHN is hoping to open a new clinic in the Upper Keys. The process is currently in the developmental stages.

18. What financial challenges do you expect in the next two years, and how do you plan to respond to them?

This project anticipates that there will be an escalation in costs associated with this service over time, as the cost of hiring/contracting for a fulltime dentist(s) are high, as are the costs associated with ancillary assistance (e.g., dental hygienists, skilled dental assistants), and housing associated with those personnel. Many dental professionals can earn more in other areas of the state, where the cost of living and housing are more modest, and pay may actually be higher. In general, the cost of doing business is increasing at an alarming rate. From gasoline to medical supplies, RHN is faced with escalating costs. As the Federal Government, State Government, Local Government(s) and private enterprise (s) attempt to recover from fiscal miss-management, RHN continues to monitor its income and expenses and adjust accordingly. In addition, RHN has committed itself to work with its' community partners to find better ways to deliver its services (i.e.; our partnership with the Monroe County Health Department, the Department of Juvenile Justice, the Guidance Clinic, Womankind & our working relationship and pending partnership with the Lower Keys Medical Center). This project will respond to this awareness through fair but accurate patient fee

collections (part of our "fair share" concept), increased dependence on local fund-raising efforts, and the aggressive pursuit of renewable federal and state grants.

19. What organizational challenges do you expect in the next two years, and how do you plan to respond to them?

This organization provides direct primary care as well. Spiraling health care costs in all areas of care make funding a unique challenge for RHN. The health care costs in the US are anticipated to rise to 20% of the GNP by 2010 at 7% per year (NACHC Newsletter, 2/27/06). Securing and maintaining the best practitioners at reasonable market cost is presently difficult and will become more challenging with time. The sustainability efforts will form the core of this organization's plan to sustain operations and services through and beyond the next 2 years.

RHN has cut administration down to a minimum. Many positions have been eliminated. For example, the CEO, Program Development, Community Outreach & IT positions have been combined into one position. COO duties have been given to our Health Services Director and CFO duties given to our Finance and Property Director. Medical students are utilized wherever and whenever possible to eliminate overstaffing, but not at the risk of sacrificing sound medical integrity. Front desk and assistant duties have been combined to reduce any possible excess staffing. Case management duties are often assigned to hygienists and registered nurses.

Partnerships and collaborations are the key to our continued success. RHN has developed partnerships with the Guidance Clinic of the Middle Keys and shares, and has shared for years, HRSA Outreach grants with that organization. In addition, RHN has developed a new relationship with the Monroe County Health Department, the Monroe County School District, the Department of Juvenile Justice and the Lower Keys Medical Center, in which bringing better health care services to the Monroe community has been set as the priority. Our goal is to provide better access to health care, and at fair and affordable rates for our community. RHN has, and will continue to apply for relevant grants to fund our mission. It should be noted, however, that many grants require matching funds, and/or have an expectancy of solid local support and local financial contributions.

20. How are clients represented in the operation of your agency?

Clients originating from the direct care service delivery pool represent a portion of the RHNMC Governing Board membership, commonly called consumer members. Also confidential surveys are done with our patients and presented at periodic board meetings. Our clients / patients are our residents, neighbors, visitors and community guest(s). Our services are here for their well being. Their opinions are important to our operation as a health care provider. All Governing Board members are residents of Monroe County.

21. Is your agency monitored by an outside entity? If so, by whom and how often?

Yes. RHN is monitored annually by the FL Department of Health: Office of Rural Health. Reports are delivered quarterly. We also hire an accounting firm, specializing in not-for-profits. In addition, licensures are administered by the Agency for Health Care Administration (AHCA) and by the Florida Board of Dentistry.

22. 240 hours of program service were contributed by 10 volunteers in the last year.

Program Development committee volunteer service hours (1 meeting per month)= 10 members x 12 mtgs x 2 hrs/mtg = 240 hrs. These hours included such tasks as brochure designing, preparation and dissemination.

Additionally, our staff has provided hundreds of hours of unpaid (gratis) service to RHN for such items as location relocates, grant writing reviews and purchasing reviews (for the best in buying power) and document filing and destruction duties as needed.

23. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them?

No. However, under Florida law, the services of a FL licensed dentist performed for another entity (such as RHN) must be performed on a contractual basis. Any licensed dentist utilized by RHN will be contracted by RHN to perform basic dentistry duties.

24. What measurable outcomes do you plan to accomplish in the next funding year?

This project anticipates serving no less than 3,500 unduplicated patients per year, and will experience well over 5,000 patient visits in our clinics. In addition, we anticipate an additional 2000 hours of hygienist work, education and case management. A measurable outcome for this project is that 95% of clients randomly sampled per year (N=100) will state that the overall services received from the dental program were "good" or "excellent". Our dental sealant program will provide an additional unduplicated patient base of 1,000+ students to our outreach program(s).

25. How will you measure these outcomes?

The measure will be determined through an analysis of service utilization, patient flow and random sampling throughout the fiscal year, via survey questionnaires. We are currently developing an on-line survey/questionnaire that can be filled out via our website. In addition, we allow anonymous comments to be made with discretion at our clinics, for purposes of providing top rated services and high levels of quality control.

26. Provide information about units of service below.

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Dental Care (screenings, exams, x-rays, tooth extractions, periodontal care, dental sealant applications, oral health education, cleanings, fillings, dentures.)	1 hour	\$125/unit (@ 2,000 hrs/yr x 2 clinics, and a total project cost of \$500,000 yr) \$125/unit x 4000 units or hours=\$500,000

27. In 300 words or less, address any topics not covered above (optional).

Since 1999 Rural Health Network of Monroe County has seen over 22,000 patients and is today the medical home for around 15,000 residents, by providing primary medical/oral health care. That number represents about 20% of the population of the county. In the field of oral health care, RHN has successfully provided dental care to the uninsured since January 2003. In the past 7-1/2 years, it has successfully established cooperative relationships, and in some cases, partnerships with various entities in Monroe County.

*This county has over 20,000 uninsured residents (those that have no health care coverage at all). There are many more that do not have an oral health care provider and oral health care insurance. To date, **Rural Health has become the oral health care provider** to approximately 12,000 Monroe Residents and visitors. Over the next few years that number needs to increase to reach the 20,000+ that have no health care coverage. We also accept Medicaid.*

RHN appreciates the recognition and support given to this project by the County Commission and the HSAB over all of the years of its existence. If we, as a community, are to curb this potential health crisis, we must act immediately and without reserve. It is a proven fact that the neglect of oral health care, from our children to our seniors, will become our next major health crisis. By providing basic, and often comprehensive oral health care exams and service(s), we as a community, can alleviate the over burdening of our emergency rooms, educate and treat the children at a young age (by teaching proper hygiene and providing dental sealants), and care for the overall well being of our small, but significant community.

Our request here is for continued support of our county wide oral health care projects, including our two clinics and most importantly our dental sealant program. We must receive matching funds in order not to lose our funding!

Required Attachments

Required attachments were distributed to you as a separate document. Be sure to include these with your application. Please note: the required attachments A through F are only available in Microsoft Excel format. We require that you use this format, since it will automatically expand rows, generate totals and percentages, and align figures for easier reading.

**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
APPLICATION ATTACHMENTS**

- 1** Save the file from diskette or email to your computer's hard drive.
In this way, you may always revert to the original blank version if necessary.
- 2** Please note that there are several "worksheets" in this "workbook" file. Look for the tabs at the bottom of the window, and make sure you complete the checklist and all attachments, A through F.
- 3** Be careful not to enter any data in cells that contain a formula;
cells that contain a formula will have a number in them already.
- 4** The worksheets will truncate cents from all amounts; you may round to the nearest dollar, or it will happen automatically if you enter dollars and cents.
- 5** For FTE'S, however, in Attachment B, please enter any decimals, if necessary,
so that part-time positions are accurately represented.
- 6** If you must insert rows in any sheet, do so carefully, and make sure totals
include those new rows. It seems to work best if you do NOT insert rows
immediately above a row that includes totals, or above the first row in a range
of cells that has a total at the bottom.
- 7** Place the checklist and all attachments behind the last page of questions.
- 8** If you have over-written formulas or caused other major "damage" to the worksheets,
the best thing to do may be to revert to the original version sent to you on diskette
or in email, and begin entering data again.
- 9** When you print the worksheets, you may tell your printer to print any colors
as black.

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS
	YES	NO	You must explain any "NO" answers
A. Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients and Services	X		
D – F. Financial Information	X		
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater.	X		No Discrepancies
H. Copy of IRS Form 990 from most recent fiscal year	X		
I. Copy of current fee schedule	X		
J. Copy of IRS Letter of Determination indicating 501 C 3 status	X		
K. Copy of Current Monroe County and City Occupational Licenses	X		
L. Copy of Florida Dept. of Children And Families License or Certification	N/A	X	Does Not Apply to RHNMC
M. Copy of any other Federal or State Licenses	X		
N. Copy of Florida Dept. of Health Licenses/Permits	X		
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *	X		DOH-ORH report, no deficiencies noted.
Q. Data showing need for your program (optional, see question 7)	X		general study
R. Other (specify) TWO PAGE LIMIT	X		

* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.



Rural Health Network of Monroe County, Florida, Inc.
2901 Overseas Highway, Suite 1 & 2
Marathon, Florida 33050
Funded in part by the Florida Department of Health

Minutes of April 12th, 2010 RHNMC Governing Board Meeting
Marathon Garden Club
5270 Overseas Hwy., Marathon, Florida 33050

Call To Order: at 9:00 am by Vice Chair Robert Luse

Verification of Quorum: Daniel Smith, CEO verified that we did have Quorum.
Present were; Daniel Smith (CEO), Robert Munson (CFO) *staff*
Board directors; Robert Luse, David Oatway, Chris Clark, Mayor Sylvia Murphy, Rev. Marney Brown, Jack Bridges, Dorothy Clever, Liz Kern and Andrew Emery for Meylan Lowe-Watler.

Agenda & Approval of Minutes from 01/25/2010: A motion was made by Sylvia Murphy, and seconded by Jack Bridges, all were in favor to approve the agenda and the minutes from the last board meeting.

Business and Challenges:

Dan Smith discussed the clinic locations and status of each clinic, handing out an updated organization chart and service area map. The chart and map displayed the current locations and status of the clinic sites and any proposed changes to the sites. The organizational chart also showed the current and proposed changes to the RHN staff. Other handouts included RHN's income statement & balance sheet (March 31st, 2010), the latest marketing materials, RHN's most recent brochure, RHN Board member listing, agenda (04/12/2010) and minutes (01/25/2010), references to the policies and procedures that were changed (with a complete set available for reference).

1) Item A on the agenda; The election of board officers was called to the Board's attention by Vice Chair, Bob Luse;

Daniel Smith discussed the fact that he had asked the three nominated persons if they would be interested in the positions as indicated on the agenda. Each of the three agreed, that if elected, they would assume the positions as nominated. ✓

Daniel Smith explained that he and Jack Bridges had meet for most of the day on April 8th to do site visits to RHN's clinic locations in Key West and Marathon (where Jack met the RHN staff) and to its' administration office in Ramrod Key. Mr. Bridges briefly discussed his favorable opinion of the clinics and the office, as well as the RHN staff and management. A motion was made by Mayor Sylvia Murphy and seconded by Chris Clark that Jack Bridges be made Board Chair. With no further discussion and with full agreement the motion was approved.

Next was the nomination of Dave Oatway as our new Board Treasurer. Dave and Daniel had discussed Dave assuming the position if elected and that they would soon thereafter meet to go over necessary details as

Administration: 305-289-8917, ext 101 & fax 305-517-6617
Clinics: Middle Keys, 305-289-8915 (medical health care & dental) & fax 305-289-8920;
Key West, 305-292-6422 & fax 305-292-6477 (dental)

www.rhnmc.org

A 501c(3) not-for-profit corporation FEIN 65-0474953



Rural Health Network of Monroe County, Florida, Inc.
 2901 Overseas Highway, Suite 1 & 2
 Marathon, Florida 33050
Funded in part by the Florida Department of Health

required. A motion was made by Mayor Sylvia Murphy and seconded by Chris Clark that Dave Oatway be made Board Treasurer. With no further discussion and with full agreement the motion was approved. ✓

Third was the nomination of Dorothy Clever to continue on as our Board Secretary. Dorothy and Daniel had discussed her continuing the position that she had held for the past three years. Dorothy agreed to continue the position if elected. A motion was made by Mayor Sylvia Murphy and seconded by Marney Brown that Dorothy continue on as Board Secretary. With no further discussion and with full agreement the motion was approved. ✓

Jack Bridges now resided over the Board Meeting as Chair...

Item B; New CFO. Daniel Smith introduced the new RHN CFO, Robert Munson. He was introduced to each board member and gave a brief introduction of himself and his work background in healthcare and business.

Item C; County Funding. Daniel Smith talked about the County funding opportunities, namely the Line Item and HSAB. He discussed last year's funding levels and his hopes that those levels would be sustained in the upcoming County's fiscal budget.

Item D; SAFF. Daniel Smith talked about the sheriff's shared asset forfeiture fund and how RHN put in a request for \$10,000 (the Max) and received \$ 5,800.00 (which was a slight increase from the prior year).

Item E; Finances. Daniel Smith talked briefly about the income statement and balance sheet, noting that the net loss was a reflection of some clinic expansion and an issue RHN had on March 12 with a Key West power outage and a generator surge that caused \$ 20,000 in damages to equipment.

Item F; Policies. Daniel Smith talked about how he and the accounting firm of Smith, Ortez, Gomez & Buzzi, PA (Julio Buzzi) discussed changes to the policies and procedures manual and the new tax laws for not-for-profits. Julio made changes on our policies manual to keep it current with the latest in tax laws. During the January meeting the RHN board delayed voting on the changes until each member had more time to review the manual. It was email to all members directly after the January board meeting. The board members were asked to adopt the changes, as recommended by Daniel Smith and/or Julio Buzzi. A motion was made by Bob Luse and seconded by Dave Oatway. With no further discussion and with full agreement the motion was approved.

Item G; Key West Dental Clinic. Daniel Smith discussed the status of the clinic in Key West including the staff and the hours (no changes in either). He also discussed the issue we had on March 12th with the Lower Keys losing power and the damages that it costs our agency (approx. \$ 20,000). The expenses are being totaled and submitted to the insurance company for (hopeful) reimbursement.

Item H; Upper Keys primary care & dental. Daniel Smith asked the board to allow him to continue to move forward on the possibility of opening a dental (and possibly medical) clinic in the Upper Keys. After much discussion about the need of medical (considering the Health Dept. in Tavernier and the Good Health Clinic in Tavernier) it was determined that RHN should concentrate on the dental portion of the expansion (with

Administration: 305-289-8917, ext 101 & fax 305-517-6617

Clinics: Middle Keys, 305-289-8915 (medical health care & dental) & fax 305-289-8920;

Key West, 305-292-6422 & fax 305-292-6477 (dental)

www.rhnmc.org

A 501c(3) not-for-profit corporation

FEIN 65-0474953



Rural Health Network of Monroe County, Florida, Inc.
2901 Overseas Highway, Suite 1 & 2
Marathon, Florida 33050
Funded in part by the Florida Department of Health

possible grants from the Health Foundation of South Florida, potential HRSA funding and possibly purchasing used equipment). It was agreed that Bob Luse would contact Mariner's Hospital and set up a meeting with their CEO, himself, Chris Clark and Daniel Smith to discuss the options available in the Upper Keys related to medical services (primary care). After discussion a motion was made by Chris Clark and seconded by Bob Luse, where it was decided that Daniel Smith could move forward with the agenda of an Upper Keys dental clinic. The medical/primary care would be further investigated between RHN, the Health Dept. and Mariner's hospital; all subject to review of the executive committee. With no further discussion and with full agreement the motion was approved.

Item I; *Key West Primary Care.* Daniel Smith discussed the upcoming opportunity to write a HRSA Network Development Grant to allow RHN to expand the primary care into Key West and to help fund the dental care in the Upper Keys.

Item J; *Key West Juvenile Justice.* Daniel Smith discussed the continuing operations of providing a medical director and a .5 fte nurse at the DJJ. The contract was renewed within the past 2 weeks.

Item K; *Marathon Dental/Primary Care.* Daniel Smith discussed the continuing operations of RHN's Marathon clinic and the upcoming move to 100% digital x-rays, with the investments made into computers and software/sensors for the change-over.

Item L; *RHN Medical Van.* Daniel Smith asked the board last January for permission to sell the Medical Van, as it is not being used and could possibly be helpful to another organization. The board asked to postpone the decision until this April board meeting. Daniel Smith conveyed the offer he made to the Health Foundation of South Florida that he would agree (in theory) to relinquishing the title of the van to the HFSF if they granted RHN the \$ 60,000 towards the Upper Keys dental expansion. On a motion made by Mayor Sylvia Murphy and seconded by Bob Luse, the board agreed to move forward with selling the van. With no further discussion and with full agreement the motion was approved.

Item M; *Outreach Programs.* Daniel Smith discussed the several outreach programs RHNMC has in play. The largest program is the dental sealant program. Mr. Smith mentioned the successful HRSA technical site visit and the results of year one on the program.

Item N; *Review the Bi-laws.* In an added topic to the agenda, the board agreed to have the Dr. Smith and Jack Bridges review the current corporate bi-laws and bring modification recommendations to the board for the July meeting. Specifically mentioned were the 2 year term limits set for the permanent board seats. A motion was made by Mayor Sylvia Murphy and seconded by Bob Luse to move forward with the review and recommendations. With no further discussion and with full agreement the motion was approved.

Item O; *Change the time of the Board Meetings.* In a second added topic to the agenda, the board agreed to change the start time of the board meetings from 9 am to 9:30 am. In a motion made by Mayor Sylvia Murphy

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Rural Health Network of Monroe County, Florida, Inc.

2901 Overseas Highway, Suite 1 & 2

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Funded in part by the Florida Department of Health

and seconded by Bob Luse the board agreed to the change. With no further discussion and with full agreement the motion was approved.

Adjournment. After quick mentions of the need for RHN to establish a purchase ordering system, the ongoing asset tagging and documentation system (and its process), the updated web site design (soon to be published) and the need for a good county health needs assessment program, a motion was made by Mayor Sylvia Murphy and seconded by Bob Luse to adjourn the meeting. With no further discussion and with full agreement the motion was approved.

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ATTACHMENT E - AGENCY EXPENSES

2010

Complete this worksheet for the entire agency.
Please round all amounts to the nearest dollar.

Rural Health Network

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	6/30/2011		6/30/2010	
Expenditures	Total	%	Total	%
Salaries (not incl. contract dentists)	981,400	47%	767,720	42%
Payroll Taxes (not contract dentists)	75,077	4%	58,731	3%
Employee Benefits (health ins.)		0		0
Subtotal Personnel	1,056,477	50%	826,451	45%
Postage	2,800	0%	2,606	0%
Office Supplies/ cleaning	20,000	1%	18,727	1%
Telephone	26,000	1%	21,600	1%
Professional Fees (dentist & contr. Labor)	480,000	23%	420,000	23%
Rent	150,000	7%	147,469	8%
Utilities & condo fees (KW clinic)	21,394	1%	21,394	1%
Repair and Maint.	18,000	1%	17,431	1%
Travel & fuel	27,000	1%	24,500	1%
Miscellaneous (lab fees and supplies)	175,000	8%	174,943	10%
Grants to Other Organizations (WK)	0	0	21,000	1%
<i>List others below</i>		0		0
Audits	14,000	1%	13,720	1%
Insurance- auto	2,100	0%	2,009	0%
Insurance- Professional Liab.	26,000	1%	24,863	1%
Insurance- Commercial Liability	6,600	0%	6,521	0%
Insurance- Directors & Officers	3,200	0%	3,092	0%
Insurance- Worker's Comp	2,500	0%	2,409	0%
Insurance- State Unemployment	12,000	1%	12,000	1%
Advertising- yellow pages, classifieds, etc.	50,000	2%	42,542	2%
Insurance- Medical Staff	1,168	0%	1,168	0%
Long term Loans (monthly)	3,122	0%	3,122	0%
Dues, Merchant Fees, Licenses	9,916	0%	9,916	1%
		0		0
		0		0
		0		0
		0		0
Total Expenses	2,107,277	100%	1,817,483	100%
Revenue Over/(Under) Expenses	(4,122)		(57,528)	

ATTACHMENT F - AGENCY REVENUE

2010

Rural Health Network

Complete this worksheet for the entire agency.
Please round all amounts to the nearest dollar.
In-Kind will not be included in percentages or total.

	Proposed Revenue Budget for Upcoming Year Ending:			Projected Revenue for Current Year Ending:		
	6/30/2011			06/31/10		
Revenue Sources	Cash	In-Kind	%-age of Total	Cash	In-Kind	%-age of Total
Monroe County	333,600		16%	333,600		19%
Children and Fam	0		0%	0		0%
M.C. Sheriff's Dept.	0		0%	0		0%
Key West	0		0%	0		0%
Marathon	4,000		0%	3,000		0%
Islamorada	0		0%	0		0%
Layton	0		0%	0		0%
Key Colony Beach	0		0%	0		0%
Client fees *	1,200,000		57%	1,070,000		61%
Donations/ fundraising	40,000		2%	40,000		2%
Sheriff Shared Asset	8,000		0%	5,800		0%
United Way	0		0%	0		0%
<i>List all others below</i>			0%			0%
HRSA Grant Outreach	125,000		6%	150,000		9%
DOH-ORH	63,555		3%	63,555		4%
MCHD			0%			0%
Member Dues	15,000		1%	15,000		1%
Dept. Juvenile Justice	54,000		3%	54,000		3%
Health Found. of S. FL	60,000		3%	25,000		1%
Monroe County Schools			0%			0%
	0		0%	0		0%
advertising/promo		6,000	0%		6,000	0%
LKMC (DePoo Clinic)		72,000	0%		0	0%
HRSA Grant Net. Dev.	200,000		10%	0		0%
			0%			0%
			0%			0%
			0%			0%
* includes fees paid for			0%			0%
clients through other			0%			0%
agencies			0%			0%
			100%			100%
Total Revenue	2,103,155	78,000		1,759,955	6,000	

RURAL HEALTH NETWORK OF
MONROE COUNTY, FLORIDA, INC.

Financial Statements with
Independent Auditors' Report Thereon and
Schedule of Financial Assistance

For the Year Ended June 30, 2009

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Rural Health Network of Monroe County, Florida, Inc.

We have audited the accompanying statement of financial position of the Rural Health Network of Monroe County, Florida, Inc. (the "Network") (a non-profit Network) as of June 30, 2009, and the related statement of activities, and cash flows for the year then ended. These financial statements are the responsibility of the Network's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America, Government Auditing Standards, issued by the Comptroller General of the United States, and the provisions of Office of Management and Budget Circular A-133, "Audits of States, Local Government and Other Nonprofit Organizations". Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion the financial statements referred to above present fairly, in all material respects, the financial position of the Network, as of June 30, 2009, the results of its operations and its cash flows for the year ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued a report dated November 6, 2009 on our consideration of Rural Health Network of Monroe County, Florida, Inc.'s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations contracts and grants.

Our audit was performed for the purpose of forming an opinion on the basic financial statements of Rural Health Network of Monroe County, Florida, Inc. taken as a whole. The accompanying schedule of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations", and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Amuch, Oly, King. BHPA

November 6, 2009

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Statement of Financial Position

June 30, 2009

<u>Assets</u>	
Current assets	
Cash	\$ 215,601
Contracts and other receivables	14,052
Other assets	<u>4,739</u>
Total current assets	<u>234,392</u>
Assets restricted to investment	
in furniture, equipment and vehicles	567,356
Accumulated depreciation	<u>(214,762)</u>
Net assets restricted to investment	
in furniture and equipment	<u>352,594</u>
Total assets	<u>\$ 586,986</u>

<u>Liabilities and Net Assets</u>	
Current liabilities	
Accounts payable and accrued expenses	\$ 83,419
Deferred income	3,147
Payroll liabilities	<u>3,210</u>
Total current liabilities	<u>89,776</u>
Note payable	<u>249,744</u>
Net assets	
Temporarily restricted	(105,128)
Permanently restricted	<u>352,594</u>
Total net assets	<u>247,466</u>
Total liabilities and net assets	<u>\$ 586,986</u>

See accompanying notes to financial statements.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Statement of Activities

For the Year Ended June 30, 2009

Public support	
Grant revenue	\$ 744,769
Other	<u> -</u>
Total public support	<u>744,769</u>
Revenue	
Patient co-pay	750,058
Membership dues	5,000
Fund raising	75
Reimbursed costs	3,135
Other revenue	4,412
Total revenue	<u>762,680</u>
Total public support and revenue	<u>1,507,449</u>
Functional Expenses	
Computer network	6,506
Interest expense	15,976
Personnel	539,539
Payroll taxes	42,496
Fringes	11,420
Staff travel	7,287
Bank charges	7,526
Telephone	16,478
Office supplies, marketing, moving and other operating	38,308
Postage	1,813
Accounting/audit/ legal	6,675
Medivan costs	512
Utilities	754
Meetings/conferences	1,698
Occupancy	20,435
Community outreach projects and contracted services	51,189
Insurance	43,037
Dental services program	519,572
Health services program	<u>32,044</u>
Total expenses	<u>1,363,265</u>

See accompanying notes to financial statements.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Statement of Activities

For the Year Ended June 30, 2009

Increase in net assets, before depreciation expense	\$ 144,184
Depreciation expense	<u>19,924</u>
Increase in net assets	124,260
Net assets, beginning of year	<u>123,206</u>
Net assets, end of year	<u>\$ 247,466</u>

See accompanying notes to financial statements.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Statement of Cash Flows

For the Year Ended June 30, 2009

Cash flows from operating activities:	
Change in net assets	\$ 124,260
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	19,924
Increase in contracts, other receivables and other assets	8,372
Increase in accounts payable and accrued expenses	<u>81,505</u>
Net cash provided by operating activities	<u>234,061</u>
Cash flows from investing activities:	
Purchase of equipment	<u>(328,813)</u>
Net cash used by investing activities	<u>(328,813)</u>
Cash flows from financing activities:	
Borrowings on note payable	249,744
Repayments on due to officer	<u>-</u>
Net cash provided by financing activities	<u>249,744</u>
Net increase in cash and cash equivalents	154,992
Cash and cash equivalents, at beginning of year	<u>60,609</u>
Cash and cash equivalents, at end of year	<u>\$ 215,601</u>
Interest paid during the year	<u>\$ -</u>

See accompanying notes to financial statements.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Notes to Financial Statements

For the Year Ended June 30, 2009

1. Summary of Significant Accounting Policies

a) Network

The Rural Health Network of Monroe County, Florida, Inc. ("the Network") is a nonprofit Network which promotes the advancement of quality health services in Monroe County. The Network's funding comes primarily from public and private grants and membership dues from the private sector.

b) Basis of Presentation

The Network's financial statements have been prepared on the accrual basis of accounting and conform to accounting principles generally accepted in the United States of America as applicable to not-for-profit organizations and are in conformity with the standards promulgated by the American Institute of Certified Public Accountants in its "Industry Audit Guide for Voluntary Health and Welfare Networks". The specialized accounting and reporting principles and practices contained in the Audit Guide are preferable accounting practices in accordance with statement of Financial Accounting Standards Number 117, issued by the Financial Accounting Standards Board. Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Network and changes therein are classified and reported as follows:

- Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that may or will be met, whether by actions of the Network and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.
- Permanently restricted net assets - Net assets subject to donor-imposed stipulations that they be maintained permanently by the Network. Generally, the donors of these assets permit the Network to use all or part of the income earned on any related investments for general or specific purposes.

The primary source of revenue for the Network consists of grants from governmental agencies which, absent a specific restriction by the grantor, are considered to be available for unrestricted use. Grant revenue includes only that portion of the grant that was earned prior to the statement of financial position date. All grant funds received as of the statement of financial position date which are considered to be applicable to future periods are reflected as deferred revenue on the Statement of Financial Position.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Notes to Financial Statements

For the Year Ended June 30, 2009

1. Summary of Significant Accounting Policies - (Cont.)

b) Basis of Presentation - (Cont.)

The costs of providing the various programs and other activities have been detailed in the accompanying Statement of Activities.

Salaries and other expenses which are associated with specific program are charged directly to that program. Salaries and other expenses which benefit more than one program are allocated to the various programs based on the relative costs incurred. Administrative and other support expenses are allocated to the various programs based on each program's salary expense.

c) Assets Restricted to Investment in Furniture and Equipment

Assets restricted to Investment in Furniture and Equipment are stated at cost and include expenditures for improvements and betterment which substantially increase the useful lives of the assets.

Depreciation is computed on the straight-line method over the estimated useful life of the assets, which is principally five (5) years. Maintenance and repairs are charged to operation as incurred.

d) Contributions

Contributions are considered unrestricted unless otherwise stated by donor. Restricted donations are initially recorded as temporarily restricted net assets. When a donor restriction expires or purpose of restriction is accomplished. Temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

e) Restricted Revenues Received, Related Program Expense and Deferred Support

Contract revenues presented in the statement of activities are principally cost reimbursement contracts and are stated at amounts equivalent to the program expenses incurred. Related program expenses incurred in excess of contract revenue received on cost reimbursement contracts are reflected as receivables from governments, to the extent realizable, on the statement of financial position. Contract receipts in excess of related program expenses are deferred and recognized as revenue in the period in which the matching program expenses are incurred.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Notes to Financial Statements

For the Year Ended June 30, 2009

1. Summary of Significant Accounting Policies - (Cont.)

e) Restricted Revenues Received, Related Program Expense and Deferred Support - (Cont.)

The Network records revenue when earned. All expenses are recorded on the accrual basis and are charged against operations when incurred. Donated materials are recorded at fair value on the date of donation as unrestricted support. Donated services have not been reflected in the financial statements. The impact of those services upon the financial statements is unknown as there is no objective basis available to measure the value of such services. However, because recognition of donated services are venue would also involve recognition of corresponding expenses, there would be no effect on the net assets.

f) Income Taxes

The Network was organized as a non-profit Network and has received exemption under the provisions of Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is provided for in the accompanying financial statements.

g) Allocation of Common Expenses

Certain common expenses which benefit more than one program are allocated based on estimates of time of employees involved and on percentages of assets utilized, and to the extent permitted in the funding source contracts.

h) Cash and Cash Equivalents

For purposes of the statement of cash flows, the Network considers all cash and other highly liquid investments with initial maturities of three months or less to be cash equivalents.

i) Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Notes to Financial Statements

For the Year Ended June 30, 2009

2. Assets Restricted to Investment in Furniture and Equipment.

Furniture and office equipment, at cost, and accumulated depreciation are summarized as follows at June 30, 2009:

Dental practice	\$ 252,500
Computer	26,323
Furniture, fixtures and medivans	149,244
Dental equipment	138,820
Office equipment	<u>469</u>
Total costs	567,356
Less accumulated depreciation	<u>(214,762)</u>
	<u>\$ 352,594</u>

Depreciation expense for the year ended June 30, 2009 amounted to \$19,924.

3. Line of Credit

The Network has obtained an \$16,000 line of credit against a credit card. These funds are available to cover cash flow needs pending collections of contracts and other receivables. The line of credit carries a stated rate of 27.99% per annum. Interest expense for 2009 amounted to \$-0-. No amounts are outstanding at June 30, 2009.

4. Note Payable

On August 18, 2008 the Network acquired a dental practice in Key West, Florida. The dental practice, which is included as Assets Restricted to Investment in Furniture and Equipment was acquired for \$252,000. The acquisition was furnished with a note payable from Bank of America. The loan was for \$252,500 and carries interest at the fixed rate of 7.61% and matures in September of 2015. The loan requires monthly payments of principal and interest in the amount of \$3,122.05 per month with the unpaid balance and principal due at maturity. Balance outstanding at June 30, 2009 amounted to \$249,744.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Notes to Financial Statements

For the Year Ended June 30, 2009

5. Commitments and Contingencies

The costs and unexpended funds reflected in the accompanying financial statements relating to government funded programs are subject to audit by the respective governmental agencies (funding sources). The possible disallowance by the related governmental agencies of any item charged to the program or request for the return of any unexpended funds cannot be determined at this time. No provision, for any liability that may result, has been made in the financial statements.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.
 Schedule of Federal and State Financial Assistance
 (Single Audit)

For the Year Ended June 30, 2009

Program Title	CFDA Number	Contract Number	Revenue Recognized	Program Receipts	Disbursements/ Expenditures	Accounts Receivable	Deferred Support
Department of Health and Human Services - Office of Rural Health Policy - HRSA (\$200,000 per year) (*)	93.912A	1D06RH02564-01	\$ 100,000	100,000	100,000	-	-
Rural Health Outreach Program - HRSA - YR1	93.912	DO4RH06933	61,333	52,510	61,333	11,970	3,147
Department of Juvenile Justice			30,796	30,796	30,796	-	-
			<u>192,129</u>	<u>183,306</u>	<u>192,129</u>	<u>11,970</u>	<u>3,147</u>

(*) Major Program

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Schedule of Federal and State Financial Assistance
(Single Audit)

For the Year Ended June 30, 2009

<u>Program Title</u>	<u>CFDA Number</u>	<u>Contract Number</u>	<u>Revenue Recognized</u>	<u>Program Receipts</u>	<u>Disbursements/ Expenditures</u>	<u>Accounts Receivable</u>	<u>Deferred Support</u>
Other							
Sheriff's Department	-	-	2,435	2,435	2,435	-	-
Board of County Commissioners Kid Care	-	-	55,607	55,607	55,607	-	-
Board of County Commissioners Monroe County, Florida	-	-	362,331	362,331	362,331	-	-
Monroe County Health Department			129,767	129,767	129,767	-	-
Other			2,500	418	2,500	2,082	-
			<u>552,640</u>	<u>550,558</u>	<u>552,640</u>	<u>2,082</u>	<u>-</u>
Total All Awards			<u>\$ 744,769</u>	<u>733,864</u>	<u>744,769</u>	<u>14,052</u>	<u>3,147</u>

(*) Major Program

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INDEPENDENT AUDITORS' REPORT ON COMPLIANCE AND ON INTERNAL CONTROL
OVER FINANCIAL REPORTING BASED ON AN AUDIT OF
FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors of
Rural Health Network of Monroe County, Florida, Inc.:

We have audited the financial statements of Rural Health Network of Monroe County, Florida, Inc. (the "Network") as of and for the year ended June 30, 2009 and have issued our report thereon dated November 6, 2009. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and Government Auditing Standards, issued by the Comptroller General of the United States.

Compliance

As part of obtaining reasonable assurance about whether the Network's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under Government Auditing Standards.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Network's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Network's internal control over reporting.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles such that there is more than a remote likelihood that a misstatement of the entity's financial statements that is more than inconsequential will not be prevented or detected by the entity's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the entity's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of the Network's Board of Directors, management, and officials of applicable federal and state agencies and is not intended to be used and should not be used by anyone other than those specified parties.

Annex. Atty. Gen. Byn PA

November 6, 2009

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JOSE E. SMITH, C.P.A.
RODOLFO L. ORTIZ, CONSULTANT.

MEMBERS:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH
REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND INTERNAL
CONTROL OVER COMPLIANCE IN ACCORDANCE
WITH OMB CIRCULAR A-133

To the Board of Directors of
Rural Health Network of Monroe County, Florida, Inc.:

Compliance

We have audited the compliance of Rural Health Network of Monroe County, Florida, Inc. (the "Network") with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the year ended June 30, 2009. The Network's major federal programs are identified in the accompanying schedule of federal and State financial assistance. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the Network's management. Our responsibility is to express an opinion on the Network's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133 Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Network's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on the Network's compliance with those requirements.

In our opinion, the Network complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended June 30, 2009.

Internal Control Over Compliance

The management of the Network is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered the Network's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133.

Our consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with applicable requirements of laws, regulations, contracts and grants that would be material in relation to a major federal program being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over compliance and its operation that we consider to be material weaknesses.

This report is intended solely for the information and use of the Network's Board of Directors, management, and officials of applicable federal and state agencies and is not intended to be used and should not be used by anyone other than those specified parties.

Annex, City, Proj. Br PA

November 6, 2009

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MEMBERS:
AMERICAN INSTITUTE OF
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FLORIDA INSTITUTE OF
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**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE AND INTERNAL CONTROL OVER
COMPLIANCE APPLICABLE TO EACH MAJOR FEDERAL AWARDS
PROGRAM AND STATE FINANCIAL ASSISTANCE PROJECT**

To the Board of Directors of
Rural Health Network of Monroe County, Florida, Inc.:

We have audited the compliance of Rural Health Network of Monroe County, Florida, Inc. (the "Network") (a non-profit organization) with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement and the requirements described in the Department of Financial Services State Projects Compliance Supplement that are applicable to each of its major federal programs and state financial assistance projects for the year ended June 30, 2009. The Network's major federal programs and state financial assistance projects are identified in the summary of auditor's results sections of the accompanying Schedule of Findings and Questioned Costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs and state financial assistance projects is the responsibility of the Network's management. Our responsibility is to express an opinion on the Network's compliance based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations"; and Chapter 10.650 Rules of the Auditor General. Those standards, OMB Circular A-133, and Chapter 10.650 Rules of the Auditor General require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal award program or state financial assistance projects occurred. An audit includes examining, on a test basis, evidence about the Network's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on the Network's compliance with those requirements.

In our opinion, the Network complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal awards programs and state financial assistance projects for the year ended June 30, 2009.

Internal Control Over Compliance

The management of the Network is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal awards programs and state financial assistance projects. In planning and performing our audit, we considered the Network internal control over compliance with requirements that could have a direct and material effect on a major federal award program or state financial assistance projects in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133 and Chapter 10.650, Rules of the Auditor General.

Our consideration of the internal control over compliance would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with applicable requirements of laws, regulations, contracts and grants that would be material in relation to a major federal awards program or state financial assistance projects being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over compliance and its operation that we consider to be material weaknesses.

This report is intended for the information of the management, others within the organization and federal and state awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Anneth Ortiz, Sr. - Budget PA

November 6, 2009.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Schedule of Findings and Questioned Costs

For the Year Ended June 30, 2009

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: Unqualified

Internal control over financial reporting:

Material weakness(es) identified? Yes No

Reportable condition(s) identified not considered to be material weaknesses? Yes None reported

Noncompliance material to financial statements noted Yes No

Federal Awards

Internal control over major programs:

Material weakness(es) identified? Yes No

Reportable condition(s) identified not considered to be material weaknesses? Yes None reported

Type of auditor's report issued on compliance for major programs: Unqualified

Any audit findings disclosed that are required to be reported in accordance with Circular A-133, Section 510(a)? Yes No

Identification of major programs:

CFDA Number(s) Name of Federal Program or Cluster

See # 5 below

Dollar threshold used to distinguish between Type A and Type B programs: \$300,000

Auditee qualified as low-risk auditee? Yes No

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Schedule of Findings and Questioned Costs

For the Year Ended June 30, 2009

Summary of Auditor's Results

1. The auditors' report expresses an unqualified opinion on the financial statements of Rural Health Network of Monroe County, Florida, Inc. ("RHNMC").
2. No reportable conditions were reported for the audit of the financial statements.
3. No reportable conditions were reported for the audit of the major federal award programs.
4. The auditors' report on compliance for the major federal award programs for RHNMC expresses an unqualified opinion.
5. The programs tested as major programs included:

<u>PROGRAM TITLE</u>	<u>FEDERAL CFDA NUMBER</u>	<u>EXPENDITURES</u>
Department of Health and Human Services	93.912A	\$161,333

6. The threshold for distinguishing Types A and B programs was \$300,000.
7. RHNMC was determined to be a low-risk auditee.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008
Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization RURAL HEALTH NETWORK OF MONROE CO, FLORIDA		D Employer identification number 65-0474953	
		Doing Business As		E Telephone number 305-293-7570	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts 1,507,449	
		P.O. BOX 500370		If "No," attach a list. (see instructions)	
City or town, state or country, and ZIP + 4 MARATHON FL 33050-0370		F Name and address of principal officer: DANIEL SMITH 237 EAST CAHILL COURT BIG PINE KEY FL 33043		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: dsmith@rhnmc.org		H(c) Group exemption number	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation:	M State of legal domicile:	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMPROVEMENT OF COMM. HEALTH CARE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of employees (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	
7b	Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8	Prior Year	Current Year
	9	578,523	744,844
	10	367,722	762,605
	11		
	12	946,245	1,507,449
Expenses	13		
	14		
	15	348,706	593,455
	16a		
	16b		
Net Assets or Fund Balances	17	545,134	789,734
	18	893,840	1,383,189
	19	52,405	124,260
	20	Beginning of Year	End of Year
	21	131,477	586,986
22	8,271	339,520	
	22	123,206	247,466

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Daniel E. Smith* Date: **12/30/2009**
DANIEL SMITH **EX. DIRECTOR**
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: **12/29/09** Check if self-employed: Preparer's identifying number (see instructions): **P00853282**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Smith, Ortiz, Gomez and Buzzi, PA** EIN: **65-0232836**
132 Minorca Avenue Phone no.: **305-441-1012**
Coral Gables, FL 33134

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

IMPROVEMENT OF COMM. HEALTH CARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,091,155** including grants of\$) (Revenue \$)

PRIMARY HEALTH CARE FOR THE UNINSURED AND THE HOMELESS

4b (Code:) (Expenses \$ **161,324** including grants of\$) (Revenue \$)

COMMUNITY OUTREACH TO THE HOMELESS

4c (Code:) (Expenses \$ **72,677** including grants of\$) (Revenue \$)

CHILDREN'S HEALTH INSURANCE COORDINATION (STATE AND FED TITLE XXI)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **58,033** including grants of\$) (Revenue \$)

4e Total program service expenses \$ **1,383,189** (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
28a		
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
28b		
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
28c		
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
29		
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30		
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31		
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32		
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
33		
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
34		
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
35		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
36		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
37		

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling (gambling) winnings to prize winners?		X
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			

Part VII Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See Instructions.			
1a	Enter the number of voting members of the governing body		
b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?		X
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed: None
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DANIEL SMITH PHD MBA 237 EAST CAHILL COURT BIG PINE KEY FL 33043

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	744,769		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	75		
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f		744,844		
Program Service Revenue	2a Program Service Revenue	Busn. Code	757,605	757,605	
	b MEMBERSHIP DUES		5,000	5,000	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		762,605		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross Rents	(i) Real (ii) Personal			
	b Less: rental exps.				
	c Rental inc. or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis & sales exps.				
	c Gain or (loss)				
	d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19	a			
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code			
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1,507,449	762,605	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	539,539	539,539		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	11,420	11,420		
10 Payroll taxes	42,496	42,496		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,675	6,675		
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	20,435	20,435		
17 Travel	7,287	7,287		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,698	1,698		
20 Interest	15,976	15,976		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,924	19,924		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a DENTAL CARE PROGRAM	519,572	519,572		
b COMMUNITY OUTREACH	51,189	51,189		
c INSURANCE	43,037	43,037		
d OFFICE SUPPLIES & OPERATING	38,308	38,308		
e PRIMARY CARE PROGRAM	32,044	32,044		
f All other expenses	33,589	33,589		
25 Total functional expenses. Add lines 1 through 24	1,383,189	1,383,189		
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	60,609	1	215,601
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	22,500	4	14,052
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 567,356		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 214,762	43,705	10c 352,594
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,663	15	4,739
16 Total assets. Add lines 1 through 15 (must equal line 34)	131,477	16	586,986	
Liabilities	17 Accounts payable and accrued expenses	5,610	17	83,419
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	2,661	25	256,101
	26 Total liabilities. Add lines 17 through 25	8,271	26	339,520
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets	79,501	28	-105,128
	29 Permanently restricted net assets	43,705	29	352,594
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	123,206	33	247,466	
34 Total liabilities and net assets/fund balances	131,477	34	586,986	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits?		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,184,017	911,358	873,903	593,523	749,844	4,312,645
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	1,184,017	911,358	873,903	593,523	749,844	4,312,645
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						4,312,645

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,184,017	911,358	873,903	593,523	749,844	4,312,645
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						4,312,645
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	100.0000 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	100.0000 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: RURAL HEALTH NETWORK OF MONROE CO, FLORIDA
Employer identification number: 65-0474953

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees... Yes/No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a-2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes/No, 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes/No, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$, ---. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (I) Revenues included in Form 990, Part VIII, line 1, (II) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		567,356	214,762	352,594
e Other				
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				352,594

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **RURAL HEALTH NETWORK OF MONROE CO,
FLORIDA**

Employer identification number
65-0474953

Form 990, Part III, Line 4d - All Other Achievements

OTHER

OTHER PROGRAM SERVICES

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
TELEPHONE	\$ 16,478	16,478		
BANK CHARGES	7,526	7,526		
COMPUTER NETWORK	6,506	6,506		
POSTAGE	1,813	1,813		
UTILITIES	754	754		
MEDIVAN COSTS	512	512		
Total	\$ 33,589	\$ 33,589	\$ 0	\$ 0

Name	Office Held	Region of Monroe	Affiliation/Telephone	Monroe	Yrs of Serv.	Term Exp.
Non Profit Organization Volunteer GOVERNING BOARD (Currently 14 seats)						
1 Rev. Marroy Brown	Director	Lower Keys	Consumer, 305-872-9119	yes	4	2010
2 Dorothy Clever	Secretary	Lower Keys	Consumer, 305-923-9714	yes	4	2010
3 Lori DeVries	Chair	Upper Keys	Consumer, 305-393-2678	yes	4	2010
4 Lynn Mauck	Acting Treasurer	Middle Keys	Fishermen's Hospital, CNO, 305-289-6403	yes	1	PERM
5 Nelson Lazo	Director	Upper Keys	Mariner's Hospital, CEO, 305-343-1562	yes	2	PERM
6 Robert Luse, Vice Chair	Vice Chair	Upper Keys	Community-at-large, 305-892-2588	yes	9	2010
7 Sylvia Murphy, Commissioner	Director	County	County Government, 305-453-8787	yes	4	PERM
8 Jack Bridges, Esq.	Director	Upper Keys	Community-at-large, 305-618-1969	yes	appointed 10/2009	
9 Dirk Smith, Esq.	Director	Upper Keys	Community-at-large, 305-664-4675	yes	4	2009
10 Dave Qatway, MPH	Director	Lower Keys	Lower Keys Hospital Taxing District, 305-295-8261	yes	appointed 10/2009	
11 Liz Kern, BSN, MS, RN	Director	Lower Keys	Visiting Nurse Association & Hospice of the Florida Keys, Inc., 305-284-8812	yes		2012
12 Chris Clark, RN	Director	Upper Keys	Monroe County Health Dept., RN, 305-853-3238	yes	1	PERM
13 Susanne Imperato, RN	Director	Middle Keys	Children's Medical Services, RN, 305-289-2779	yes	1	2012
14 Meylan Lowe-Waller	Director	Lower Keys	Lower Keys Medical Center, COO, 305-284-9200	yes	1	PERM

NOTE: All board members live and work in Monroe County, Florida

RHN Board 11-01-2009

NOTE

All Officers and Directors are volunteers. Avg hours per week of service are approximately 2. No expense allowance is provided to any officer / Director

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization RURAL HEALTH NETWORK OF MONROE CO, FLORIDA	Employer identification number 65-0474953
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 500370	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MARATHON FL 33050-0370	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ **DANIEL SMITH PHD MBA**

Telephone No. ▶ _____ FAX No. ▶ _____

● If the organization does not have an office or place of business in the United States, check this box

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **2/16/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **7/01/08**, and ending **6/30/09**

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

FEE SCHEDULE

Rural Health Network of Monroe County FL, Inc.

Codes D0120 - D8999

Date: 02/09/2010

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CODE	DESCRIPTION	FEE 10	FEE 11	FEE 12	FEE 13	FEE 14
D0120	Periodic oral evaluation	13.00	15.00	16.00	17.00	19.00
D0140	Limited oral evaluation	19.00	21.00	23.00	25.00	27.00
D0145	Oral evaluation < 3 yrs of age	0.00	0.00	0.00	0.00	0.00
D0150	Comprehensive oral evaluation	19.00	21.00	23.00	25.00	27.00
D0160	Detail/extensive oral eval, B/R	0.00	0.00	0.00	0.00	0.00
D0170	Limited re-evaluation	0.00	0.00	0.00	0.00	0.00
D0180	Comprehensive perio evaluation	20.00	20.00	25.00	28.00	28.00
D0210	Intraoral-complete series (bw)	25.00	28.00	30.00	33.00	35.00
D0220	Intraoral-periapical-1st film	13.00	15.00	16.00	17.00	19.00
D0230	Intraoral-periapical-each add'l	7.00	8.00	9.00	10.00	10.00
D0240	Intraoral-occlusal film	13.00	15.00	16.00	17.00	17.00
D0250	Extraoral-first film	0.00	0.00	0.00	0.00	0.00
D0260	Extraoral-each additional film	0.00	0.00	0.00	0.00	0.00
D0270	Bitewing-single film	7.00	8.00	9.00	10.00	10.00
D0272	Bitewings-two films	13.00	15.00	16.00	17.00	19.00
D0273	Bitewings-three films	0.00	0.00	0.00	0.00	0.00
D0274	Bitewings-four films	19.00	21.00	23.00	25.00	27.00
D0277	Vertical bitewings-7 to 8 films	0.00	0.00	0.00	0.00	0.00
D0290	Skull &facial bone survey film	0.00	0.00	0.00	0.00	0.00
D0310	Sialography	0.00	0.00	0.00	0.00	0.00
D0320	TMJ arthrogram, incl injection	0.00	0.00	0.00	0.00	0.00
D0321	Other TMJ films, by report	0.00	0.00	0.00	0.00	0.00
D0322	Tomographic survey	0.00	0.00	0.00	0.00	0.00
D0330	Panoramic film	30.00	33.00	36.00	39.00	42.00
D0340	Cephalometric film	0.00	0.00	0.00	0.00	0.00
D0350	Oral/Facial Photographic Images	0.00	0.00	0.00	0.00	0.00
D0360	Cone beam ct-craniofacial data	0.00	0.00	0.00	0.00	0.00
D0362	Cone beam-2D multi img reconstr	0.00	0.00	0.00	0.00	0.00
D0363	Cone beam-3D multi img reconstr	0.00	0.00	0.00	0.00	0.00
D0415	Collection of microorganisms	0.00	0.00	0.00	0.00	0.00
D0416	Viral Culture	0.00	0.00	0.00	0.00	0.00
D0421	Genetic test-suscept oral dis	0.00	0.00	0.00	0.00	0.00
D0425	Caries susceptibility tests	0.00	0.00	0.00	0.00	0.00
D0431	Adjunc pre-diag test-detect muc	0.00	0.00	0.00	0.00	0.00
D0460	Pulp vitality tests	0.00	0.00	0.00	0.00	0.00
D0470	Diagnostic casts	15.00	17.00	18.00	20.00	21.00
D0472	Accession of tissue,gr exam,rpt	0.00	0.00	0.00	0.00	0.00
D0473	Access of tiss,gr&mic exam,rpt	0.00	0.00	0.00	0.00	0.00
D0474	Acc of tiss,exam,surg mar,rpt	0.00	0.00	0.00	0.00	0.00
D0475	Decalcification Procedure	0.00	0.00	0.00	0.00	0.00
D0476	Special stains for microorg	0.00	0.00	0.00	0.00	0.00
D0477	Special stains-not for microorg	0.00	0.00	0.00	0.00	0.00
D0478	Immunohistochemical stains	0.00	0.00	0.00	0.00	0.00
D0479	Tissue in-situ hybrid-inclu int	0.00	0.00	0.00	0.00	0.00
D0480	Cytologic smears, exam, report	0.00	0.00	0.00	0.00	0.00
D0481	Electron microscopy-diagnostic	0.00	0.00	0.00	0.00	0.00
D0482	Direct immunofluorescence	0.00	0.00	0.00	0.00	0.00
D0483	Indirect immunofluorescence	0.00	0.00	0.00	0.00	0.00
D0484	Consult on slides prp elsewhere	0.00	0.00	0.00	0.00	0.00
D0485	Consult, slides from biopsy	0.00	0.00	0.00	0.00	0.00
D0486	Brush biopsy sample,exam,repor	0.00	0.00	0.00	0.00	0.00
D0502	Other oral path procedure, B/R	0.00	0.00	0.00	0.00	0.00
D0999	Unspecified diag procedure, B/R	30.00	30.00	34.00	34.00	35.00
D1110	Prophylaxis-adult	57.00	57.00	57.00	57.00	57.00
D1120	Prophylaxis-child	38.00	38.00	38.00	38.00	38.00
D1201	Prophylaxis with fluoride-child	44.00	49.00	53.00	58.00	62.00
D1203	Topical Applic.Fluoride-Child	13.00	15.00	16.00	17.00	19.00
D1204	Topical Applic.Fluoride-Adult	17.00	18.00	19.00	20.00	21.00
D1205	Prophylaxis with fluoride-adult	65.00	66.00	67.00	68.00	69.00
D1206	Topical fluoride varnish	25.00	25.00	25.00	25.00	30.00

FEE SCHEDULE

Rural Health Network of Monroe County FL, Inc.

Codes D0120 - D8999

Date: 02/09/2010

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CODE	DESCRIPTION	FEE 10	FEE 11	FEE 12	FEE 13	FEE 14
D1207	Fluoride Tray	120.00	120.00	120.00	120.00	120.00
D1310	Nutritional counseling	0.00	0.00	0.00	0.00	0.00
D1320	Tobacco counseling	0.00	0.00	0.00	0.00	0.00
D1330	Oral hygiene instruction	21.00	22.00	23.00	24.00	25.00
D1351	Sealant-per tooth	13.00	15.00	16.00	17.00	19.00
D1510	Space maint-fixed-unilateral	40.00	44.00	48.00	52.00	56.00
D1515	Space maint-fixed-bilateral	70.00	77.00	84.00	91.00	98.00
D1520	Space maint-remov-unilateral	65.00	72.00	78.00	85.00	91.00
D1525	Space maint-remov-bilateral	75.00	83.00	90.00	98.00	105.00
D1550	Recementation of space maint	15.00	17.00	18.00	20.00	21.00
D1555	Removal of fixed space maint	0.00	0.00	0.00	0.00	0.00
D2110	Amalgam 1surface Primary	19.00	21.00	23.00	25.00	27.00
D2120	Amalgam 2 Surface Primary	25.00	28.00	30.00	33.00	35.00
D2130	Amalgam 3 Surface Primary	31.00	35.00	38.00	41.00	44.00
D2131	Amalgam 4 Surf. Primary	38.00	42.00	46.00	50.00	54.00
D2140	Amalgam-1 surf. prim/perm	25.00	28.00	30.00	33.00	35.00
D2150	Amalgam-2 surf. prim/perm	31.00	35.00	38.00	41.00	44.00
D2160	Amalgam-3 surf. prim/perm	38.00	42.00	46.00	50.00	54.00
D2161	Amalgam-4+ surf. prim/perm	44.00	49.00	53.00	58.00	62.00
D2330	Resin-one surface, anterior	31.00	35.00	38.00	41.00	44.00
D2331	Resin-two surfaces, anterior	31.00	35.00	38.00	41.00	44.00
D2332	Resin-three surfaces, anterior	38.00	42.00	46.00	50.00	54.00
D2335	Resin-4+ w/incis angle-anterior	44.00	49.00	53.00	58.00	62.00
D2337	ResinComp.CrownAntPerm	80.00	88.00	96.00	104.00	112.00
D2390	Resin composite crown, anterior	0.00	0.00	0.00	0.00	0.00
D2391	Resin composite-1s, posterior	30.00	33.00	36.00	39.00	42.00
D2392	Resin composite-2s, posterior	62.00	69.00	75.00	81.00	87.00
D2393	Resin composite-3s, posterior	77.00	85.00	93.00	101.00	108.00
D2394	Resin composite-4+s, posterior	88.00	97.00	106.00	115.00	124.00
D2410	Gold foil-one surface	0.00	0.00	0.00	0.00	0.00
D2420	Gold foil-two surfaces	0.00	0.00	0.00	0.00	0.00
D2430	Gold foil-three surfaces	0.00	0.00	0.00	0.00	0.00
D2510	Inlay-metallic-one surface	0.00	0.00	0.00	0.00	0.00
D2520	Inlay-metallic-two surfaces	0.00	0.00	0.00	0.00	0.00
D2530	Inlay-metallic-three + surfaces	0.00	0.00	0.00	0.00	0.00
D2542	Onlay-metallic-two surfaces	485.00	485.00	485.00	500.00	515.00
D2543	Onlay-metallic-three surfaces	490.00	490.00	490.00	510.00	540.00
D2544	Onlay-metallic-four + surfaces	500.00	500.00	500.00	550.00	570.00
D2610	Inlay-porcel/ceramic-1 surface	270.00	270.00	290.00	290.00	300.00
D2620	Inlay-porcel/ceramic-2 surface	300.00	300.00	305.00	315.00	315.00
D2630	Inlay-porcel/ceramic-3+ surface	315.00	320.00	330.00	340.00	350.00
D2642	Onlay-porcel/ceram-2 surface	530.00	530.00	530.00	540.00	540.00
D2643	Onlay-porcel/ceram-3 surface	590.00	590.00	590.00	620.00	620.00
D2644	Onlay-porcel/ceram-4 + surface	610.00	610.00	610.00	620.00	630.00
D2650	Inlay-resin composite-1 surface	0.00	0.00	0.00	0.00	0.00
D2651	Inlay-resin composite-2 surface	0.00	0.00	0.00	0.00	0.00
D2652	Inlay-resin composite-3+surface	0.00	0.00	0.00	0.00	0.00
D2662	Onlay-resin composite-1 surface	0.00	0.00	0.00	0.00	0.00
D2663	Onlay-resin composite-2 surface	0.00	0.00	0.00	0.00	0.00
D2664	Onlay-resin composite-3+surface	0.00	0.00	0.00	0.00	0.00
D2710	Crown-resin composite(indirect)	0.00	0.00	0.00	0.00	0.00
D2712	Crown-3/4 resin comp(indirect)	0.00	0.00	0.00	0.00	0.00
D2720	Crown-resin w/high noble metal	0.00	0.00	0.00	0.00	0.00
D2721	Crown-resin w/ most base metal	0.00	0.00	0.00	0.00	0.00
D2722	Crown-resin with noble metal	0.00	0.00	0.00	0.00	0.00
D2740	Crown-porcelain/ceramic substr	620.00	620.00	630.00	630.00	640.00
D2750	Crown-porc fuse high noble mtl	385.00	385.00	420.00	455.00	490.00
D2751	Crown-porc fused to base metal	0.00	0.00	0.00	0.00	0.00
D2752	Crown-porc fused noble metal	385.00	385.00	420.00	455.00	490.00
D2780	Crown-3/4 cast high noble metal	385.00	385.00	420.00	455.00	490.00

FEE SCHEDULE

Rural Health Network of Monroe County FL, Inc.

Codes D0120 - D8999

Date: 02/09/2010

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CODE	DESCRIPTION	FEE 10	FEE 11	FEE 12	FEE 13	FEE 14
D2781	Crown-3/4 cast most base metal	0.00	0.00	0.00	0.00	0.00
D2782	Crown-3/4 cast noble metal	0.00	0.00	0.00	0.00	0.00
D2783	Crown-3/4 porcelain/ceramic	385.00	385.00	420.00	455.00	490.00
D2790	Crown-full cast high noble mtl	385.00	385.00	420.00	455.00	490.00
D2791	Crown-full cast base metal	0.00	0.00	0.00	0.00	0.00
D2792	Crown-full cast noble metal	0.00	0.00	0.00	0.00	0.00
D2794	Crown-titanium	0.00	0.00	0.00	0.00	0.00
D2799	Provisional crown	50.00	50.00	65.00	65.00	75.00
D2910	Recement inlay/onlay/partial	15.00	17.00	18.00	20.00	21.00
D2915	Recemnt cast or prefab pst/cor	45.00	45.00	45.00	50.00	50.00
D2920	Recement crown	21.00	21.00	23.00	25.00	27.00
D2930	Prefab stain steel crn-primary	25.00	36.00	39.00	42.00	45.00
D2931	Prefab stain steel crown-perm	38.00	42.00	46.00	50.00	54.00
D2932	Prefabricated resin crown	44.00	49.00	53.00	58.00	62.00
D2933	Prefab stl crown w/resin window	40.00	44.00	48.00	52.00	56.00
D2934	Prefb esth ctd stnl stl crn-prm	0.00	0.00	0.00	0.00	0.00
D2940	Sedative filling	38.00	42.00	46.00	50.00	54.00
D2950	Core buildup, include any pins	44.00	49.00	53.00	58.00	62.00
D2951	Pin retention-/tooth, (+ rest)	40.00	41.00	42.00	43.00	44.00
D2952	Post&core in add to crown, fabr	0.00	0.00	0.00	0.00	0.00
D2953	Each add'l fabr post-same tooth	0.00	0.00	0.00	0.00	0.00
D2954	Prefab post&core in add to crn	57.00	63.00	69.00	75.00	80.00
D2955	Post removal (not with endo)	40.00	40.00	40.00	50.00	60.00
D2957	Each + prefab post-same tooth	0.00	0.00	0.00	0.00	0.00
D2960	Labial veneer(laminate)-chairsd	0.00	0.00	0.00	0.00	0.00
D2961	Labial veneer (resin lamin)-lab	0.00	0.00	0.00	0.00	0.00
D2962	Labial veneer (porceln lam)-lab	0.00	0.00	0.00	0.00	0.00
D2963	Labial Veneer- Porc.-NP	0.00	0.00	0.00	0.00	0.00
D2970	Temporary crown (fractured th)	44.00	49.00	53.00	58.00	62.00
D2971	Add'l prc-new crn undr exs dent	35.00	35.00	35.00	40.00	40.00
D2975	Coping	0.00	0.00	0.00	0.00	0.00
D2980	Crown repair, by report	31.00	35.00	38.00	41.00	44.00
D2999	Unspecif restorative proced B/R	0.00	0.00	0.00	0.00	0.00
D3-020	Hypertension	0.00	0.00	0.00	0.00	0.00
D3110	Pulp cap-direct, (ex rest)	25.00	0.00	0.00	0.00	0.00
D3120	Pulp cap-indirect, (ex rest)	30.00	30.00	35.00	35.00	40.00
D3220	Therapeutic pulpotomy-pulp remv	31.00	35.00	38.00	41.00	44.00
D3221	Pulpal debridemnt-prim/perm th	60.00	60.00	60.00	60.00	70.00
D3222	Partial Pulpotomy for Apexogene	31.00	35.00	38.00	41.00	44.00
D3230	Pulpal therapy-anterior,primary	50.00	55.00	60.00	65.00	70.00
D3240	Pulpal therapy-posterior, prim	50.00	55.00	60.00	65.00	70.00
D3310	Root canal therapy - anterior	100.00	110.00	120.00	130.00	140.00
D3320	Root canal therapy - bicuspid	150.00	165.00	180.00	195.00	210.00
D3330	Root canal therapy - molar	160.00	175.00	190.00	205.00	220.00
D3331	Treatmnt of root canal obstruct	0.00	0.00	0.00	0.00	0.00
D3332	Incomplete endo therapy	80.00	90.00	100.00	115.00	115.00
D3333	Int root repair of perf defects	0.00	0.00	0.00	0.00	0.00
D3346	Retreat, prev RCT - anterior	325.00	105.00	114.00	124.00	133.00
D3347	Retreat, prev RCT - bicuspid	545.00	121.00	132.00	143.00	154.00
D3348	Retreat, prev RCT - molar	0.00	0.00	0.00	0.00	0.00
D3351	Apexification/recalcif, initial	50.00	0.00	0.00	0.00	0.00
D3352	Apexification/recalcif, interim	20.00	22.00	30.00	30.00	40.00
D3353	Apexification/recalcif, final	120.00	132.00	144.00	156.00	168.00
D3410	Apicoectomy/Periradic surg-ant	180.00	0.00	0.00	0.00	0.00
D3421	Apicoect/Perirad-bicus/1st root	150.00	0.00	0.00	0.00	0.00
D3425	Apicoect/Perirad-molar/1st root	350.00	0.00	0.00	0.00	0.00
D3426	Apicoect/Perirad (each + root)	120.00	0.00	0.00	0.00	0.00
D3430	Retrograde filling-per root	0.00	0.00	0.00	0.00	0.00
D3450	Root amputation-per root	110.00	0.00	0.00	0.00	0.00
D3460	Endodontic endosseous implant	0.00	0.00	0.00	0.00	0.00

FEE SCHEDULE

Rural Health Network of Monroe County FL, Inc.

Codes D0120 - D8999

Date: 02/09/2010

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CODE	DESCRIPTION	FEE 10	FEE 11	FEE 12	FEE 13	FEE 14
D3470	Intentional replant, inc splint	0.00	0.00	0.00	0.00	0.00
D3910	Surg isolation of th w/rub dam	0.00	0.00	0.00	0.00	0.00
D3920	Hemisection, no root can ther	0.00	0.00	0.00	0.00	0.00
D3950	Canal prep/fit of dowel/post	0.00	0.00	0.00	0.00	0.00
D3999	Unspecified endo procedure, B/R	55.00	55.00	55.00	59.00	59.00
D4-510	Dental Fluorosis	0.00	0.00	0.00	0.00	0.00
D4-510	Abnormal Tooth eruption	0.00	0.00	0.00	0.00	0.00
D4-511	Vertical Overbite	0.00	0.00	0.00	0.00	0.00
D4-511	Malocclusion angle, class 1	0.00	0.00	0.00	0.00	0.00
D4-512	Failure of Exfoliation	0.00	0.00	0.00	0.00	0.00
D4-515	Dentigerous cast	0.00	0.00	0.00	0.00	0.00
D4210	Gingivectomy-4+ per quadrant	0.00	0.00	0.00	0.00	0.00
D4211	Gingivectomy-1-3 contig th/quad	0.00	0.00	0.00	0.00	0.00
D4230	Anatomical crwn exp,4+teeth/qu	0.00	0.00	0.00	0.00	0.00
D4231	Anatomical crwn exp,1-3 th/quad	0.00	0.00	0.00	0.00	0.00
D4240	Ging flap,root pln, 4+ per quad	0.00	0.00	0.00	0.00	0.00
D4241	Ging flap rt pln 1-3 per quad	0.00	0.00	0.00	0.00	0.00
D4245	Apically positioned flap	0.00	0.00	0.00	0.00	0.00
D4249	Clinic crown lengthen-hard tiss	340.00	0.00	0.00	0.00	0.00
D4260	Osseous surgery-4+ per quad	0.00	0.00	0.00	0.00	0.00
D4261	Osseous surgery- 1-3 per quad	0.00	0.00	0.00	0.00	0.00
D4263	Bone replace graft-1st site/qu	0.00	0.00	0.00	0.00	0.00
D4264	Bone replace graft-each add/qu	0.00	0.00	0.00	0.00	0.00
D4265	Bio mat, sft&osseous tiss regen	0.00	0.00	0.00	0.00	0.00
D4266	Guided tiss regen-resorb-per	0.00	0.00	0.00	0.00	0.00
D4267	Guided tiss regen-nonresorb-per	0.00	0.00	0.00	0.00	0.00
D4268	Surg revision proc, per tooth	0.00	0.00	0.00	0.00	0.00
D4270	Pedicle soft tissue graft proc	0.00	0.00	0.00	0.00	0.00
D4271	Free soft tissue graft proced	0.00	0.00	0.00	0.00	0.00
D4273	Subepithelial con tis graft/th	0.00	0.00	0.00	0.00	0.00
D4274	Distal/proximal wedge procedure	0.00	0.00	0.00	0.00	0.00
D4275	Soft tissue allograft	0.00	0.00	0.00	0.00	0.00
D4276	Combined graft, per tooth	0.00	0.00	0.00	0.00	0.00
D4320	Provisional splinting-intracor	0.00	0.00	0.00	0.00	0.00
D4321	Provisional splinting-extracor	0.00	0.00	0.00	0.00	0.00
D4341	Perio scale&root pln-4+per quad	57.00	57.00	57.00	57.00	57.00
D4342	Perio scale&root pln-1-3th,quad	57.00	57.00	57.00	57.00	57.00
D4355	Full mouth debridemnt,eval/diag	65.00	65.00	65.00	65.00	65.00
D4381	LocalAntimicrbag-th B/RARESTIN	50.00	50.00	50.00	50.00	50.00
D4910	Periodontal maintenance	50.00	60.00	60.00	60.00	65.00
D4920	Unscheduled dressing change	10.00	11.00	12.00	13.00	14.00
D4999	Unspecified perio proced, B/R	40.00	40.00	40.00	50.00	50.00
D5-101	Cementum Caries	0.00	0.00	0.00	0.00	0.00
D5-102	Secondary dental caries, NOS	0.00	0.00	0.00	0.00	0.00
D5110	Complete denture - maxillary	385.00	424.00	462.00	501.00	539.00
D5120	Complete denture - mandibular	385.00	424.00	462.00	501.00	539.00
D5130	Immediate denture - maxillary	385.00	424.00	462.00	501.00	539.00
D5140	Immediate denture - mandibular	385.00	424.00	462.00	501.00	539.00
D5211	Maxillary partial - resin base	385.00	424.00	462.00	501.00	539.00
D5212	Mandibular partial - resin base	385.00	424.00	462.00	501.00	539.00
D5213	Maxil partl-cast metal w/resin	385.00	424.00	462.00	501.00	539.00
D5214	Mand partl-cast metal w/resin	385.00	424.00	462.00	501.00	539.00
D5225	Max partial-flex base/Valplast	400.00	439.00	477.00	516.00	554.00
D5226	Mand partial-flex base/Valplast	400.00	439.00	477.00	516.00	554.00
D5281	Nesbit	125.00	135.00	140.00	145.00	150.00
D5410	Adjust complete denture-maxil	19.00	21.00	23.00	25.00	27.00
D5411	Adjust complete denture-mand	19.00	21.00	23.00	25.00	27.00
D5421	Adjust partial denture-maxil	19.00	21.00	23.00	25.00	27.00
D5422	Adjust partial denture-mand	19.00	21.00	23.00	25.00	27.00
D5510	Repair complete denture base	75.00	83.00	90.00	98.00	105.00

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D5520	Replace teeth-comp dent (ea th)	75.00	83.00	90.00	98.00	105.00
D5610	Repair resin denture base	75.00	83.00	90.00	98.00	105.00
D5620	Repair cast framework	120.00	0.00	0.00	0.00	0.00
D5630	Repair or replace broken clasp	68.00	75.00	82.00	89.00	96.00
D5640	Replace broken teeth-per tooth	116.00	119.00	121.00	124.00	117.00
D5650	Add tooth to exist part denture	75.00	83.00	90.00	98.00	105.00
D5660	Add clasp, exist part denture	50.00	55.00	60.00	65.00	70.00
D5670	Replace all th&acrylic-maxil	0.00	0.00	0.00	0.00	0.00
D5671	Replace all th&acrylic-mand	0.00	0.00	0.00	0.00	0.00
D5710	Rebase complete maxil denture	165.00	182.00	198.00	215.00	231.00
D5711	Rebase complete mand denture	165.00	182.00	198.00	215.00	231.00
D5720	Rebase maxil partial denture	165.00	182.00	198.00	215.00	231.00
D5721	Rebase mand partial denture	165.00	182.00	198.00	215.00	231.00
D5730	Reline complete maxil-chairside	75.00	83.00	90.00	98.00	105.00
D5731	Reline complete mand-chairside	75.00	83.00	90.00	98.00	105.00
D5740	Reline maxil partial-chairside	90.00	90.00	98.00	105.00	113.00
D5741	Reline mand partial-chairside	90.00	90.00	98.00	105.00	113.00
D5750	Reline complete maxillary (lab)	150.00	165.00	180.00	195.00	210.00
D5751	Reline complete mand (lab)	150.00	165.00	180.00	195.00	210.00
D5760	Reline maxillary partial (lab)	150.00	150.00	165.00	180.00	195.00
D5761	Reline mandibular partial (lab)	150.00	150.00	165.00	180.00	195.00
D5810	Interim comp denture (maxil)	150.00	150.00	175.00	200.00	225.00
D5811	Interim comp denture (mand)	150.00	150.00	175.00	200.00	225.00
D5820	Interim partial denture (maxil)	100.00	100.00	100.00	104.00	107.00
D5821	Interim partial denture (mand)	100.00	100.00	100.00	104.00	107.00
D5850	Tissue condition, maxillary	31.00	35.00	38.00	41.00	44.00
D5851	Tissue condition, mandibular	31.00	35.00	38.00	41.00	44.00
D5860	Overdenture-complete, B/R	0.00	0.00	0.00	0.00	0.00
D5861	Overdenture-partial, by report	0.00	0.00	0.00	0.00	0.00
D5862	Precision attachment, B/R	0.00	0.00	0.00	0.00	0.00
D5867	Replcmt prec attachmt-part/full	0.00	0.00	0.00	0.00	0.00
D5875	Mod of remvble prosth-post surg	0.00	0.00	0.00	0.00	0.00
D5899	Unspecified remove prosth, B/R	125.00	125.00	125.00	125.00	125.00
D5899.	Zest Anchor	115.00	0.00	0.00	0.00	0.00
D5911	Facial moulage (sectional)	0.00	0.00	0.00	0.00	0.00
D5912	Facial moulage (complete)	0.00	0.00	0.00	0.00	0.00
D5913	Nasal prosthesis	0.00	0.00	0.00	0.00	0.00
D5914	Auricular prosthesis	0.00	0.00	0.00	0.00	0.00
D5915	Orbital prosthesis	0.00	0.00	0.00	0.00	0.00
D5916	Ocular prosthesis	0.00	0.00	0.00	0.00	0.00
D5919	Facial prosthesis	0.00	0.00	0.00	0.00	0.00
D5922	Nasal septal prosthesis	0.00	0.00	0.00	0.00	0.00
D5923	Ocular prosthesis, interim	0.00	0.00	0.00	0.00	0.00
D5924	Cranial prosthesis	0.00	0.00	0.00	0.00	0.00
D5925	Facial augmentat implant,prosth	0.00	0.00	0.00	0.00	0.00
D5926	Nasal prosthesis, replacement	0.00	0.00	0.00	0.00	0.00
D5927	Auricular prosthesis,replacemen	0.00	0.00	0.00	0.00	0.00
D5928	Orbital prosthesis, replacement	0.00	0.00	0.00	0.00	0.00
D5929	Facial prosthesis, replacement	0.00	0.00	0.00	0.00	0.00
D5931	Obturator prosthesis, surgical	0.00	0.00	0.00	0.00	0.00
D5932	Obturator prosthesis,definitive	0.00	0.00	0.00	0.00	0.00
D5933	Obturator prosthesis, modificat	0.00	0.00	0.00	0.00	0.00
D5934	Mandibular resection w/ flange	0.00	0.00	0.00	0.00	0.00
D5935	Mandibular resection w/o flange	0.00	0.00	0.00	0.00	0.00
D5936	Obturator prosthesis, interim	0.00	0.00	0.00	0.00	0.00
D5937	Trismus appliance (not TMD)	0.00	0.00	0.00	0.00	0.00
D5951	Feeding aid	0.00	0.00	0.00	0.00	0.00
D5952	Speech aid prosthesis,pediatric	0.00	0.00	0.00	0.00	0.00
D5953	Speech aid prosthesis, adult	0.00	0.00	0.00	0.00	0.00
D5954	Palatal augmentation prosthesis	0.00	0.00	0.00	0.00	0.00

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D5955	Palatal lift prosth, definitive	0.00	0.00	0.00	0.00	0.00
D5958	Palatal lift prosthesis,interim	0.00	0.00	0.00	0.00	0.00
D5959	Palatal lift prosth, modificat	0.00	0.00	0.00	0.00	0.00
D5960	Speech aid prosth, modification	0.00	0.00	0.00	0.00	0.00
D5982	Surgical stent	0.00	0.00	0.00	0.00	0.00
D5983	Radiation carrier	0.00	0.00	0.00	0.00	0.00
D5984	Radiation shield	0.00	0.00	0.00	0.00	0.00
D5985	Radiation cone locator	0.00	0.00	0.00	0.00	0.00
D5986	Fluoride gel carrier	0.00	0.00	0.00	0.00	0.00
D5987	Commissure splint	0.00	0.00	0.00	0.00	0.00
D5988	Surgical splint	0.00	0.00	0.00	0.00	0.00
D5999	Unspec maxillofacial prosth B/R	0.00	0.00	0.00	0.00	0.00
D6010	Surg place implant: endosteal	0.00	0.00	0.00	0.00	0.00
D6012	Plcmt of intrm impl: endosteal	0.00	0.00	0.00	0.00	0.00
D6040	Surgic place: eosteal implant	0.00	0.00	0.00	0.00	0.00
D6050	Surg place: transosteal implant	0.00	0.00	0.00	0.00	0.00
D6053	Imp/abut remov,comp edent arch	0.00	0.00	0.00	0.00	0.00
D6054	Imp/abut remov,part edent arch	0.00	0.00	0.00	0.00	0.00
D6055	Dent implant sup connecting bar	0.00	0.00	0.00	0.00	0.00
D6056	Prefab abutment-incl placement	0.00	0.00	0.00	0.00	0.00
D6057	Custom abutment-incl placement	0.00	0.00	0.00	0.00	0.00
D6058	Abutment supported porc/cer crn	0.00	0.00	0.00	0.00	0.00
D6059	Abtmt supp porc fused to hi-nob	0.00	0.00	0.00	0.00	0.00
D6060	Abtmt supp porc fused-base metl	0.00	0.00	0.00	0.00	0.00
D6061	Abtmt supp porc fused-mtl crown	0.00	0.00	0.00	0.00	0.00
D6062	Abtmt supp cast mtl crown-hinob	0.00	0.00	0.00	0.00	0.00
D6063	Abtmt supp cast mtl crown-base	0.00	0.00	0.00	0.00	0.00
D6064	Abtmt supp cast mtl crown-noble	0.00	0.00	0.00	0.00	0.00
D6065	Implant supp porc/cer crown	0.00	0.00	0.00	0.00	0.00
D6066	Implant supp porc fused mtl crn	0.00	0.00	0.00	0.00	0.00
D6067	Implant supported metal crown	0.00	0.00	0.00	0.00	0.00
D6068	Abtmt supp ret for porc/cer FPD	0.00	0.00	0.00	0.00	0.00
D6069	Abut sup ret-porc fsd mtl FPDhn	0.00	0.00	0.00	0.00	0.00
D6070	Abut sup ret-porc fsd mtl FPDbm	0.00	0.00	0.00	0.00	0.00
D6071	Abut sup ret-porc fsd mtl FPDno	0.00	0.00	0.00	0.00	0.00
D6072	Abut sup ret-cast mtl FPD-hinob	0.00	0.00	0.00	0.00	0.00
D6073	Abut sup ret-cast mtl FPD-base	0.00	0.00	0.00	0.00	0.00
D6074	Abut sup ret-cast mtl FPD-noble	0.00	0.00	0.00	0.00	0.00
D6075	Implant supp ret-ceramic FPD	0.00	0.00	0.00	0.00	0.00
D6076	Implnt supp ret-prc fuse mtlFPD	0.00	0.00	0.00	0.00	0.00
D6077	Implant supp ret-cast metal FPD	0.00	0.00	0.00	0.00	0.00
D6078	Implnt/abut supp fxd comp edent	0.00	0.00	0.00	0.00	0.00
D6079	Implnt/abut supp fxd part edent	0.00	0.00	0.00	0.00	0.00
D6080	Implant maintenance procedures	0.00	0.00	0.00	0.00	0.00
D6090	Repair implant sup prosth, B/R	0.00	0.00	0.00	0.00	0.00
D6091	Rpl attchmt imp/abt sup prosth	0.00	0.00	0.00	0.00	0.00
D6092	Recement impl/abut sup crown	0.00	0.00	0.00	0.00	0.00
D6093	Recement impl/abut sup FPD	0.00	0.00	0.00	0.00	0.00
D6094	Abutment supp crown - titanium	0.00	0.00	0.00	0.00	0.00
D6095	Repair implant abutment, B/R	0.00	0.00	0.00	0.00	0.00
D6100	Implant removal, by report	0.00	0.00	0.00	0.00	0.00
D6190	Radiograph/surg impl index B/R	0.00	0.00	0.00	0.00	0.00
D6194	Abut sup ret-cast mtl FPD-titan	0.00	0.00	0.00	0.00	0.00
D6199	Unspecified implant proced, B/R	0.00	0.00	0.00	0.00	0.00
D6205	Pontic-indirect res based comp	0.00	0.00	0.00	0.00	0.00
D6210	Pontic-cast high noble metal	385.00	424.00	462.00	501.00	539.00
D6211	Pontic-cast predominantly base	0.00	0.00	0.00	0.00	0.00
D6212	Pontic-cast noble metal	0.00	0.00	0.00	0.00	0.00
D6214	Pontic-titanium	0.00	0.00	0.00	0.00	0.00
D6240	Pontic-porcelain fused to hnob	385.00	424.00	462.00	501.00	539.00

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D6241	Pontic-porcelain fused to base	0.00	0.00	0.00	0.00	0.00
D6242	Pontic-porcelain fused to nobl	0.00	0.00	0.00	0.00	0.00
D6245	Pontic-porcelain/ceramic	385.00	424.00	462.00	501.00	539.00
D6250	Pontic-resin w/ high noble met	0.00	0.00	0.00	0.00	0.00
D6251	Pontic-resin w/ predomnt base	0.00	0.00	0.00	0.00	0.00
D6252	Pontic-resin with noble metal	0.00	0.00	0.00	0.00	0.00
D6253	Provisional pontic	150.00	170.00	200.00	230.00	260.00
D6545	Retainer-cast for resin bonded	0.00	0.00	0.00	0.00	0.00
D6548	Ret-porc/cer-resin bnd fxd pros	0.00	0.00	0.00	0.00	0.00
D6600	Inlay-porcelain/ceramic, 2 surf	0.00	0.00	0.00	0.00	0.00
D6601	Inlay-porcelain/ceramic, 3+surf	0.00	0.00	0.00	0.00	0.00
D6602	Inlay-cast high noble met,2surf	0.00	0.00	0.00	0.00	0.00
D6603	Inlay-cast high nob met, 3+surf	0.00	0.00	0.00	0.00	0.00
D6604	Inlay-cast predomnt base, 2surf	0.00	0.00	0.00	0.00	0.00
D6605	Inlay-cast predomnt base,3+surf	0.00	0.00	0.00	0.00	0.00
D6606	Inlay-cast noble metal, 2 surf	0.00	0.00	0.00	0.00	0.00
D6607	Inlay-cast noble metal, 3+ surf	0.00	0.00	0.00	0.00	0.00
D6608	Onlay-porcelain/ceramic, 2 surf	0.00	0.00	0.00	0.00	0.00
D6609	Onlay-porcelain/ceramic, 3+surf	385.00	424.00	462.00	501.00	539.00
D6610	Onlay-cast high noble met,2surf	0.00	0.00	0.00	0.00	0.00
D6611	Onlay-cast high nob met, 3+surf	385.00	0.00	0.00	0.00	0.00
D6612	Onlay-cast predomnt base, 2surf	0.00	0.00	0.00	0.00	0.00
D6613	Onlay-cast predomnt base,3+surf	0.00	0.00	0.00	0.00	0.00
D6614	Onlay-cast noble metal, 2 surf	0.00	0.00	0.00	0.00	0.00
D6615	Onlay-cast noble metal, 3+ surf	0.00	0.00	0.00	0.00	0.00
D6624	Inlay-titanium	0.00	0.00	0.00	0.00	0.00
D6634	Onlay-titanium	0.00	0.00	0.00	0.00	0.00
D6710	Retainer crn-indir res-bas comp	0.00	0.00	0.00	0.00	0.00
D6720	Retainer crn-res w/ hi nob met	0.00	0.00	0.00	0.00	0.00
D6721	Retainer crn-resin w/ base met	0.00	0.00	0.00	0.00	0.00
D6722	Retainer crn-resin w/ nob met	0.00	0.00	0.00	0.00	0.00
D6740	Crown-porcelain/ceramic	385.00	424.00	462.00	501.00	539.00
D6750	Retainer crn-porc fused-hi nob	385.00	424.00	462.00	501.00	539.00
D6751	Retainer crn-porc fuse-base met	0.00	0.00	0.00	0.00	0.00
D6752	Retainer crn-porc fused-nob met	0.00	0.00	0.00	0.00	0.00
D6780	Retainer crn-3/4 cast h nob met	385.00	424.00	462.00	501.00	539.00
D6781	Crown-3/4 cast most base metal	0.00	0.00	0.00	0.00	0.00
D6782	Crown-3/4 cast noble metal	0.00	0.00	0.00	0.00	0.00
D6783	Crown-3/4 porcelain/ceramic	0.00	0.00	0.00	0.00	0.00
D6790	Retainer crn-full cast hi nob	385.00	424.00	462.00	501.00	539.00
D6791	Retainer crn-full cast base	0.00	0.00	0.00	0.00	0.00
D6792	Retainer crn-full cast nob met	0.00	0.00	0.00	0.00	0.00
D6793	Provisional retainer crown	180.00	200.00	220.00	240.00	260.00
D6794	Retainer crown-titanium	0.00	0.00	0.00	0.00	0.00
D6920	Connector bar	0.00	0.00	0.00	0.00	0.00
D6930	Recement fixed partial denture	31.00	35.00	38.00	41.00	44.00
D6940	Stress breaker	0.00	0.00	0.00	0.00	0.00
D6950	Precision attachment	0.00	0.00	0.00	0.00	0.00
D6970	Post&core w/bridge retainer	0.00	0.00	0.00	0.00	0.00
D6971	Cast post/part of brdg retainer	0.00	0.00	0.00	0.00	0.00
D6972	Prefab post/core+ brdg retainer	65.00	0.00	0.00	0.00	0.00
D6973	Core buildup for retain,inc pin	65.00	0.00	0.00	0.00	0.00
D6975	Coping-metal	0.00	0.00	0.00	0.00	0.00
D6976	Each add'l cast post-same tooth	0.00	0.00	0.00	0.00	0.00
D6977	Each + prefab post-same tooth	0.00	0.00	0.00	0.00	0.00
D6980	Fixed partial dent. repair, B/R	65.00	70.00	75.00	80.00	80.00
D6985	Pediatric part'l denture, fixed	0.00	0.00	0.00	0.00	0.00
D6999	Unspec fixed prosth proced, B/R	0.00	0.00	0.00	0.00	0.00
D7111	Extraction crnl remnts-decid th	35.00	0.00	0.00	0.00	0.00
D7130	Root Removal	30.00	35.00	40.00	40.00	45.00

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D7140	Extract,erupted th/exposed rt	31.00	35.00	38.00	41.00	44.00
D7210	Extraction-surgical/erupt tooth	50.00	55.00	60.00	65.00	70.00
D7220	Extraction-impacted/soft tis	63.00	70.00	76.00	82.00	89.00
D7230	Extraction-impacted/part bony	75.00	83.00	90.00	98.00	105.00
D7240	Extraction-impacted/compl bony	125.00	0.00	0.00	0.00	0.00
D7241	Remov impact-comp bony w/ con	0.00	0.00	0.00	0.00	0.00
D7250	Surgic removl resid tooth root	81.00	0.00	0.00	0.00	0.00
D7260	Oroantral fistula closure	0.00	0.00	0.00	0.00	0.00
D7261	Prim closure sinus perforation	190.00	0.00	0.00	0.00	0.00
D7270	Reimplantation/stabilization	50.00	55.00	60.00	65.00	70.00
D7272	Tooth transplantation	0.00	0.00	0.00	0.00	0.00
D7280	Surgical access unerupted tooth	90.00	0.00	0.00	0.00	0.00
D7282	Mobiliz erupt/malpos th-erupt	0.00	0.00	0.00	0.00	0.00
D7283	Device for impacted tooth	0.00	0.00	0.00	0.00	0.00
D7285	Biopsy of oral tissue-hard	0.00	0.00	0.00	0.00	0.00
D7286	Biopsy of oral tissue-soft	180.00	0.00	0.00	0.00	0.00
D7287	Exfoliative cyt sample collectn	0.00	0.00	0.00	0.00	0.00
D7288	Brush biopsy-transepith sample	0.00	0.00	0.00	0.00	0.00
D7290	Surgical reposition of teeth	0.00	0.00	0.00	0.00	0.00
D7291	T/SC Fiberotomy, B/R	0.00	0.00	0.00	0.00	0.00
D7292	Plcmnt: temp anch scrw rtnd plt	0.00	0.00	0.00	0.00	0.00
D7293	Plcmnt: temp anch w/ surg flap	0.00	0.00	0.00	0.00	0.00
D7294	Plcmnt: temp anch w/o surg flap	0.00	0.00	0.00	0.00	0.00
D7310	Alveoloplasty w/ext 4+, quad	68.00	75.00	82.00	89.00	96.00
D7311	Alveoloplasty w/ext 1-3 th/quad	0.00	0.00	0.00	0.00	0.00
D7320	Alveoloplasty w/o ext 4+, quad	90.00	99.00	108.00	117.00	126.00
D7321	Alveoloplasty w/o ex 1-3 th/quad	0.00	0.00	0.00	0.00	0.00
D7340	Vestibuloplasty-ridge ext -2nd	0.00	0.00	0.00	0.00	0.00
D7350	Vestiplasty-ridge ext (inc)	0.00	0.00	0.00	0.00	0.00
D7410	Excision benign lesion<=1.25cm	31.00	0.00	0.00	0.00	0.00
D7411	Excision benign lesion>1.25 cm	0.00	0.00	0.00	0.00	0.00
D7412	Excision benign lesion,complic	0.00	0.00	0.00	0.00	0.00
D7413	Excision malig lesion<=1.25cm	0.00	0.00	0.00	0.00	0.00
D7414	Excision malig lesion>1.25cm	0.00	0.00	0.00	0.00	0.00
D7415	Excision malig lesion,complic	0.00	0.00	0.00	0.00	0.00
D7440	Ex malig tumor-diam <= 1.25 cm	0.00	0.00	0.00	0.00	0.00
D7441	Ex malig tumor-diam > 1.25 cm	0.00	0.00	0.00	0.00	0.00
D7450	Rem benign odont-diam<=1.25cr	0.00	0.00	0.00	0.00	0.00
D7451	Rem benign odont-diam>1.25 cr	0.00	0.00	0.00	0.00	0.00
D7460	Rem benign nonodont-di<=1.25c	0.00	0.00	0.00	0.00	0.00
D7461	Rem benign nonodont-diam>1.25	0.00	0.00	0.00	0.00	0.00
D7465	Destruct lesion-phys/chem B/R	0.00	0.00	0.00	0.00	0.00
D7471	Rem lat exostosis-maxil/mand	0.00	0.00	0.00	0.00	0.00
D7472	Removal of torus palatinus	0.00	0.00	0.00	0.00	0.00
D7473	Removal of torus mandibularis	0.00	0.00	0.00	0.00	0.00
D7485	Surg reduc, osseous tuberosity	0.00	0.00	0.00	0.00	0.00
D7490	Rad resectn-maxilla or mandible	0.00	0.00	0.00	0.00	0.00
D7510	Incis&drain abscess-intra soft	42.00	42.00	46.00	50.00	54.00
D7511	Incis&drain abscess-int soft comp	0.00	0.00	0.00	0.00	0.00
D7520	Incis&drain abscess-extra soft	38.00	42.00	46.00	50.00	54.00
D7521	Incis&drain abscess-ext soft comp	0.00	0.00	0.00	0.00	0.00
D7530	Remove foreign body from tissue	0.00	0.00	0.00	0.00	0.00
D7540	Remove foreign body from bone	0.00	0.00	0.00	0.00	0.00
D7550	Partial ostect/sequerectomy	0.00	0.00	0.00	0.00	0.00
D7560	Maxill sinusotomy-rem foreign	0.00	0.00	0.00	0.00	0.00
D7610	Maxilla-open red (teeth immob)	0.00	0.00	0.00	0.00	0.00
D7620	Maxilla-closed red(teeth immob)	0.00	0.00	0.00	0.00	0.00
D7630	Mandible-open red (teeth immob)	0.00	0.00	0.00	0.00	0.00
D7640	Mandible-closed red (th immob)	0.00	0.00	0.00	0.00	0.00
D7650	Malar/zygomat arch-open reduc	0.00	0.00	0.00	0.00	0.00

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D7660	Malar/zygo arch-closed reduc	0.00	0.00	0.00	0.00	0.00
D7670	Alveolus-closed reduction	0.00	0.00	0.00	0.00	0.00
D7671	Alveolus-open reduction	0.00	0.00	0.00	0.00	0.00
D7680	Facial bone-complicated reduct	0.00	0.00	0.00	0.00	0.00
D7710	Maxilla-open reduction	0.00	0.00	0.00	0.00	0.00
D7720	Maxilla-closed reduction	0.00	0.00	0.00	0.00	0.00
D7730	Mandible-open reduction	0.00	0.00	0.00	0.00	0.00
D7740	Mandible-closed reduction	0.00	0.00	0.00	0.00	0.00
D7750	Malar/zygomatic arch-open red	0.00	0.00	0.00	0.00	0.00
D7760	Malar/zygomatic arch-close red	0.00	0.00	0.00	0.00	0.00
D7770	Alveolus-stabilize teeth, open	0.00	0.00	0.00	0.00	0.00
D7771	Alveolus-stabilize teeth,closed	0.00	0.00	0.00	0.00	0.00
D7780	Facial bones-complicated reduc	0.00	0.00	0.00	0.00	0.00
D7810	Open reduction of dislocation	0.00	0.00	0.00	0.00	0.00
D7820	Closed reduction of dislocate	0.00	0.00	0.00	0.00	0.00
D7830	Manipulation under anesthesia	0.00	0.00	0.00	0.00	0.00
D7840	Condylectomy	0.00	0.00	0.00	0.00	0.00
D7850	Surgical dissect:w/ w/o implant	0.00	0.00	0.00	0.00	0.00
D7852	Disc repair	0.00	0.00	0.00	0.00	0.00
D7854	Synovectomy	0.00	0.00	0.00	0.00	0.00
D7856	Myotomy	0.00	0.00	0.00	0.00	0.00
D7858	Joint reconstruction	0.00	0.00	0.00	0.00	0.00
D7860	Arthrotomy	0.00	0.00	0.00	0.00	0.00
D7865	Arthroplasty	0.00	0.00	0.00	0.00	0.00
D7870	Arthrocentesis	0.00	0.00	0.00	0.00	0.00
D7871	Non-arthroscopic lysis & lavage	0.00	0.00	0.00	0.00	0.00
D7872	Arthroscopy-diag, w/ w/o biopsy	0.00	0.00	0.00	0.00	0.00
D7873	Arthroscopy-surgical: adhesions	0.00	0.00	0.00	0.00	0.00
D7874	Arthroscopy-surgical: disc rep	0.00	0.00	0.00	0.00	0.00
D7875	Arthroscopy-surgical: synovectomy	0.00	0.00	0.00	0.00	0.00
D7876	Arthroscopy-surgical:discectomy	0.00	0.00	0.00	0.00	0.00
D7877	Arthroscopy-surgic: debridement	0.00	0.00	0.00	0.00	0.00
D7880	Occlusal orthotic device, B/R	0.00	0.00	0.00	0.00	0.00
D7899	Unspecified TMD therapy, B/R	0.00	0.00	0.00	0.00	0.00
D7910	Suture of small wounds to 5cm	50.00	55.00	60.00	65.00	70.00
D7911	Complicated suture-up to 5 cm	0.00	0.00	0.00	0.00	0.00
D7912	Complicated suture-over 5 cm	0.00	0.00	0.00	0.00	0.00
D7920	Skin grafts, by report	0.00	0.00	0.00	0.00	0.00
D7940	Osteoplasty-orthognathic defor	0.00	0.00	0.00	0.00	0.00
D7941	Osteotomy-mandibular rami	0.00	0.00	0.00	0.00	0.00
D7943	Osteotomy-mand rami w/bone gr:	0.00	0.00	0.00	0.00	0.00
D7944	Osteotomy-segmented/subapical	0.00	0.00	0.00	0.00	0.00
D7945	Osteotomy-body of mandible	0.00	0.00	0.00	0.00	0.00
D7946	LeFort I (maxilla-total)	0.00	0.00	0.00	0.00	0.00
D7947	LeFort I (maxilla-segmented)	0.00	0.00	0.00	0.00	0.00
D7948	LeFort II/III-no bone graft	0.00	0.00	0.00	0.00	0.00
D7949	LeFort II/III-with bone graft	0.00	0.00	0.00	0.00	0.00
D7950	Graft of mandible/maxilla B/R	0.00	0.00	0.00	0.00	0.00
D7951	Sinus augmentation w/bone	0.00	0.00	0.00	0.00	0.00
D7953	Bone repl grft ridge prsv/site	0.00	0.00	0.00	0.00	0.00
D7955	Rep maxillofacial sf/hrd tis	0.00	0.00	0.00	0.00	0.00
D7960	Frenulectomy-separate procedur	0.00	0.00	0.00	0.00	0.00
D7963	Frenuloplasty	0.00	0.00	0.00	0.00	0.00
D7970	Excision, hyperplast tiss-arch	0.00	0.00	0.00	0.00	0.00
D7971	Excision-pericoronar ging /arch	0.00	0.00	0.00	0.00	0.00
D7972	Surg reduc, fibrous tuberosity	0.00	0.00	0.00	0.00	0.00
D7980	Sialolithotomy	0.00	0.00	0.00	0.00	0.00
D7981	Excision of salivary gland, B/R	0.00	0.00	0.00	0.00	0.00
D7982	Sialodochoplasty	0.00	0.00	0.00	0.00	0.00
D7983	Closure of salivary fistula	0.00	0.00	0.00	0.00	0.00

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D7990	Emergency tracheotomy	0.00	0.00	0.00	0.00	0.00
D7991	Coronoidectomy	0.00	0.00	0.00	0.00	0.00
D7995	Synthetic graft-mand/facial, B/R	0.00	0.00	0.00	0.00	0.00
D7996	Implant-mandib/augmentation, B/l	0.00	0.00	0.00	0.00	0.00
D7997	Appliance removal-incl archbar	0.00	0.00	0.00	0.00	0.00
D7998	Plcmnt of devc w/o fracture	0.00	0.00	0.00	0.00	0.00
D7999	Unspecified oral surg proc, B/R	75.00	83.00	90.00	98.00	105.00
D8010	Limited ortho trt, primary dent	0.00	0.00	0.00	0.00	0.00
D8020	Limited ortho trt, transitional	0.00	0.00	0.00	0.00	0.00
D8030	Limited ortho treat, adolescent	0.00	0.00	0.00	0.00	0.00
D8040	Limited ortho treat, adult dent	0.00	0.00	0.00	0.00	0.00
D8050	Intercep orth trt, primary dent	0.00	0.00	0.00	0.00	0.00
D8060	Intercep orth trt, transitional	0.00	0.00	0.00	0.00	0.00
D8070	Comprehensive orth, transitional	0.00	0.00	0.00	0.00	0.00
D8080	Comprehensive ortho, adolescen	0.00	0.00	0.00	0.00	0.00
D8090	Comprehensive ortho, adult dent	0.00	0.00	0.00	0.00	0.00
D8210	Removable appliance therapy	0.00	0.00	0.00	0.00	0.00
D8220	Fixed appliance therapy	500.00	0.00	0.00	0.00	0.00
D8660	Pre-orthodontic treatment visit	0.00	0.00	0.00	0.00	0.00
D8670	Periodic ortho visit (contract)	0.00	0.00	0.00	0.00	0.00
D8680	Orthodontic retention	0.00	0.00	0.00	0.00	0.00
D8690	Ortho treatment (bill/contract)	0.00	0.00	0.00	0.00	0.00
D8691	Repair of orthodontic appliance	0.00	0.00	0.00	0.00	0.00
D8692	Retainer replacemnt-lost/broken	130.00	0.00	0.00	0.00	0.00
D8693	Rebond/repair of fixed retainer	0.00	0.00	0.00	0.00	0.00
D8999	Unspec ortho procedure, B/R	0.00	0.00	0.00	0.00	0.00

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CODE	DESCRIPTION	FEE 15	FEE 16	FEE 17	FEE 18	FEE 19
D0120	Periodic oral evaluation	20.00	21.00	23.00	24.00	25.00
D0140	Limited oral evaluation	29.00	31.00	33.00	35.00	37.00
D0145	Oral evaluation < 3 yrs of age	0.00	0.00	0.00	0.00	0.00
D0150	Comprehensive oral evaluation	29.00	31.00	33.00	35.00	37.00
D0160	Detail/extensive oral eval, B/R	0.00	0.00	0.00	0.00	0.00
D0170	Limited re-evaluation	0.00	0.00	0.00	0.00	0.00
D0180	Comprehensive perio evaluation	30.00	30.00	35.00	35.00	40.00
D0210	Intraoral-complete series (bw)	38.00	40.00	43.00	45.00	48.00
D0220	Intraoral-periapical-1st film	20.00	21.00	23.00	24.00	25.00
D0230	Intraoral-periapical-each add'l	11.00	12.00	12.00	13.00	14.00
D0240	Intraoral-occlusal film	20.00	21.00	23.00	24.00	25.00
D0250	Extraoral-first film	0.00	0.00	0.00	0.00	0.00
D0260	Extraoral-each additional film	0.00	0.00	0.00	0.00	0.00
D0270	Bitewing-single film	11.00	12.00	12.00	13.00	14.00
D0272	Bitewings-two films	20.00	21.00	23.00	24.00	25.00
D0273	Bitewings-three films	0.00	0.00	0.00	0.00	0.00
D0274	Bitewings-four films	29.00	31.00	33.00	35.00	37.00
D0277	Vertical bitewings-7 to 8 films	0.00	0.00	0.00	0.00	0.00
D0290	Skull &facial bone survey film	0.00	0.00	0.00	0.00	0.00
D0310	Sialography	0.00	0.00	0.00	0.00	0.00
D0320	TMJ arthrogram, incl injection	0.00	0.00	0.00	0.00	0.00
D0321	Other TMJ films, by report	0.00	0.00	0.00	0.00	0.00
D0322	Tomographic survey	0.00	0.00	0.00	0.00	0.00
D0330	Panoramic film	45.00	48.00	51.00	54.00	57.00
D0340	Cephalometric film	0.00	0.00	0.00	0.00	0.00
D0350	Oral/Facial Photographic Images	0.00	0.00	0.00	0.00	0.00
D0360	Cone beam ct-craniofacial data	0.00	0.00	0.00	0.00	0.00
D0362	Cone beam-2D multi img reconst	0.00	0.00	0.00	0.00	0.00
D0363	Cone beam-3D multi img reconst	0.00	0.00	0.00	0.00	0.00
D0415	Collection of microorganisms	0.00	0.00	0.00	0.00	0.00
D0416	Viral Culture	0.00	0.00	0.00	0.00	0.00
D0421	Genetic test-suscept oral dis	0.00	0.00	0.00	0.00	0.00
D0425	Caries susceptibility tests	0.00	0.00	0.00	0.00	0.00
D0431	Adjunc pre-diag test-detect muc	0.00	0.00	0.00	0.00	0.00
D0460	Pulp vitality tests	0.00	0.00	0.00	0.00	0.00
D0470	Diagnostic casts	23.00	24.00	26.00	27.00	29.00
D0472	Accession of tissue,gr exam,rpt	0.00	0.00	0.00	0.00	0.00
D0473	Access of tiss,gr&mic exam,rpt	0.00	0.00	0.00	0.00	0.00
D0474	Acc of tiss,exam,surg mar,rpt	0.00	0.00	0.00	0.00	0.00
D0475	Decalcification Procedure	0.00	0.00	0.00	0.00	0.00
D0476	Special stains for microorg	0.00	0.00	0.00	0.00	0.00
D0477	Special stains-not for microorg	0.00	0.00	0.00	0.00	0.00
D0478	Immunohistochemical stains	0.00	0.00	0.00	0.00	0.00
D0479	Tissue in-situ hybrid-inclu int	0.00	0.00	0.00	0.00	0.00
D0480	Cytologic smears, exam, report	0.00	0.00	0.00	0.00	0.00
D0481	Electron microscopy-diagnostic	0.00	0.00	0.00	0.00	0.00
D0482	Direct immunofluorescence	0.00	0.00	0.00	0.00	0.00
D0483	Indirect immunofluorescence	0.00	0.00	0.00	0.00	0.00
D0484	Consult on slides prp elsewhere	0.00	0.00	0.00	0.00	0.00
D0485	Consult, slides from biopsy	0.00	0.00	0.00	0.00	0.00
D0486	Brush biopsy sample,exam,repor	0.00	0.00	0.00	0.00	0.00
D0502	Other oral path procedure, B/R	0.00	0.00	0.00	0.00	0.00
D0999	Unspecified diag procedure, B/R	38.00	41.00	41.00	44.00	47.00
D1110	Prophylaxis-adult	57.00	61.00	65.00	69.00	73.00
D1120	Prophylaxis-child	38.00	40.00	43.00	45.00	48.00
D1201	Prophylaxis with fluoride-child	66.00	71.00	75.00	80.00	80.00
D1203	Topical Applic.Fluoride-Child	20.00	21.00	23.00	24.00	25.00
D1204	Topical Applic.Fluoride-Adult	22.00	23.00	24.00	25.00	26.00
D1205	Prophylaxis with fluoride-adult	66.00	70.00	80.00	85.00	85.00
D1206	Topical fluoride varnish	30.00	35.00	35.00	35.00	40.00

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D1207	Fluoride Tray	120.00	120.00	120.00	120.00	120.00
D1310	Nutritional counseling	0.00	0.00	0.00	0.00	0.00
D1320	Tobacco counseling	0.00	0.00	0.00	0.00	0.00
D1330	Oral hygiene instruction	26.00	27.00	28.00	28.00	28.00
D1351	Sealant-per tooth	20.00	21.00	23.00	24.00	25.00
D1510	Space maint-fixed-unilateral	60.00	64.00	68.00	72.00	76.00
D1515	Space maint-fixed-bilateral	105.00	112.00	119.00	126.00	133.00
D1520	Space maint-remov-unilateral	98.00	104.00	111.00	117.00	124.00
D1525	Space maint-remov-bilateral	113.00	120.00	128.00	135.00	143.00
D1550	Recementation of space maint	23.00	24.00	26.00	27.00	29.00
D1555	Removal of fixed space maint	0.00	0.00	0.00	0.00	0.00
D2110	Amalgam 1surface Primary	29.00	31.00	33.00	35.00	37.00
D2120	Amalgam 2 Surface Primary	38.00	40.00	43.00	45.00	48.00
D2130	Amalgam 3 Surface Primary	47.00	50.00	53.00	56.00	59.00
D2131	Amalgam 4 Surf. Primary	57.00	61.00	65.00	69.00	73.00
D2140	Amalgam-1 surf. prim/perm	38.00	40.00	43.00	45.00	48.00
D2150	Amalgam-2 surf. prim/perm	47.00	50.00	53.00	56.00	59.00
D2160	Amalgam-3 surf. prim/perm	57.00	61.00	65.00	69.00	73.00
D2161	Amalgam-4+ surf. prim/perm	66.00	71.00	75.00	80.00	84.00
D2330	Resin-one surface, anterior	47.00	50.00	53.00	56.00	59.00
D2331	Resin-two surfaces, anterior	47.00	50.00	53.00	56.00	59.00
D2332	Resin-three surfaces, anterior	57.00	61.00	65.00	69.00	73.00
D2335	Resin-4+ w/incis angle-anterior	66.00	71.00	75.00	80.00	84.00
D2337	ResinComp.CrownAntPerm	120.00	128.00	136.00	144.00	152.00
D2390	Resin composite crown, anterior	0.00	0.00	0.00	0.00	0.00
D2391	Resin composite-1s, posterior	45.00	48.00	51.00	54.00	57.00
D2392	Resin composite-2s, posterior	93.00	100.00	106.00	112.00	118.00
D2393	Resin composite-3s, posterior	116.00	124.00	131.00	139.00	147.00
D2394	Resin composite-4+s, posterior	132.00	141.00	150.00	159.00	168.00
D2410	Gold foil-one surface	0.00	0.00	0.00	0.00	0.00
D2420	Gold foil-two surfaces	0.00	0.00	0.00	0.00	0.00
D2430	Gold foil-three surfaces	0.00	0.00	0.00	0.00	0.00
D2510	Inlay-metallic-one surface	0.00	0.00	0.00	0.00	0.00
D2520	Inlay-metallic-two surfaces	0.00	0.00	0.00	0.00	0.00
D2530	Inlay-metallic-three + surfaces	0.00	0.00	0.00	0.00	0.00
D2542	Onlay-metallic-two surfaces	535.00	550.00	560.00	570.00	580.00
D2543	Onlay-metallic-three surfaces	585.00	610.00	630.00	650.00	680.00
D2544	Onlay-metallic-four + surfaces	600.00	630.00	650.00	680.00	710.00
D2610	Inlay-porcel/ceramic-1 surface	300.00	310.00	320.00	330.00	340.00
D2620	Inlay-porcel/ceramic-2 surface	325.00	335.00	345.00	355.00	365.00
D2630	Inlay-porcel/ceramic-3+ surface	360.00	370.00	380.00	390.00	400.00
D2642	Onlay-porcel/ceram-2 surface	550.00	550.00	560.00	570.00	580.00
D2643	Onlay-porcel/ceram-3 surface	630.00	650.00	660.00	670.00	680.00
D2644	Onlay-porcel/ceram-4 + surface	640.00	650.00	660.00	670.00	680.00
D2650	Inlay-resin composite-1 surface	0.00	0.00	0.00	0.00	0.00
D2651	Inlay-resin composite-2 surface	0.00	0.00	0.00	0.00	0.00
D2652	Inlay-resin composite-3+surface	0.00	0.00	0.00	0.00	0.00
D2662	Onlay-resin composite-1 surface	0.00	0.00	0.00	0.00	0.00
D2663	Onlay-resin composite-2 surface	0.00	0.00	0.00	0.00	0.00
D2664	Onlay-resin composite-3+surface	0.00	0.00	0.00	0.00	0.00
D2710	Crown-resin composite(indirect)	0.00	0.00	0.00	0.00	0.00
D2712	Crown-3/4 resin comp(indirect)	0.00	0.00	0.00	0.00	0.00
D2720	Crown-resin w/high noble metal	0.00	0.00	0.00	0.00	0.00
D2721	Crown-resin w/ most base metal	0.00	0.00	0.00	0.00	0.00
D2722	Crown-resin with noble metal	0.00	0.00	0.00	0.00	0.00
D2740	Crown-porcelain/ceramic substr	640.00	650.00	660.00	670.00	680.00
D2750	Crown-porc fuse high noble mtl	525.00	560.00	595.00	630.00	665.00
D2751	Crown-porc fused to base metal	0.00	0.00	0.00	0.00	0.00
D2752	Crown-porc fused noble metal	525.00	525.00	595.00	630.00	665.00
D2780	Crown-3/4 cast high noble metal	525.00	560.00	595.00	630.00	665.00

FEE SCHEDULE

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D2781	Crown-3/4 cast most base metal	0.00	0.00	0.00	0.00	0.00
D2782	Crown-3/4 cast noble metal	0.00	0.00	0.00	0.00	0.00
D2783	Crown-3/4 porcelain/ceramic	525.00	560.00	595.00	630.00	665.00
D2790	Crown-full cast high noble mtl	525.00	560.00	595.00	630.00	665.00
D2791	Crown-full cast base metal	0.00	0.00	0.00	0.00	0.00
D2792	Crown-full cast noble metal	0.00	0.00	0.00	0.00	0.00
D2794	Crown-titanium	0.00	0.00	0.00	0.00	0.00
D2799	Provisional crown	80.00	85.00	85.00	90.00	90.00
D2910	Recement inlay/onlay/partial	23.00	24.00	26.00	27.00	29.00
D2915	Recemnt cast or prefab pst/cor	50.00	55.00	55.00	55.00	60.00
D2920	Recement crown	29.00	31.00	33.00	35.00	37.00
D2930	Prefab stain steel crn-primary	48.00	52.00	55.00	58.00	61.00
D2931	Prefab stain steel crown-perm	57.00	61.00	65.00	69.00	73.00
D2932	Prefabricated resin crown	66.00	71.00	75.00	80.00	84.00
D2933	Prefab stl crown w/resin window	60.00	64.00	68.00	72.00	76.00
D2934	Prefb esth ctd stnl stl crn-prm	0.00	0.00	0.00	0.00	0.00
D2940	Sedative filling	57.00	61.00	65.00	69.00	73.00
D2950	Core buildup, include any pins	66.00	71.00	75.00	80.00	84.00
D2951	Pin retention-/tooth, (+ rest)	45.00	46.00	47.00	48.00	49.00
D2952	Post&core in add to crown, fabr	0.00	0.00	0.00	0.00	0.00
D2953	Each add'l fabr post-same tooth	0.00	0.00	0.00	0.00	0.00
D2954	Prefab post&core in add to crn	86.00	92.00	97.00	103.00	109.00
D2955	Post removal (not with endo)	70.00	90.00	110.00	130.00	150.00
D2957	Each + prefab post-same tooth	0.00	0.00	0.00	0.00	0.00
D2960	Labial veneer(laminate)-chairsd	0.00	0.00	0.00	0.00	0.00
D2961	Labial veneer (resin lamin)-lab	0.00	0.00	0.00	0.00	0.00
D2962	Labial veneer (porceln lam)-lab	0.00	0.00	0.00	0.00	0.00
D2963	Labial Veneer- Porc.-NP	0.00	0.00	0.00	0.00	0.00
D2970	Temporary crown (fractured th)	66.00	71.00	75.00	80.00	84.00
D2971	Add'l prc-new crn undr exs dent	45.00	45.00	50.00	60.00	70.00
D2975	Coping	0.00	0.00	0.00	0.00	0.00
D2980	Crown repair, by report	47.00	50.00	53.00	56.00	59.00
D2999	Unspecif restorative proced B/R	0.00	0.00	0.00	0.00	0.00
D3-020	Hypertension	0.00	0.00	0.00	0.00	0.00
D3110	Pulp cap-direct, (ex rest)	0.00	0.00	0.00	0.00	0.00
D3120	Pulp cap-indirect, (ex rest)	45.00	50.00	50.00	55.00	55.00
D3220	Therapeutic pulpotomy-pulp remv	47.00	50.00	53.00	56.00	59.00
D3221	Pulpal debridemnt-prim/perm th	70.00	80.00	100.00	120.00	125.00
D3222	Partial Pulpotomy for Apexogene	47.00	50.00	53.00	56.00	59.00
D3230	Pulpal therapy-anterior,primary	75.00	80.00	85.00	90.00	95.00
D3240	Pulpal therapy-posterior, prim	75.00	80.00	85.00	90.00	95.00
D3310	Root canal therapy - anterior	150.00	160.00	170.00	180.00	190.00
D3320	Root canal therapy - bicuspid	225.00	240.00	255.00	270.00	285.00
D3330	Root canal therapy - molar	235.00	250.00	265.00	280.00	295.00
D3331	Treatmnt of root canal obstruct	0.00	0.00	0.00	0.00	0.00
D3332	Incomplete endo therapy	120.00	120.00	140.00	150.00	160.00
D3333	Int root repair of perf defects	0.00	0.00	0.00	0.00	0.00
D3346	Retreat, prev RCT - anterior	143.00	152.00	162.00	171.00	181.00
D3347	Retreat, prev RCT - bicuspid	165.00	176.00	187.00	198.00	209.00
D3348	Retreat, prev RCT - molar	0.00	0.00	0.00	0.00	0.00
D3351	Apexification/recalcif, initial	0.00	0.00	0.00	0.00	0.00
D3352	Apexification/recalcif, interim	40.00	50.00	50.00	50.00	60.00
D3353	Apexification/recalcif, final	180.00	192.00	204.00	216.00	228.00
D3410	Apicoectomy/Periradic surg-ant	0.00	0.00	0.00	0.00	0.00
D3421	Apicoect/Perirad-bicus/1st root	0.00	0.00	0.00	0.00	0.00
D3425	Apicoect/Perirad-molar/1st root	0.00	0.00	0.00	0.00	0.00
D3426	Apicoect/Perirad (each + root)	0.00	0.00	0.00	0.00	0.00
D3430	Retrograde filling-per root	0.00	0.00	0.00	0.00	0.00
D3450	Root amputation-per root	0.00	0.00	0.00	0.00	0.00
D3460	Endodontic endosseous implant	0.00	0.00	0.00	0.00	0.00

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D3470	Intentional replant, inc splint	0.00	0.00	0.00	0.00	0.00
D3910	Surg isolation of th w/rub dam	0.00	0.00	0.00	0.00	0.00
D3920	Hemisection, no root can ther	0.00	0.00	0.00	0.00	0.00
D3950	Canal prep/fit of dowel/post	0.00	0.00	0.00	0.00	0.00
D3999	Unspecified endo procedure, B/R	69.00	69.00	79.00	79.00	89.00
D4-510	Dental Fluorosis	0.00	0.00	0.00	0.00	0.00
D4-510	Abnormal Tooth eruption	0.00	0.00	0.00	0.00	0.00
D4-511	Vertical Overbite	0.00	0.00	0.00	0.00	0.00
D4-511	Malocclusion angle, class 1	0.00	0.00	0.00	0.00	0.00
D4-512	Failure of Exfoliation	0.00	0.00	0.00	0.00	0.00
D4-515	Dentigerous cast	0.00	0.00	0.00	0.00	0.00
D4210	Gingivectomy-4+ per quadrant	0.00	0.00	0.00	0.00	0.00
D4211	Gingivectomy-1-3 contig th/quad	0.00	0.00	0.00	0.00	0.00
D4230	Anatomical crwn exp,4+teeth/qu	0.00	0.00	0.00	0.00	0.00
D4231	Anatomical crwn exp,1-3 th/quad	0.00	0.00	0.00	0.00	0.00
D4240	Ging flap,root pln, 4+ per quad	0.00	0.00	0.00	0.00	0.00
D4241	Ging flap rt pln 1-3 per quad	0.00	0.00	0.00	0.00	0.00
D4245	Apically positioned flap	0.00	0.00	0.00	0.00	0.00
D4249	Clinic crown lengthen-hard tiss	0.00	0.00	0.00	0.00	0.00
D4260	Osseous surgery-4+ per quad	0.00	0.00	0.00	0.00	0.00
D4261	Osseous surgery- 1-3 per quad	0.00	0.00	0.00	0.00	0.00
D4263	Bone replace graft-1st site/qu	0.00	0.00	0.00	0.00	0.00
D4264	Bone replace graft-each add/qu	0.00	0.00	0.00	0.00	0.00
D4265	Bio mat, sft&osseous tiss regen	0.00	0.00	0.00	0.00	0.00
D4266	Guided tiss regen-resorb-per	0.00	0.00	0.00	0.00	0.00
D4267	Guided tiss regen-nonresorb-per	0.00	0.00	0.00	0.00	0.00
D4268	Surg revision proc, per tooth	0.00	0.00	0.00	0.00	0.00
D4270	Pedicle soft tissue graft proc	0.00	0.00	0.00	0.00	0.00
D4271	Free soft tissue graft proced	0.00	0.00	0.00	0.00	0.00
D4273	Subepithelial con tis graft/th	0.00	0.00	0.00	0.00	0.00
D4274	Distal/proximal wedge procedure	0.00	0.00	0.00	0.00	0.00
D4275	Soft tissue allograft	0.00	0.00	0.00	0.00	0.00
D4276	Combined graft, per tooth	0.00	0.00	0.00	0.00	0.00
D4320	Provisional splinting-intracor	0.00	0.00	0.00	0.00	0.00
D4321	Provisional splinting-extracor	0.00	0.00	0.00	0.00	0.00
D4341	Perio scale&root pln-4+per quad	57.00	61.00	65.00	69.00	73.00
D4342	Perio scale&root pln-1-3th,quad	57.00	61.00	65.00	69.00	73.00
D4355	Full mouth debridemnt,eval/diag	70.00	74.00	74.00	77.00	80.00
D4381	LocalAntimicrbag-th B/RARESTIN	50.00	50.00	50.00	50.00	50.00
D4910	Periodontal maintenance	65.00	65.00	65.00	69.00	73.00
D4920	Unscheduled dressing change	15.00	16.00	17.00	18.00	19.00
D4999	Unspecified perio proced, B/R	50.00	60.00	60.00	60.00	60.00
D5-101	Cementum Caries	0.00	0.00	0.00	0.00	0.00
D5-102	Secondary dental caries, NOS	0.00	0.00	0.00	0.00	0.00
D5110	Complete denture - maxillary	578.00	616.00	655.00	693.00	732.00
D5120	Complete denture - mandibular	578.00	616.00	655.00	693.00	732.00
D5130	Immediate denture - maxillary	578.00	616.00	655.00	693.00	732.00
D5140	Immediate denture - mandibular	578.00	616.00	655.00	693.00	732.00
D5211	Maxillary partial - resin base	578.00	616.00	655.00	693.00	732.00
D5212	Mandibular partial - resin base	578.00	616.00	655.00	693.00	732.00
D5213	Maxil parti-cast metal w/resin	578.00	616.00	655.00	693.00	732.00
D5214	Mand parti-cast metal w/resin	578.00	616.00	655.00	693.00	732.00
D5225	Max partial-flex base/Valplast	593.00	631.00	670.00	708.00	747.00
D5226	Mand partial-flex base/Valplast	593.00	631.00	670.00	708.00	747.00
D5281	Nesbit	155.00	160.00	165.00	170.00	175.00
D5410	Adjust complete denture-maxil	29.00	31.00	33.00	35.00	37.00
D5411	Adjust complete denture-mand	29.00	31.00	33.00	35.00	37.00
D5421	Adjust partial denture-maxil	29.00	31.00	33.00	35.00	37.00
D5422	Adjust partial denture-mand	29.00	31.00	33.00	35.00	37.00
D5510	Repair complete denture base	113.00	120.00	128.00	135.00	143.00

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D5520	Replace teeth-comp dent (ea th)	113.00	120.00	128.00	135.00	143.00
D5610	Repair resin denture base	113.00	120.00	128.00	135.00	143.00
D5620	Repair cast framework	0.00	0.00	0.00	0.00	0.00
D5630	Repair or replace broken clasp	102.00	109.00	116.00	123.00	130.00
D5640	Replace broken teeth-per tooth	120.00	123.00	126.00	129.00	129.00
D5650	Add tooth to exist part denture	113.00	120.00	128.00	135.00	143.00
D5660	Add clasp, exist part denture	75.00	80.00	85.00	90.00	95.00
D5670	Replace all th&acrylic-maxil	0.00	0.00	0.00	0.00	0.00
D5671	Replace all th&acrylic-mand	0.00	0.00	0.00	0.00	0.00
D5710	Rebase complete maxil denture	248.00	264.00	281.00	297.00	314.00
D5711	Rebase complete mand denture	248.00	264.00	281.00	297.00	314.00
D5720	Rebase maxil partial denture	248.00	264.00	281.00	297.00	314.00
D5721	Rebase mand partial denture	248.00	264.00	281.00	297.00	314.00
D5730	Reline complete maxil-chairside	113.00	120.00	128.00	135.00	143.00
D5731	Reline complete mand-chairside	113.00	120.00	128.00	135.00	143.00
D5740	Reline maxil partial-chairside	120.00	128.00	135.00	143.00	150.00
D5741	Reline mand partial-chairside	120.00	128.00	135.00	143.00	150.00
D5750	Reline complete maxillary (lab)	225.00	240.00	255.00	270.00	285.00
D5751	Reline complete mand (lab)	225.00	240.00	255.00	270.00	285.00
D5760	Reline maxillary partial (lab)	210.00	225.00	240.00	255.00	270.00
D5761	Reline mandibular partial (lab)	210.00	225.00	240.00	255.00	270.00
D5810	Interim comp denture (maxil)	250.00	275.00	300.00	350.00	375.00
D5811	Interim comp denture (mand)	250.00	275.00	300.00	350.00	375.00
D5820	Interim partial denture (maxil)	110.00	113.00	120.00	125.00	150.00
D5821	Interim partial denture (mand)	110.00	113.00	120.00	125.00	150.00
D5850	Tissue condition, maxillary	47.00	50.00	53.00	56.00	59.00
D5851	Tissue condition, mandibular	47.00	50.00	53.00	56.00	59.00
D5860	Overdenture-complete, B/R	0.00	0.00	0.00	0.00	0.00
D5861	Overdenture-partial, by report	0.00	0.00	0.00	0.00	0.00
D5862	Precision attachment, B/R	0.00	0.00	0.00	0.00	0.00
D5867	Replcmt prec attachmt-part/full	0.00	0.00	0.00	0.00	0.00
D5875	Mod of remvble prosth-post surg	0.00	0.00	0.00	0.00	0.00
D5899	Unspecified remove prosth, B/R	125.00	125.00	125.00	125.00	125.00
D5899.	Zest Anchor	0.00	0.00	0.00	0.00	0.00
D5911	Facial moulage (sectional)	0.00	0.00	0.00	0.00	0.00
D5912	Facial moulage (complete)	0.00	0.00	0.00	0.00	0.00
D5913	Nasal prosthesis	0.00	0.00	0.00	0.00	0.00
D5914	Auricular prosthesis	0.00	0.00	0.00	0.00	0.00
D5915	Orbital prosthesis	0.00	0.00	0.00	0.00	0.00
D5916	Ocular prosthesis	0.00	0.00	0.00	0.00	0.00
D5919	Facial prosthesis	0.00	0.00	0.00	0.00	0.00
D5922	Nasal septal prosthesis	0.00	0.00	0.00	0.00	0.00
D5923	Ocular prosthesis, interim	0.00	0.00	0.00	0.00	0.00
D5924	Cranial prosthesis	0.00	0.00	0.00	0.00	0.00
D5925	Facial augmentat implant,prosth	0.00	0.00	0.00	0.00	0.00
D5926	Nasal prosthesis, replacement	0.00	0.00	0.00	0.00	0.00
D5927	Auricular prosthesis,replacemen	0.00	0.00	0.00	0.00	0.00
D5928	Orbital prosthesis, replacement	0.00	0.00	0.00	0.00	0.00
D5929	Facial prosthesis, replacement	0.00	0.00	0.00	0.00	0.00
D5931	Obturator prosthesis, surgical	0.00	0.00	0.00	0.00	0.00
D5932	Obturator prosthesis,definitive	0.00	0.00	0.00	0.00	0.00
D5933	Obturator prosthesis, modificat	0.00	0.00	0.00	0.00	0.00
D5934	Mandibular resection w/ flange	0.00	0.00	0.00	0.00	0.00
D5935	Mandibular resection w/o flange	0.00	0.00	0.00	0.00	0.00
D5936	Obturator prosthesis, interim	0.00	0.00	0.00	0.00	0.00
D5937	Trismus appliance (not TMD)	0.00	0.00	0.00	0.00	0.00
D5951	Feeding aid	0.00	0.00	0.00	0.00	0.00
D5952	Speech aid prosthesis,pediatric	0.00	0.00	0.00	0.00	0.00
D5953	Speech aid prosthesis, adult	0.00	0.00	0.00	0.00	0.00
D5954	Palatal augmentation prosthesis	0.00	0.00	0.00	0.00	0.00

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CODE	DESCRIPTION	FEE 15	FEE 16	FEE 17	FEE 18	FEE 19
D5955	Palatal lift prosth, definitive	0.00	0.00	0.00	0.00	0.00
D5958	Palatal lift prosthesis,interim	0.00	0.00	0.00	0.00	0.00
D5959	Palatal lift prosth, modificat	0.00	0.00	0.00	0.00	0.00
D5960	Speech aid prosth, modification	0.00	0.00	0.00	0.00	0.00
D5982	Surgical stent	0.00	0.00	0.00	0.00	0.00
D5983	Radiation carrier	0.00	0.00	0.00	0.00	0.00
D5984	Radiation shield	0.00	0.00	0.00	0.00	0.00
D5985	Radiation cone locator	0.00	0.00	0.00	0.00	0.00
D5986	Fluoride gel carrier	0.00	0.00	0.00	0.00	0.00
D5987	Commissure splint	0.00	0.00	0.00	0.00	0.00
D5988	Surgical splint	0.00	0.00	0.00	0.00	0.00
D5999	Unspec maxillofacial prosth B/R	0.00	0.00	0.00	0.00	0.00
D6010	Surg place implant: endosteal	0.00	0.00	0.00	0.00	0.00
D6012	Plcmnt of intrm impl: endosteal	0.00	0.00	0.00	0.00	0.00
D6040	Surgic place: eposteal implant	0.00	0.00	0.00	0.00	0.00
D6050	Surg place: transosteal implant	0.00	0.00	0.00	0.00	0.00
D6053	Imp/abut remov,comp edent arch	0.00	0.00	0.00	0.00	0.00
D6054	Imp/abut remov,part edent arch	0.00	0.00	0.00	0.00	0.00
D6055	Dent implant sup connecting bar	0.00	0.00	0.00	0.00	0.00
D6056	Prefab abutment-incl placement	0.00	0.00	0.00	0.00	0.00
D6057	Custom abutment-incl placement	0.00	0.00	0.00	0.00	0.00
D6058	Abutment supported porc/cer crn	0.00	0.00	0.00	0.00	0.00
D6059	Abtmt supp porc fused to hi-nob	0.00	0.00	0.00	0.00	0.00
D6060	Abtmt supp porc fused-base metl	0.00	0.00	0.00	0.00	0.00
D6061	Abtmt supp porc fused-mtl crown	0.00	0.00	0.00	0.00	0.00
D6062	Abtmt supp cast mtl crown-hinob	0.00	0.00	0.00	0.00	0.00
D6063	Abtmt supp cast mtl crown-base	0.00	0.00	0.00	0.00	0.00
D6064	Abtmt supp cast mtl crown-noble	0.00	0.00	0.00	0.00	0.00
D6065	Implant supp porc/cer crown	0.00	0.00	0.00	0.00	0.00
D6066	Implant supp porc fused mtl crn	0.00	0.00	0.00	0.00	0.00
D6067	Implant supported metal crown	0.00	0.00	0.00	0.00	0.00
D6068	Abtmt supp ret for porc/cer FPD	0.00	0.00	0.00	0.00	0.00
D6069	Abut sup ret-porc fsd mtl FPDhn	0.00	0.00	0.00	0.00	0.00
D6070	Abut sup ret-porc fsd mtl FPDbm	0.00	0.00	0.00	0.00	0.00
D6071	Abut sup ret-porc fsd mtl FPDno	0.00	0.00	0.00	0.00	0.00
D6072	Abut sup ret-cast mtl FPD-hinob	0.00	0.00	0.00	0.00	0.00
D6073	Abut sup ret-cast mtl FPD-base	0.00	0.00	0.00	0.00	0.00
D6074	Abut sup ret-cast mtl FPD-noble	0.00	0.00	0.00	0.00	0.00
D6075	Implant supp ret-ceramic FPD	0.00	0.00	0.00	0.00	0.00
D6076	Implnt supp ret-prc fuse mtlFPD	0.00	0.00	0.00	0.00	0.00
D6077	Implant supp ret-cast metal FPD	0.00	0.00	0.00	0.00	0.00
D6078	Implnt/abut supp fxd comp edent	0.00	0.00	0.00	0.00	0.00
D6079	Implnt/abut supp fxd part edent	0.00	0.00	0.00	0.00	0.00
D6080	Implant maintenance procedures	0.00	0.00	0.00	0.00	0.00
D6090	Repair implant sup prosth, B/R	0.00	0.00	0.00	0.00	0.00
D6091	Rpl atthmt imp/abt sup prosth	0.00	0.00	0.00	0.00	0.00
D6092	Recement impl/abut sup crown	0.00	0.00	0.00	0.00	0.00
D6093	Recement impl/abut sup FPD	0.00	0.00	0.00	0.00	0.00
D6094	Abutment supp crown - titanium	0.00	0.00	0.00	0.00	0.00
D6095	Repair implant abutment, B/R	0.00	0.00	0.00	0.00	0.00
D6100	Implant removal, by report	0.00	0.00	0.00	0.00	0.00
D6190	Radiograph/surg impl index B/R	0.00	0.00	0.00	0.00	0.00
D6194	Abut sup ret-cast mtl FPD-titan	0.00	0.00	0.00	0.00	0.00
D6199	Unspecified implant proced, B/R	0.00	0.00	0.00	0.00	0.00
D6205	Pontic-indirect res based comp	0.00	0.00	0.00	0.00	0.00
D6210	Pontic-cast high noble metal	578.00	616.00	655.00	693.00	732.00
D6211	Pontic-cast predominantly base	0.00	0.00	0.00	0.00	0.00
D6212	Pontic-cast noble metal	0.00	0.00	0.00	0.00	0.00
D6214	Pontic-titanium	0.00	0.00	0.00	0.00	0.00
D6240	Pontic-porcelain fused to hnob	578.00	616.00	655.00	693.00	732.00

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D6241	Pontic-porcelain fused to base	0.00	0.00	0.00	0.00	0.00
D6242	Pontic-porcelain fused to nobl	0.00	0.00	0.00	0.00	0.00
D6245	Pontic-porcelain/ceramic	578.00	616.00	655.00	693.00	732.00
D6250	Pontic-resin w/ high noble met	0.00	0.00	0.00	0.00	0.00
D6251	Pontic-resin w/ predomnt base	0.00	0.00	0.00	0.00	0.00
D6252	Pontic-resin with noble metal	0.00	0.00	0.00	0.00	0.00
D6253	Provisional pontic	290.00	320.00	350.00	380.00	400.00
D6545	Retainer-cast for resin bonded	0.00	0.00	0.00	0.00	0.00
D6548	Ret-porc/cer-resin bnd fxd pros	0.00	0.00	0.00	0.00	0.00
D6600	Inlay-porcelain/ceramic, 2 surf	0.00	0.00	0.00	0.00	0.00
D6601	Inlay-porcelain/ceramic, 3+surf	0.00	0.00	0.00	0.00	0.00
D6602	Inlay-cast high noble met,2surf	0.00	0.00	0.00	0.00	0.00
D6603	Inlay-cast high nob met, 3+surf	0.00	0.00	0.00	0.00	0.00
D6604	Inlay-cast predomnt base, 2surf	0.00	0.00	0.00	0.00	0.00
D6605	Inlay-cast predomnt base,3+surf	0.00	0.00	0.00	0.00	0.00
D6606	Inlay-cast noble metal, 2 surf	0.00	0.00	0.00	0.00	0.00
D6607	Inlay-cast noble metal, 3+ surf	0.00	0.00	0.00	0.00	0.00
D6608	Onlay-porcelain/ceramic, 2 surf	0.00	0.00	0.00	0.00	0.00
D6609	Onlay-porcelain/ceramic, 3+surf	578.00	616.00	655.00	693.00	732.00
D6610	Onlay-cast high noble met,2surf	0.00	0.00	0.00	0.00	0.00
D6611	Onlay-cast high nob met, 3+surf	0.00	0.00	0.00	0.00	0.00
D6612	Onlay-cast predomnt base, 2surf	0.00	0.00	0.00	0.00	0.00
D6613	Onlay-cast predomnt base,3+surf	0.00	0.00	0.00	0.00	0.00
D6614	Onlay-cast noble metal, 2 surf	0.00	0.00	0.00	0.00	0.00
D6615	Onlay-cast noble metal, 3+ surf	0.00	0.00	0.00	0.00	0.00
D6624	Inlay-titanium	0.00	0.00	0.00	0.00	0.00
D6634	Onlay-titanium	0.00	0.00	0.00	0.00	0.00
D6710	Retainer crn-indir res-bas comp	0.00	0.00	0.00	0.00	0.00
D6720	Retainer crn-res w/ hi nob met	0.00	0.00	0.00	0.00	0.00
D6721	Retainer crn-resin w/ base met	0.00	0.00	0.00	0.00	0.00
D6722	Retainer crn-resin w/ nob met	0.00	0.00	0.00	0.00	0.00
D6740	Crown-porcelain/ceramic	578.00	616.00	655.00	693.00	732.00
D6750	Retainer crn-porc fused-hi nob	578.00	616.00	655.00	693.00	732.00
D6751	Retainer crn-porc fuse-base met	0.00	0.00	0.00	0.00	0.00
D6752	Retainer crn-porc fused-nob met	0.00	0.00	0.00	0.00	0.00
D6780	Retainer crn-3/4 cast h nob met	578.00	616.00	655.00	693.00	732.00
D6781	Crown-3/4 cast most base metal	0.00	0.00	0.00	0.00	0.00
D6782	Crown-3/4 cast noble metal	0.00	0.00	0.00	0.00	0.00
D6783	Crown-3/4 porcelain/ceramic	0.00	0.00	0.00	0.00	0.00
D6790	Retainer crn-full cast hi nob	578.00	616.00	655.00	693.00	732.00
D6791	Retainer crn-full cast base	0.00	0.00	0.00	0.00	0.00
D6792	Retainer crn-full cast nob met	0.00	0.00	0.00	0.00	0.00
D6793	Provisional retainer crown	280.00	300.00	320.00	340.00	360.00
D6794	Retainer crown-titanium	0.00	0.00	0.00	0.00	0.00
D6920	Connector bar	0.00	0.00	0.00	0.00	0.00
D6930	Recement fixed partial denture	47.00	50.00	53.00	56.00	59.00
D6940	Stress breaker	0.00	0.00	0.00	0.00	0.00
D6950	Precision attachment	0.00	0.00	0.00	0.00	0.00
D6970	Post&core w/bridge retainer	0.00	0.00	0.00	0.00	0.00
D6971	Cast post/part of brdg retainer	0.00	0.00	0.00	0.00	0.00
D6972	Prefab post/core+ brdg retainer	0.00	0.00	0.00	0.00	0.00
D6973	Core buildup for retain,inc pin	0.00	0.00	0.00	0.00	0.00
D6975	Coping-metal	0.00	0.00	0.00	0.00	0.00
D6976	Each add'l cast post-same tooth	0.00	0.00	0.00	0.00	0.00
D6977	Each + prefab post-same tooth	0.00	0.00	0.00	0.00	0.00
D6980	Fixed partial dent. repair, B/R	85.00	90.00	110.00	110.00	130.00
D6985	Pediatric part'l denture, fixed	0.00	0.00	0.00	0.00	0.00
D6999	Unspec fixed prosth proced, B/R	0.00	0.00	0.00	0.00	0.00
D7111	Extraction crnl remnts-decid th	0.00	0.00	0.00	0.00	0.00
D7130	Root Removal	45.00	50.00	55.00	60.00	65.00

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D7140	Extract,erupted th/exposed rt	47.00	50.00	53.00	56.00	59.00
D7210	Extraction-surgical/erupt tooth	75.00	80.00	85.00	90.00	95.00
D7220	Extraction-impacted/soft tis	95.00	101.00	108.00	114.00	120.00
D7230	Extraction-impacted/part bony	113.00	120.00	128.00	135.00	143.00
D7240	Extraction-impacted/compl bony	0.00	0.00	0.00	0.00	0.00
D7241	Remov impact-comp bony w/ con	0.00	0.00	0.00	0.00	0.00
D7250	Surgic removl resid tooth root	0.00	0.00	0.00	0.00	0.00
D7260	Oroantral fistula closure	0.00	0.00	0.00	0.00	0.00
D7261	Prim closure sinus perforation	0.00	0.00	0.00	0.00	0.00
D7270	Reimplantation/stabilization	75.00	80.00	85.00	90.00	95.00
D7272	Tooth transplantation	0.00	0.00	0.00	0.00	0.00
D7280	Surgical access unerupted tooth	0.00	0.00	0.00	0.00	0.00
D7282	Mobiliz erupt/malpos th-erupt	0.00	0.00	0.00	0.00	0.00
D7283	Device for impacted tooth	0.00	0.00	0.00	0.00	0.00
D7285	Biopsy of oral tissue-hard	0.00	0.00	0.00	0.00	0.00
D7286	Biopsy of oral tissue-soft	0.00	0.00	0.00	0.00	0.00
D7287	Exfoliative cyt sample collectn	0.00	0.00	0.00	0.00	0.00
D7288	Brush biopsy-transepith sample	0.00	0.00	0.00	0.00	0.00
D7290	Surgical reposition of teeth	0.00	0.00	0.00	0.00	0.00
D7291	T/SC Fiberotomy, B/R	0.00	0.00	0.00	0.00	0.00
D7292	Plcmnt: temp anch scrw rtnd plt	0.00	0.00	0.00	0.00	0.00
D7293	Plcmnt: temp anch w/ surg flap	0.00	0.00	0.00	0.00	0.00
D7294	Plcmnt: temp anch w/o surg flap	0.00	0.00	0.00	0.00	0.00
D7310	Alveoloplasty w/ext 4+, quad	102.00	109.00	116.00	123.00	130.00
D7311	Alveoloplasty w/ext 1-3 th/quad	0.00	0.00	0.00	0.00	0.00
D7320	Alveoloplasty w/o ext 4+, quad	135.00	144.00	153.00	162.00	172.00
D7321	Alveoloplasty w/o ex 1-3 th/quad	0.00	0.00	0.00	0.00	0.00
D7340	Vestibuloplasty-ridge ext -2nd	0.00	0.00	0.00	0.00	0.00
D7350	Vestiplasty-ridge ext (inc)	0.00	0.00	0.00	0.00	0.00
D7410	Excision benign lesion<=1.25cm	0.00	0.00	0.00	0.00	0.00
D7411	Excision benign lesion>1.25 cm	0.00	0.00	0.00	0.00	0.00
D7412	Excision benign lesion,complic	0.00	0.00	0.00	0.00	0.00
D7413	Excision malig lesion<=1.25cm	0.00	0.00	0.00	0.00	0.00
D7414	Excision malig lesion>1.25cm	0.00	0.00	0.00	0.00	0.00
D7415	Excision malig lesion,complic	0.00	0.00	0.00	0.00	0.00
D7440	Ex malig tumor-diam <= 1.25 cm	0.00	0.00	0.00	0.00	0.00
D7441	Ex malig tumor-diam > 1.25 cm	0.00	0.00	0.00	0.00	0.00
D7450	Rem benign odont-diam<=1.25cm	0.00	0.00	0.00	0.00	0.00
D7451	Rem benign odont-diam>1.25 cm	0.00	0.00	0.00	0.00	0.00
D7460	Rem benign nonodont-di<=1.25cm	0.00	0.00	0.00	0.00	0.00
D7461	Rem benign nonodont-diam>1.25cm	0.00	0.00	0.00	0.00	0.00
D7465	Destruct lesion-phys/chem B/R	0.00	0.00	0.00	0.00	0.00
D7471	Rem lat exostosis-maxil/mand	0.00	0.00	0.00	0.00	0.00
D7472	Removal of torus palatinus	0.00	0.00	0.00	0.00	0.00
D7473	Removal of torus mandibularis	0.00	0.00	0.00	0.00	0.00
D7485	Surg reduc, osseous tuberosity	0.00	0.00	0.00	0.00	0.00
D7490	Rad resectn-maxilla or mandible	0.00	0.00	0.00	0.00	0.00
D7510	Incis&drain abscess-intra soft	57.00	61.00	65.00	69.00	73.00
D7511	Incis&drain abscess-int soft comp	0.00	0.00	0.00	0.00	0.00
D7520	Incis&drain abscess-extra soft	57.00	61.00	65.00	69.00	73.00
D7521	Incis&drain abscess-ext soft comp	0.00	0.00	0.00	0.00	0.00
D7530	Remove foreign body from tissue	0.00	0.00	0.00	0.00	0.00
D7540	Remove foreign body from bone	0.00	0.00	0.00	0.00	0.00
D7550	Partial ostect/sequestrectomy	0.00	0.00	0.00	0.00	0.00
D7560	Maxill sinusotomy-rem foreign	0.00	0.00	0.00	0.00	0.00
D7610	Maxilla-open red (teeth immob)	0.00	0.00	0.00	0.00	0.00
D7620	Maxilla-closed red (teeth immob)	0.00	0.00	0.00	0.00	0.00
D7630	Mandible-open red (teeth immob)	0.00	0.00	0.00	0.00	0.00
D7640	Mandible-closed red (th immob)	0.00	0.00	0.00	0.00	0.00
D7650	Malar/zygomat arch-open reduc	0.00	0.00	0.00	0.00	0.00

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D7660	Malar/zygo arch-closed reduc	0.00	0.00	0.00	0.00	0.00
D7670	Alveolus-closed reduction	0.00	0.00	0.00	0.00	0.00
D7671	Alveolus-open reduction	0.00	0.00	0.00	0.00	0.00
D7680	Facial bone-complicated reduct	0.00	0.00	0.00	0.00	0.00
D7710	Maxilla-open reduction	0.00	0.00	0.00	0.00	0.00
D7720	Maxilla-closed reduction	0.00	0.00	0.00	0.00	0.00
D7730	Mandible-open reduction	0.00	0.00	0.00	0.00	0.00
D7740	Mandible-closed reduction	0.00	0.00	0.00	0.00	0.00
D7750	Malar/zygomatic arch-open red	0.00	0.00	0.00	0.00	0.00
D7760	Malar/zygomatic arch-close red	0.00	0.00	0.00	0.00	0.00
D7770	Alveolus-stabilize teeth, open	0.00	0.00	0.00	0.00	0.00
D7771	Alveolus-stabilize teeth,closed	0.00	0.00	0.00	0.00	0.00
D7780	Facial bones-complicated reduc	0.00	0.00	0.00	0.00	0.00
D7810	Open reduction of dislocation	0.00	0.00	0.00	0.00	0.00
D7820	Closed reduction of dislocate	0.00	0.00	0.00	0.00	0.00
D7830	Manipulation under anesthesia	0.00	0.00	0.00	0.00	0.00
D7840	Condylectomy	0.00	0.00	0.00	0.00	0.00
D7850	Surgical dissect:w/ w/o implant	0.00	0.00	0.00	0.00	0.00
D7852	Disc repair	0.00	0.00	0.00	0.00	0.00
D7854	Synovectomy	0.00	0.00	0.00	0.00	0.00
D7856	Myotomy	0.00	0.00	0.00	0.00	0.00
D7858	Joint reconstruction	0.00	0.00	0.00	0.00	0.00
D7860	Arthrotomy	0.00	0.00	0.00	0.00	0.00
D7865	Arthroplasty	0.00	0.00	0.00	0.00	0.00
D7870	Arthrocentesis	0.00	0.00	0.00	0.00	0.00
D7871	Non-arthroscopic lysis & lavage	0.00	0.00	0.00	0.00	0.00
D7872	Arthroscopy-diag, w/ w/o biopsy	0.00	0.00	0.00	0.00	0.00
D7873	Arthroscopy-surgical: adhesions	0.00	0.00	0.00	0.00	0.00
D7874	Arthroscopy-surgical: disc rep	0.00	0.00	0.00	0.00	0.00
D7875	Arthroscopy-surgic: synovectomy	0.00	0.00	0.00	0.00	0.00
D7876	Arthroscopy-surgical:discectomy	0.00	0.00	0.00	0.00	0.00
D7877	Arthroscopy-surgic: debridement	0.00	0.00	0.00	0.00	0.00
D7880	Occlusal orthotic device, B/R	0.00	0.00	0.00	0.00	0.00
D7899	Unspecified TMD therapy, B/R	0.00	0.00	0.00	0.00	0.00
D7910	Suture of small wounds to 5cm	75.00	80.00	85.00	90.00	95.00
D7911	Complicated suture-up to 5 cm	0.00	0.00	0.00	0.00	0.00
D7912	Complicated suture-over 5 cm	0.00	0.00	0.00	0.00	0.00
D7920	Skin grafts, by report	0.00	0.00	0.00	0.00	0.00
D7940	Osteoplasty-orthognathic defor	0.00	0.00	0.00	0.00	0.00
D7941	Osteotomy-mandibular rami	0.00	0.00	0.00	0.00	0.00
D7943	Osteotomy-mand rami w/bone gr:	0.00	0.00	0.00	0.00	0.00
D7944	Osteotomy-segmented/subapical	0.00	0.00	0.00	0.00	0.00
D7945	Osteotomy-body of mandible	0.00	0.00	0.00	0.00	0.00
D7946	LeFort I (maxilla-total)	0.00	0.00	0.00	0.00	0.00
D7947	LeFort I (maxilla-segmented)	0.00	0.00	0.00	0.00	0.00
D7948	LeFort II/III-no bone graft	0.00	0.00	0.00	0.00	0.00
D7949	LeFort II/III-with bone graft	0.00	0.00	0.00	0.00	0.00
D7950	Graft of mandible/maxilla B/R	0.00	0.00	0.00	0.00	0.00
D7951	Sinus augmentation w/bone	0.00	0.00	0.00	0.00	0.00
D7953	Bone repl grft ridge prsv/site	0.00	0.00	0.00	0.00	0.00
D7955	Rep maxillofacial sft/hrd tis	0.00	0.00	0.00	0.00	0.00
D7960	Frenulectomy-separate procedur	0.00	0.00	0.00	0.00	0.00
D7963	Frenuloplasty	0.00	0.00	0.00	0.00	0.00
D7970	Excision, hyperplast tiss-arch	0.00	0.00	0.00	0.00	0.00
D7971	Excision-pericoronal ging /arch	0.00	0.00	0.00	0.00	0.00
D7972	Surg reduc, fibrous tuberosity	0.00	0.00	0.00	0.00	0.00
D7980	Sialolithotomy	0.00	0.00	0.00	0.00	0.00
D7981	Excision of salivary gland, B/R	0.00	0.00	0.00	0.00	0.00
D7982	Sialodochoplasty	0.00	0.00	0.00	0.00	0.00
D7983	Closure of salivary fistula	0.00	0.00	0.00	0.00	0.00

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D7990	Emergency tracheotomy	0.00	0.00	0.00	0.00	0.00
D7991	Coronoidectomy	0.00	0.00	0.00	0.00	0.00
D7995	Synthetic graft-mand/facial,B/R	0.00	0.00	0.00	0.00	0.00
D7996	Implant-mandib/augmentation,B/l	0.00	0.00	0.00	0.00	0.00
D7997	Appliance removal-incl archbar	0.00	0.00	0.00	0.00	0.00
D7998	Plcmnt of devc w/o fracture	0.00	0.00	0.00	0.00	0.00
D7999	Unspecified oral surg proc, B/R	113.00	120.00	128.00	135.00	143.00
D8010	Limited ortho trt, primary dent	0.00	0.00	0.00	0.00	0.00
D8020	Limited ortho trt, transitional	0.00	0.00	0.00	0.00	0.00
D8030	Limited ortho treat, adolescent	0.00	0.00	0.00	0.00	0.00
D8040	Limited ortho treat, adult dent	0.00	0.00	0.00	0.00	0.00
D8050	Intercep orth trt, primary dent	0.00	0.00	0.00	0.00	0.00
D8060	Intercep orth trt, transitional	0.00	0.00	0.00	0.00	0.00
D8070	Comprehensive ortho,transitional	0.00	0.00	0.00	0.00	0.00
D8080	Comprehensive ortho, adolescen	0.00	0.00	0.00	0.00	0.00
D8090	Comprehensive ortho, adult dent	0.00	0.00	0.00	0.00	0.00
D8210	Removable appliance therapy	0.00	0.00	0.00	0.00	0.00
D8220	Fixed appliance therapy	0.00	0.00	0.00	0.00	0.00
D8660	Pre-orthodontic treatment visit	0.00	0.00	0.00	0.00	0.00
D8670	Periodic ortho visit (contract)	0.00	0.00	0.00	0.00	0.00
D8680	Orthodontic retention	0.00	0.00	0.00	0.00	0.00
D8690	Ortho treatment (bill/contract)	0.00	0.00	0.00	0.00	0.00
D8691	Repair of orthodontic appliance	0.00	0.00	0.00	0.00	0.00
D8692	Retainer replacemnt-lost/broken	0.00	0.00	0.00	0.00	0.00
D8693	Rebond/repair of fixed retainer	0.00	0.00	0.00	0.00	0.00
D8999	Unspec ortho procedure, B/R	0.00	0.00	0.00	0.00	0.00

FEE SCHEDULE

Rural Health Network of Monroe County FL, Inc.

Codes D0120 - D8999

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CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	FEE 23	FEE 24
D0120	Periodic oral evaluation	26.00	32.00	22.50	0.00	0.00
D0140	Limited oral evaluation	38.00	44.00	12.00	0.00	0.00
D0145	Oral evaluation < 3 yrs of age	0.00	0.00	0.00	0.00	0.00
D0150	Comprehensive oral evaluation	38.00	44.00	24.00	0.00	0.00
D0160	Detail/extensive oral eval, B/R	0.00	0.00	0.00	0.00	0.00
D0170	Limited re-evaluation	0.00	0.00	0.00	0.00	0.00
D0180	Comprehensive perio evaluation	45.00	50.00	24.00	0.00	0.00
D0210	Intraoral-complete series (bw)	50.00	80.00	48.00	0.00	0.00
D0220	Intraoral-periapical-1st film	26.00	26.00	6.00	0.00	0.00
D0230	Intraoral-periapical-each add'l	14.00	19.00	4.50	0.00	0.00
D0240	Intraoral-occlusal film	26.00	31.00	12.00	0.00	0.00
D0250	Extraoral-first film	0.00	0.00	36.00	0.00	0.00
D0260	Extraoral-each additional film	0.00	0.00	19.50	0.00	0.00
D0270	Bitewing-single film	14.00	17.00	9.00	0.00	0.00
D0272	Bitewings-two films	26.00	30.00	13.50	0.00	0.00
D0273	Bitewings-three films	0.00	0.00	0.00	0.00	0.00
D0274	Bitewings-four films	38.00	44.00	16.50	0.00	0.00
D0277	Vertical bitewings-7 to 8 films	0.00	0.00	0.00	0.00	0.00
D0290	Skull &facial bone survey film	0.00	0.00	48.00	0.00	0.00
D0310	Sialography	0.00	0.00	0.00	0.00	0.00
D0320	TMJ arthrogram, incl injection	0.00	0.00	0.00	0.00	0.00
D0321	Other TMJ films, by report	0.00	0.00	0.00	0.00	0.00
D0322	Tomographic survey	0.00	0.00	0.00	0.00	0.00
D0330	Panoramic film	60.00	65.00	45.00	0.00	0.00
D0340	Cephalometric film	0.00	0.00	48.00	0.00	0.00
D0350	Oral/Facial Photographic Images	0.00	0.00	10.50	0.00	0.00
D0360	Cone beam ct-craniofacial data	0.00	0.00	0.00	0.00	0.00
D0362	Cone beam-2D multi img reconst	0.00	0.00	0.00	0.00	0.00
D0363	Cone beam-3D multi img reconst	0.00	0.00	0.00	0.00	0.00
D0415	Collection of microorganisms	0.00	0.00	0.00	0.00	0.00
D0416	Viral Culture	0.00	0.00	0.00	0.00	0.00
D0421	Genetic test-suscept oral dis	0.00	0.00	0.00	0.00	0.00
D0425	Caries susceptibility tests	0.00	0.00	0.00	0.00	0.00
D0431	Adjunc pre-diag test-detect muc	0.00	0.00	0.00	0.00	0.00
D0460	Pulp vitality tests	0.00	0.00	0.00	0.00	0.00
D0470	Diagnostic casts	30.00	55.00	33.00	0.00	0.00
D0472	Accession of tissue,gr exam,rpt	0.00	0.00	0.00	0.00	0.00
D0473	Access of tiss,gr&mic exam,rpt	0.00	0.00	0.00	0.00	0.00
D0474	Acc of tiss,exam,surg mar,rpt	0.00	0.00	0.00	0.00	0.00
D0475	Decalcification Procedure	0.00	0.00	0.00	0.00	0.00
D0476	Special stains for microorg	0.00	0.00	0.00	0.00	0.00
D0477	Special stains-not for microorg	0.00	0.00	0.00	0.00	0.00
D0478	Immunohistochemical stains	0.00	0.00	0.00	0.00	0.00
D0479	Tissue in-situ hybrid-inclu int	0.00	0.00	0.00	0.00	0.00
D0480	Cytologic smears, exam, report	0.00	0.00	0.00	0.00	0.00
D0481	Electron microscopy-diagnostic	0.00	0.00	0.00	0.00	0.00
D0482	Direct immunofluorescence	0.00	0.00	0.00	0.00	0.00
D0483	Indirect immunofluorescence	0.00	0.00	0.00	0.00	0.00
D0484	Consult on slides prp elsewhere	0.00	0.00	0.00	0.00	0.00
D0485	Consult, slides from biopsy	0.00	0.00	0.00	0.00	0.00
D0486	Brush biopsy sample,exam,repor	0.00	0.00	0.00	0.00	0.00
D0502	Other oral path procedure, B/R	0.00	0.00	0.00	0.00	0.00
D0999	Unspecified diag procedure, B/R	50.00	65.00	25.00	0.00	0.00
D1110	Prophylaxis-adult	76.00	76.00	38.00	0.00	0.00
D1120	Prophylaxis-child	50.00	54.00	21.00	0.00	0.00
D1201	Prophylaxis with fluoride-child	82.00	84.00	0.00	0.00	0.00
D1203	Topical Applic.Fluoride-Child	26.00	31.00	16.50	0.00	0.00
D1204	Topical Applic.Fluoride-Adult	27.00	31.00	0.00	0.00	0.00
D1205	Prophylaxis with fluoride-adult	88.00	95.00	0.00	0.00	0.00
D1206	Topical fluoride varnish	40.00	45.00	16.50	0.00	0.00

FEE SCHEDULE

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Codes D0120 - D8999

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CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	FEE 23	FEE 24
D1207	Fluoride Tray	120.00	120.00	120.00	0.00	0.00
D1310	Nutritional counseling	0.00	0.00	0.00	0.00	0.00
D1320	Tobacco counseling	0.00	0.00	0.00	0.00	0.00
D1330	Oral hygiene instruction	29.00	30.00	9.00	0.00	0.00
D1351	Sealant-per tooth	26.00	38.00	19.50	0.00	0.00
D1510	Space maint-fixed-unilateral	80.00	175.00	108.00	0.00	0.00
D1515	Space maint-fixed-bilateral	140.00	300.00	175.50	0.00	0.00
D1520	Space maint-remov-unilateral	130.00	225.00	0.00	0.00	0.00
D1525	Space maint-remov-bilateral	150.00	350.00	0.00	0.00	0.00
D1550	Recementation of space maint	30.00	40.00	25.50	0.00	0.00
D1555	Removal of fixed space maint	0.00	0.00	0.00	0.00	0.00
D2110	Amalgam 1surface Primary	38.00	75.00	0.00	0.00	0.00
D2120	Amalgam 2 Surface Primary	50.00	90.00	0.00	0.00	0.00
D2130	Amalgam 3 Surface Primary	62.00	109.00	0.00	0.00	0.00
D2131	Amalgam 4 Surf. Primary	76.00	96.00	0.00	0.00	0.00
D2140	Amalgam-1 surf. prim/perm	50.00	83.00	46.50	0.00	0.00
D2150	Amalgam-2 surf. prim/perm	62.00	103.00	61.50	0.00	0.00
D2160	Amalgam-3 surf. prim/perm	76.00	123.00	76.50	0.00	0.00
D2161	Amalgam-4+ surf. prim/perm	88.00	144.00	91.50	0.00	0.00
D2330	Resin-one surface, anterior	62.00	90.00	51.00	0.00	0.00
D2331	Resin-two surfaces, anterior	62.00	110.00	58.50	0.00	0.00
D2332	Resin-three surfaces, anterior	76.00	128.00	66.00	0.00	0.00
D2335	Resin-4+ w/incis angle-anterior	88.00	145.00	108.00	0.00	0.00
D2337	ResinComp.CrownAntPerm	160.00	219.00	0.00	0.00	0.00
D2390	Resin composite crown, anterior	0.00	0.00	108.00	0.00	0.00
D2391	Resin composite-1s, posterior	60.00	83.00	46.50	0.00	0.00
D2392	Resin composite-2s, posterior	124.00	150.00	61.50	0.00	0.00
D2393	Resin composite-3s, posterior	154.00	163.00	76.50	0.00	0.00
D2394	Resin composite-4+s, posterior	176.00	190.00	106.00	0.00	0.00
D2410	Gold foil-one surface	0.00	0.00	0.00	0.00	0.00
D2420	Gold foil-two surfaces	0.00	0.00	0.00	0.00	0.00
D2430	Gold foil-three surfaces	0.00	0.00	0.00	0.00	0.00
D2510	Inlay-metallic-one surface	0.00	0.00	0.00	0.00	0.00
D2520	Inlay-metallic-two surfaces	0.00	0.00	0.00	0.00	0.00
D2530	Inlay-metallic-three + surfaces	0.00	0.00	0.00	0.00	0.00
D2542	Onlay-metallic-two surfaces	600.00	700.00	0.00	0.00	0.00
D2543	Onlay-metallic-three surfaces	700.00	730.00	0.00	0.00	0.00
D2544	Onlay-metallic-four + surfaces	730.00	780.00	0.00	0.00	0.00
D2610	Inlay-porcel/ceramic-1 surface	350.00	370.00	270.00	0.00	0.00
D2620	Inlay-porcel/ceramic-2 surface	375.00	400.00	300.00	0.00	0.00
D2630	Inlay-porcel/ceramic-3+ surface	410.00	450.00	315.00	0.00	0.00
D2642	Onlay-porcel/ceram-2 surface	600.00	750.00	0.00	0.00	0.00
D2643	Onlay-porcel/ceram-3 surface	690.00	775.00	0.00	0.00	0.00
D2644	Onlay-porcel/ceram-4 + surface	700.00	800.00	0.00	0.00	0.00
D2650	Inlay-resin composite-1 surface	0.00	0.00	0.00	0.00	0.00
D2651	Inlay-resin composite-2 surface	0.00	0.00	0.00	0.00	0.00
D2652	Inlay-resin composite-3+surface	0.00	0.00	0.00	0.00	0.00
D2662	Onlay-resin composite-1 surface	0.00	0.00	0.00	0.00	0.00
D2663	Onlay-resin composite-2 surface	0.00	0.00	0.00	0.00	0.00
D2664	Onlay-resin composite-3+surface	0.00	0.00	0.00	0.00	0.00
D2710	Crown-resin composite(indirect)	0.00	0.00	115.50	0.00	0.00
D2712	Crown-3/4 resin comp(indirect)	0.00	0.00	0.00	0.00	0.00
D2720	Crown-resin w/high noble metal	0.00	0.00	0.00	0.00	0.00
D2721	Crown-resin w/ most base metal	0.00	0.00	127.50	0.00	0.00
D2722	Crown-resin with noble metal	0.00	0.00	0.00	0.00	0.00
D2740	Crown-porcelain/ceramic substr	700.00	850.00	0.00	0.00	0.00
D2750	Crown-porc fuse high noble mtl	700.00	800.00	0.00	0.00	0.00
D2751	Crown-porc fused to base metal	0.00	0.00	0.00	0.00	0.00
D2752	Crown-porc fused noble metal	700.00	800.00	0.00	0.00	0.00
D2780	Crown-3/4 cast high noble metal	700.00	800.00	0.00	0.00	0.00

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CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	FEE 23	FEE 24
D2781	Crown-3/4 cast most base metal	0.00	0.00	0.00	0.00	0.00
D2782	Crown-3/4 cast noble metal	0.00	0.00	0.00	0.00	0.00
D2783	Crown-3/4 porcelain/ceramic	700.00	800.00	0.00	0.00	0.00
D2790	Crown-full cast high noble mtl	700.00	800.00	0.00	0.00	0.00
D2791	Crown-full cast base metal	0.00	0.00	0.00	0.00	0.00
D2792	Crown-full cast noble metal	0.00	0.00	0.00	0.00	0.00
D2794	Crown-titanium	0.00	0.00	0.00	0.00	0.00
D2799	Provisional crown	90.00	110.00	0.00	0.00	0.00
D2910	Recement inlay/onlay/partial	30.00	50.00	0.00	0.00	0.00
D2915	Recemnt cast or prefab pst/cor	60.00	80.00	0.00	0.00	0.00
D2920	Recement crown	38.00	63.00	25.50	0.00	0.00
D2930	Prefab stain steel crn-primary	64.00	163.00	102.00	0.00	0.00
D2931	Prefab stain steel crown-perm	76.00	185.00	102.00	0.00	0.00
D2932	Prefabricated resin crown	88.00	200.00	102.00	0.00	0.00
D2933	Prefab stl crown w/resin window	80.00	180.00	127.50	0.00	0.00
D2934	Prefb esth ctd stnl stl crn-prm	0.00	0.00	0.00	0.00	0.00
D2940	Sedative filling	76.00	80.00	27.00	0.00	0.00
D2950	Core buildup, include any pins	88.00	156.00	97.50	0.00	0.00
D2951	Pin retention-/tooth, (+ rest)	50.00	50.00	3.00	0.00	0.00
D2952	Post&core in add to crown, fabr	0.00	0.00	0.00	0.00	0.00
D2953	Each add'l fabr post-same tooth	0.00	0.00	0.00	0.00	0.00
D2954	Prefab post&core in add to crn	114.00	206.00	79.50	0.00	0.00
D2955	Post removal (not with endo)	170.00	190.00	0.00	0.00	0.00
D2957	Each + prefab post-same tooth	0.00	0.00	0.00	0.00	0.00
D2960	Labial veneer(laminate)-chairsd	0.00	0.00	0.00	0.00	0.00
D2961	Labial veneer (resin lamin)-lab	0.00	0.00	0.00	0.00	0.00
D2962	Labial veneer (porceln lam)-lab	0.00	0.00	0.00	0.00	0.00
D2963	Labial Veneer- Porc.-NP	0.00	0.00	0.00	0.00	0.00
D2970	Temporary crown (fractured th)	88.00	144.00	0.00	0.00	0.00
D2971	Add'l prc-new crn undr exs dent	80.00	90.00	0.00	0.00	0.00
D2975	Coping	0.00	0.00	0.00	0.00	0.00
D2980	Crown repair, by report	62.00	119.00	0.00	0.00	0.00
D2999	Unspecif restorative proced B/R	0.00	0.00	0.00	0.00	0.00
D3-020	Hypertension	0.00	0.00	0.00	0.00	0.00
D3110	Pulp cap-direct, (ex rest)	0.00	0.00	19.50	0.00	0.00
D3120	Pulp cap-indirect, (ex rest)	60.00	65.00	16.50	0.00	0.00
D3220	Therapeutic pulpotomy-pulp remv	62.00	113.00	75.00	0.00	0.00
D3221	Pulpal debridemnt-prim/perm th	130.00	150.00	45.00	0.00	0.00
D3222	Partial Pulpotomy for Apexogene	62.00	113.00	75.00	0.00	0.00
D3230	Pulpal therapy-anterior,primary	100.00	233.00	112.50	0.00	0.00
D3240	Pulpal therapy-posterior, prim	100.00	250.00	127.50	0.00	0.00
D3310	Root canal therapy - anterior	200.00	450.00	222.00	0.00	0.00
D3320	Root canal therapy - bicuspid	300.00	513.00	285.00	0.00	0.00
D3330	Root canal therapy - molar	310.00	600.00	0.00	0.00	0.00
D3331	Treatmnt of root canal obstruct	0.00	0.00	75.00	0.00	0.00
D3332	Incomplete endo therapy	170.00	190.00	0.00	0.00	0.00
D3333	Int root repair of perf defects	0.00	0.00	46.50	0.00	0.00
D3346	Retreat, prev RCT - anterior	190.00	450.00	0.00	0.00	0.00
D3347	Retreat, prev RCT - bicuspid	220.00	525.00	0.00	0.00	0.00
D3348	Retreat, prev RCT - molar	0.00	0.00	0.00	0.00	0.00
D3351	Apexification/recalcif, initial	0.00	0.00	126.00	0.00	0.00
D3352	Apexification/recalcif, interim	70.00	75.00	84.00	0.00	0.00
D3353	Apexification/recalcif, final	240.00	600.00	168.00	0.00	0.00
D3410	Apicoectomy/Periradic surg-ant	0.00	0.00	112.50	0.00	0.00
D3421	Apicoect/Perirad-bicus/1st root	0.00	0.00	0.00	0.00	0.00
D3425	Apicoect/Perirad-molar/1st root	0.00	0.00	0.00	0.00	0.00
D3426	Apicoect/Perirad (each + root)	0.00	0.00	0.00	0.00	0.00
D3430	Retrograde filling-per root	0.00	0.00	37.50	0.00	0.00
D3450	Root amputation-per root	0.00	0.00	0.00	0.00	0.00
D3460	Endodontic endosseous implant	0.00	0.00	0.00	0.00	0.00

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CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	FEE 23	FEE 24
D3470	Intentional replant, inc splint	0.00	0.00	0.00	0.00	0.00
D3910	Surg isolation of th w/rub dam	0.00	0.00	0.00	0.00	0.00
D3920	Hemisection, no root can ther	0.00	0.00	0.00	0.00	0.00
D3950	Canal prep/fit of dowel/post	0.00	0.00	0.00	0.00	0.00
D3999	Unspecified endo procedure, B/R	99.00	110.00	0.00	0.00	0.00
D4-510	Dental Fluorosis	0.00	0.00	0.00	0.00	0.00
D4-510	Abnormal Tooth eruption	0.00	0.00	0.00	0.00	0.00
D4-511	Vertical Overbite	0.00	0.00	0.00	0.00	0.00
D4-511	Malocclusion angle, class 1	0.00	0.00	0.00	0.00	0.00
D4-512	Failure of Exfoliation	0.00	0.00	0.00	0.00	0.00
D4-515	Dentigerous cast	0.00	0.00	0.00	0.00	0.00
D4210	Gingivectomy-4+ per quadrant	0.00	0.00	157.50	0.00	0.00
D4211	Gingivectomy-1-3 contig th/quad	0.00	0.00	67.50	0.00	0.00
D4230	Anatomical crwn exp,4+teeth/qu	0.00	0.00	0.00	0.00	0.00
D4231	Anatomical crwn exp,1-3 th/quad	0.00	0.00	0.00	0.00	0.00
D4240	Ging flap,root pln, 4+ per quad	0.00	0.00	0.00	0.00	0.00
D4241	Ging flap rt pln 1-3 per quad	0.00	0.00	0.00	0.00	0.00
D4245	Apically positioned flap	0.00	0.00	0.00	0.00	0.00
D4249	Clinic crown lengthen-hard tiss	0.00	0.00	0.00	0.00	0.00
D4260	Osseous surgery-4+ per quad	0.00	0.00	171.00	0.00	0.00
D4261	Osseous surgery- 1-3 per quad	0.00	0.00	72.00	0.00	0.00
D4263	Bone replace graft-1st site/qu	0.00	0.00	0.00	0.00	0.00
D4264	Bone replace graft-each add/qu	0.00	0.00	0.00	0.00	0.00
D4265	Bio mat, sft&osseous tiss regen	0.00	0.00	0.00	0.00	0.00
D4266	Guided tiss regen-resorb-per	0.00	0.00	0.00	0.00	0.00
D4267	Guided tiss regen-nonresorb-per	0.00	0.00	0.00	0.00	0.00
D4268	Surg revision proc, per tooth	0.00	0.00	0.00	0.00	0.00
D4270	Pedicle soft tissue graft proc	0.00	0.00	0.00	0.00	0.00
D4271	Free soft tissue graft proced	0.00	0.00	0.00	0.00	0.00
D4273	Subepithelial con tis graft/th	0.00	0.00	0.00	0.00	0.00
D4274	Distal/proximal wedge procedure	0.00	0.00	0.00	0.00	0.00
D4275	Soft tissue allograft	0.00	0.00	0.00	0.00	0.00
D4276	Combined graft, per tooth	0.00	0.00	0.00	0.00	0.00
D4320	Provisional splinting-intracor	0.00	0.00	0.00	0.00	0.00
D4321	Provisional splinting-extracor	0.00	0.00	0.00	0.00	0.00
D4341	Perio scale&root pln-4+per quad	76.00	156.00	30.00	0.00	0.00
D4342	Perio scale&root pln-1-3th,quad	76.00	156.00	30.00	0.00	0.00
D4355	Full mouth debridemnt,eval/diag	85.00	90.00	50.00	0.00	0.00
D4381	LocalAntimicrbag-th B/RARESTIN	50.00	50.00	50.00	0.00	0.00
D4910	Periodontal maintenance	76.00	90.00	46.00	0.00	0.00
D4920	Unscheduled dressing change	20.00	30.00	0.00	0.00	0.00
D4999	Unspecified perio proced, B/R	60.00	70.00	0.00	0.00	0.00
D5-101	Cementum Caries	0.00	0.00	0.00	0.00	0.00
D5-102	Secondary dental caries, NOS	0.00	0.00	0.00	0.00	0.00
D5110	Complete denture - maxillary	770.00	820.00	465.00	0.00	0.00
D5120	Complete denture - mandibular	770.00	820.00	465.00	0.00	0.00
D5130	Immediate denture - maxillary	770.00	820.00	0.00	0.00	0.00
D5140	Immediate denture - mandibular	770.00	820.00	0.00	0.00	0.00
D5211	Maxillary partial - resin base	770.00	820.00	247.50	0.00	0.00
D5212	Mandibular partial - resin base	770.00	820.00	247.50	0.00	0.00
D5213	Maxil partl-cast metal w/resin	770.00	0.00	472.50	0.00	0.00
D5214	Mand partl-cast metal w/resin	770.00	820.00	472.50	0.00	0.00
D5225	Max partial-flex base/Valplast	785.00	835.00	0.00	0.00	0.00
D5226	Mand partial-flex base/Valplast	785.00	835.00	0.00	0.00	0.00
D5281	Nesbit	180.00	200.00	0.00	0.00	0.00
D5410	Adjust complete denture-maxil	38.00	48.00	21.00	0.00	0.00
D5411	Adjust complete denture-mand	38.00	48.00	21.00	0.00	0.00
D5421	Adjust partial denture-maxil	38.00	48.00	21.00	0.00	0.00
D5422	Adjust partial denture-mand	38.00	48.00	21.00	0.00	0.00
D5510	Repair complete denture base	150.00	175.00	66.00	0.00	0.00

FEE SCHEDULE

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CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	FEE 23	FEE 24
D5520	Replace teeth-comp dent (ea th)	150.00	175.00	58.50	0.00	0.00
D5610	Repair resin denture base	150.00	175.00	66.00	0.00	0.00
D5620	Repair cast framework	0.00	0.00	70.50	0.00	0.00
D5630	Repair or replace broken clasp	136.00	200.00	84.00	0.00	0.00
D5640	Replace broken teeth-per tooth	135.00	135.00	58.50	0.00	0.00
D5650	Add tooth to exist part denture	150.00	175.00	63.00	0.00	0.00
D5660	Add clasp, exist part denture	100.00	135.00	78.00	0.00	0.00
D5670	Replace all th&acrylic-maxil	0.00	0.00	0.00	0.00	0.00
D5671	Replace all th&acrylic-mand	0.00	0.00	0.00	0.00	0.00
D5710	Rebase complete maxil denture	330.00	375.00	0.00	0.00	0.00
D5711	Rebase complete mand denture	330.00	375.00	0.00	0.00	0.00
D5720	Rebase maxil partial denture	330.00	375.00	0.00	0.00	0.00
D5721	Rebase mand partial denture	330.00	375.00	0.00	0.00	0.00
D5730	Reline complete maxil-chairside	150.00	175.00	94.50	0.00	0.00
D5731	Reline complete mand-chairside	150.00	175.00	94.50	0.00	0.00
D5740	Reline maxil partial-chairside	175.00	200.00	94.50	0.00	0.00
D5741	Reline mand partial-chairside	175.00	200.00	94.50	0.00	0.00
D5750	Reline complete maxillary (lab)	300.00	344.00	169.50	0.00	0.00
D5751	Reline complete mand (lab)	300.00	344.00	169.50	0.00	0.00
D5760	Reline maxillary partial (lab)	285.00	300.00	169.50	0.00	0.00
D5761	Reline mandibular partial (lab)	285.00	300.00	169.50	0.00	0.00
D5810	Interim comp denture (maxil)	400.00	425.00	0.00	0.00	0.00
D5811	Interim comp denture (mand)	400.00	425.00	0.00	0.00	0.00
D5820	Interim partial denture (maxil)	175.00	200.00	150.00	0.00	0.00
D5821	Interim partial denture (mand)	175.00	200.00	150.00	0.00	0.00
D5850	Tissue condition, maxillary	62.00	94.00	0.00	0.00	0.00
D5851	Tissue condition, mandibular	62.00	94.00	0.00	0.00	0.00
D5860	Overdenture-complete, B/R	0.00	0.00	0.00	0.00	0.00
D5861	Overdenture-partial, by report	0.00	0.00	0.00	0.00	0.00
D5862	Precision attachment, B/R	0.00	0.00	0.00	0.00	0.00
D5867	Replcmt prec attachmt-part/full	0.00	0.00	0.00	0.00	0.00
D5875	Mod of remvble prosth-post surg	0.00	0.00	0.00	0.00	0.00
D5899	Unspecified remove prosth, B/R	125.00	125.00	0.00	0.00	0.00
D5899.	Zest Anchor	0.00	0.00	0.00	0.00	0.00
D5911	Facial moulage (sectional)	0.00	0.00	0.00	0.00	0.00
D5912	Facial moulage (complete)	0.00	0.00	0.00	0.00	0.00
D5913	Nasal prosthesis	0.00	0.00	0.00	0.00	0.00
D5914	Auricular prosthesis	0.00	0.00	0.00	0.00	0.00
D5915	Orbital prosthesis	0.00	0.00	0.00	0.00	0.00
D5916	Ocular prosthesis	0.00	0.00	0.00	0.00	0.00
D5919	Facial prosthesis	0.00	0.00	0.00	0.00	0.00
D5922	Nasal septal prosthesis	0.00	0.00	0.00	0.00	0.00
D5923	Ocular prosthesis, interim	0.00	0.00	0.00	0.00	0.00
D5924	Cranial prosthesis	0.00	0.00	0.00	0.00	0.00
D5925	Facial augmentat implant,prosth	0.00	0.00	0.00	0.00	0.00
D5926	Nasal prosthesis, replacement	0.00	0.00	0.00	0.00	0.00
D5927	Auricular prosthesis,replacemen	0.00	0.00	0.00	0.00	0.00
D5928	Orbital prosthesis, replacement	0.00	0.00	0.00	0.00	0.00
D5929	Facial prosthesis, replacement	0.00	0.00	0.00	0.00	0.00
D5931	Obturator prosthesis, surgical	0.00	0.00	0.00	0.00	0.00
D5932	Obturator prosthesis,definitive	0.00	0.00	0.00	0.00	0.00
D5933	Obturator prosthesis, modificat	0.00	0.00	0.00	0.00	0.00
D5934	Mandibular resection w/ flange	0.00	0.00	0.00	0.00	0.00
D5935	Mandibular resection w/o flange	0.00	0.00	0.00	0.00	0.00
D5936	Obturator prosthesis, interim	0.00	0.00	0.00	0.00	0.00
D5937	Trismus appliance (not TMD)	0.00	0.00	0.00	0.00	0.00
D5951	Feeding aid	0.00	0.00	0.00	0.00	0.00
D5952	Speech aid prosthesis,pediatric	0.00	0.00	0.00	0.00	0.00
D5953	Speech aid prosthesis, adult	0.00	0.00	0.00	0.00	0.00
D5954	Palatal augmentation prosthesis	0.00	0.00	0.00	0.00	0.00

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CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	FEE 23	FEE 24
D5955	Palatal lift prosth, definitive	0.00	0.00	0.00	0.00	0.00
D5958	Palatal lift prosthesis,interim	0.00	0.00	0.00	0.00	0.00
D5959	Palatal lift prosth, modificat	0.00	0.00	0.00	0.00	0.00
D5960	Speech aid prosth, modification	0.00	0.00	0.00	0.00	0.00
D5982	Surgical stent	0.00	0.00	0.00	0.00	0.00
D5983	Radiation carrier	0.00	0.00	0.00	0.00	0.00
D5984	Radiation shield	0.00	0.00	0.00	0.00	0.00
D5985	Radiation cone locator	0.00	0.00	0.00	0.00	0.00
D5986	Fluoride gel carrier	0.00	0.00	0.00	0.00	0.00
D5987	Commissure splint	0.00	0.00	0.00	0.00	0.00
D5988	Surgical splint	0.00	0.00	0.00	0.00	0.00
D5999	Unspec maxillofacial prosth B/R	0.00	0.00	0.00	0.00	0.00
D6010	Surg place implant: endosteal	0.00	0.00	0.00	0.00	0.00
D6012	Plcmnt of intrm impl: endosteal	0.00	0.00	0.00	0.00	0.00
D6040	Surgic place: eposteal implant	0.00	0.00	0.00	0.00	0.00
D6050	Surg place: transosteal implant	0.00	0.00	0.00	0.00	0.00
D6053	Imp/abut remov,comp edent arch	0.00	0.00	0.00	0.00	0.00
D6054	Imp/abut remov,part edent arch	0.00	0.00	0.00	0.00	0.00
D6055	Dent implant sup connecting bar	0.00	0.00	0.00	0.00	0.00
D6056	Prefab abutment-incl placement	0.00	0.00	0.00	0.00	0.00
D6057	Custom abutment-incl placement	0.00	0.00	0.00	0.00	0.00
D6058	Abutment supported porc/cer crn	0.00	0.00	0.00	0.00	0.00
D6059	Abtmt supp porc fused to hi-nob	0.00	0.00	0.00	0.00	0.00
D6060	Abtmt supp porc fused-base metl	0.00	0.00	0.00	0.00	0.00
D6061	Abtmt supp porc fused-mtl crown	0.00	0.00	0.00	0.00	0.00
D6062	Abtmt supp cast mtl crown-hinob	0.00	0.00	0.00	0.00	0.00
D6063	Abtmt supp cast mtl crown-base	0.00	0.00	0.00	0.00	0.00
D6064	Abtmt supp cast mtl crown-noble	0.00	0.00	0.00	0.00	0.00
D6065	Implant supp porc/cer crown	0.00	0.00	0.00	0.00	0.00
D6066	Implant supp porc fused mtl crn	0.00	0.00	0.00	0.00	0.00
D6067	Implant supported metal crown	0.00	0.00	0.00	0.00	0.00
D6068	Abtmt supp ret for porc/cer FPD	0.00	0.00	0.00	0.00	0.00
D6069	Abut sup ret-porc fsd mtl FPDhn	0.00	0.00	0.00	0.00	0.00
D6070	Abut sup ret-porc fsd mtl FPDbm	0.00	0.00	0.00	0.00	0.00
D6071	Abut sup ret-porc fsd mtl FPDno	0.00	0.00	0.00	0.00	0.00
D6072	Abut sup ret-cast mtl FPD-hinob	0.00	0.00	0.00	0.00	0.00
D6073	Abut sup ret-cast mtl FPD-base	0.00	0.00	0.00	0.00	0.00
D6074	Abut sup ret-cast mtl FPD-noble	0.00	0.00	0.00	0.00	0.00
D6075	Implant supp ret-ceramic FPD	0.00	0.00	0.00	0.00	0.00
D6076	Implnt supp ret-prc fuse mtlFPD	0.00	0.00	0.00	0.00	0.00
D6077	Implant supp ret-cast metal FPD	0.00	0.00	0.00	0.00	0.00
D6078	Implnt/abut supp fxd comp edent	0.00	0.00	0.00	0.00	0.00
D6079	Implnt/abut supp fxd part edent	0.00	0.00	0.00	0.00	0.00
D6080	Implant maintenance procedures	0.00	0.00	0.00	0.00	0.00
D6090	Repair implant sup prosth, B/R	0.00	0.00	0.00	0.00	0.00
D6091	Rpl atchmt imp/abt sup prosth	0.00	0.00	0.00	0.00	0.00
D6092	Recement impl/abut sup crown	0.00	0.00	0.00	0.00	0.00
D6093	Recement impl/abut sup FPD	0.00	0.00	0.00	0.00	0.00
D6094	Abutment supp crown - titanium	0.00	0.00	0.00	0.00	0.00
D6095	Repair implant abutment, B/R	0.00	0.00	0.00	0.00	0.00
D6100	Implant removal, by report	0.00	0.00	0.00	0.00	0.00
D6190	Radiograph/surg impl index B/R	0.00	0.00	0.00	0.00	0.00
D6194	Abut sup ret-cast mtl FPD-titan	0.00	0.00	0.00	0.00	0.00
D6199	Unspecified implant proced, B/R	0.00	0.00	0.00	0.00	0.00
D6205	Pontic-indirect res based comp	0.00	0.00	0.00	0.00	0.00
D6210	Pontic-cast high noble metal	770.00	820.00	0.00	0.00	0.00
D6211	Pontic-cast predominantly base	0.00	0.00	0.00	0.00	0.00
D6212	Pontic-cast noble metal	0.00	0.00	0.00	0.00	0.00
D6214	Pontic-titanium	0.00	0.00	0.00	0.00	0.00
D6240	Pontic-porcelain fused to hnob	770.00	820.00	0.00	0.00	0.00

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CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	FEE 23	FEE 24
D6241	Pontic-porcelain fused to base	0.00	0.00	0.00	0.00	0.00
D6242	Pontic-porcelain fused to nobl	0.00	0.00	0.00	0.00	0.00
D6245	Pontic-porcelain/ceramic	770.00	820.00	465.00	0.00	0.00
D6250	Pontic-resin w/ high noble met	0.00	0.00	0.00	0.00	0.00
D6251	Pontic-resin w/ predomnt base	0.00	0.00	0.00	0.00	0.00
D6252	Pontic-resin with noble metal	0.00	0.00	0.00	0.00	0.00
D6253	Provisional pontic	475.00	500.00	0.00	0.00	0.00
D6545	Retainer-cast for resin bonded	0.00	0.00	0.00	0.00	0.00
D6548	Ret-porc/cer-resin bnd fxd pros	0.00	0.00	0.00	0.00	0.00
D6600	Inlay-porcelain/ceramic, 2 surf	0.00	0.00	0.00	0.00	0.00
D6601	Inlay-porcelain/ceramic, 3+surf	0.00	0.00	0.00	0.00	0.00
D6602	Inlay-cast high noble met,2surf	0.00	0.00	0.00	0.00	0.00
D6603	Inlay-cast high nob met, 3+surf	0.00	0.00	0.00	0.00	0.00
D6604	Inlay-cast predomnt base, 2surf	0.00	0.00	0.00	0.00	0.00
D6605	Inlay-cast predomnt base,3+surf	0.00	0.00	0.00	0.00	0.00
D6606	Inlay-cast noble metal, 2 surf	0.00	0.00	0.00	0.00	0.00
D6607	Inlay-cast noble metal, 3+ surf	0.00	0.00	0.00	0.00	0.00
D6608	Onlay-porcelain/ceramic, 2 surf	0.00	0.00	0.00	0.00	0.00
D6609	Onlay-porcelain/ceramic, 3+surf	770.00	820.00	465.00	0.00	0.00
D6610	Onlay-cast high noble met,2surf	0.00	0.00	0.00	0.00	0.00
D6611	Onlay-cast high nob met, 3+surf	0.00	0.00	0.00	0.00	0.00
D6612	Onlay-cast predomnt base, 2surf	0.00	0.00	0.00	0.00	0.00
D6613	Onlay-cast predomnt base,3+surf	0.00	0.00	0.00	0.00	0.00
D6614	Onlay-cast noble metal, 2 surf	0.00	0.00	0.00	0.00	0.00
D6615	Onlay-cast noble metal, 3+ surf	0.00	0.00	0.00	0.00	0.00
D6624	Inlay-titanium	0.00	0.00	0.00	0.00	0.00
D6634	Onlay-titanium	0.00	0.00	0.00	0.00	0.00
D6710	Retainer crn-indir res-bas comp	0.00	0.00	0.00	0.00	0.00
D6720	Retainer crn-res w/ hi nob met	0.00	0.00	0.00	0.00	0.00
D6721	Retainer crn-resin w/ base met	0.00	0.00	0.00	0.00	0.00
D6722	Retainer crn-resin w/ nob met	0.00	0.00	0.00	0.00	0.00
D6740	Crown-porcelain/ceramic	770.00	820.00	465.00	0.00	0.00
D6750	Retainer crn-porc fused-hi nob	770.00	820.00	462.00	0.00	0.00
D6751	Retainer crn-porc fuse-base met	0.00	0.00	0.00	0.00	0.00
D6752	Retainer crn-porc fused-nob met	0.00	0.00	0.00	0.00	0.00
D6780	Retainer crn-3/4 cast h nob met	770.00	820.00	465.00	0.00	0.00
D6781	Crown-3/4 cast most base metal	0.00	0.00	0.00	0.00	0.00
D6782	Crown-3/4 cast noble metal	0.00	0.00	0.00	0.00	0.00
D6783	Crown-3/4 porcelain/ceramic	0.00	0.00	0.00	0.00	0.00
D6790	Retainer crn-full cast hi nob	770.00	820.00	465.00	0.00	0.00
D6791	Retainer crn-full cast base	0.00	0.00	0.00	0.00	0.00
D6792	Retainer crn-full cast nob met	0.00	0.00	0.00	0.00	0.00
D6793	Provisional retainer crown	380.00	400.00	0.00	0.00	0.00
D6794	Retainer crown-titanium	0.00	0.00	0.00	0.00	0.00
D6920	Connector bar	0.00	0.00	0.00	0.00	0.00
D6930	Recement fixed partial denture	62.00	118.00	0.00	0.00	0.00
D6940	Stress breaker	0.00	0.00	0.00	0.00	0.00
D6950	Precision attachment	0.00	0.00	0.00	0.00	0.00
D6970	Post&core w/bridge retainer	0.00	0.00	0.00	0.00	0.00
D6971	Cast post/part of brdg retainer	0.00	0.00	0.00	0.00	0.00
D6972	Prefab post/core+ brdg retainer	0.00	0.00	0.00	0.00	0.00
D6973	Core buildup for retain,inc pin	0.00	0.00	0.00	0.00	0.00
D6975	Coping-metal	0.00	0.00	0.00	0.00	0.00
D6976	Each add'l cast post-same tooth	0.00	0.00	0.00	0.00	0.00
D6977	Each + prefab post-same tooth	0.00	0.00	0.00	0.00	0.00
D6980	Fixed partial dent. repair, B/R	150.00	200.00	0.00	0.00	0.00
D6985	Pediatric part'l denture, fixed	0.00	0.00	247.50	0.00	0.00
D6999	Unspec fixed prosth proced, B/R	0.00	0.00	0.00	0.00	0.00
D7111	Extraction crnl remnts-decid th	0.00	0.00	40.50	0.00	0.00
D7130	Root Removal	70.00	95.00	0.00	0.00	0.00

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D7140	Extract,erupted th/exposed rt	62.00	88.00	40.50	0.00	0.00
D7210	Extraction-surgical/erupt tooth	100.00	169.00	60.00	0.00	0.00
D7220	Extraction-impacted/soft tis	126.00	213.00	93.00	0.00	0.00
D7230	Extraction-impacted/part bony	150.00	263.00	115.50	0.00	0.00
D7240	Extraction-impacted/compl bony	0.00	0.00	118.50	0.00	0.00
D7241	Remov impact-comp bony w/ con	0.00	0.00	123.00	0.00	0.00
D7250	Surgic removl resid tooth root	0.00	0.00	81.00	0.00	0.00
D7260	Oroantral fistula closure	0.00	0.00	252.00	0.00	0.00
D7261	Prim closure sinus perforation	0.00	0.00	180.00	0.00	0.00
D7270	Reimplantation/stabilization	100.00	200.00	40.50	0.00	0.00
D7272	Tooth transplantation	0.00	0.00	0.00	0.00	0.00
D7280	Surgical access unerupted tooth	0.00	0.00	204.00	0.00	0.00
D7282	Mobiliz erupt/malpos th-erupt	0.00	0.00	0.00	0.00	0.00
D7283	Device for impacted tooth	0.00	0.00	0.00	0.00	0.00
D7285	Biopsy of oral tissue-hard	0.00	0.00	0.00	0.00	0.00
D7286	Biopsy of oral tissue-soft	0.00	0.00	0.00	0.00	0.00
D7287	Exfoliative cyt sample collectn	0.00	0.00	0.00	0.00	0.00
D7288	Brush biopsy-transepith sample	0.00	0.00	0.00	0.00	0.00
D7290	Surgical reposition of teeth	0.00	0.00	0.00	0.00	0.00
D7291	T/SC Fiberotomy, B/R	0.00	0.00	0.00	0.00	0.00
D7292	Plcmnt: temp anch scrw rndn plt	0.00	0.00	0.00	0.00	0.00
D7293	Plcmnt: temp anch w/ surg flap	0.00	0.00	0.00	0.00	0.00
D7294	Plcmnt: temp anch w/o surg flap	0.00	0.00	0.00	0.00	0.00
D7310	Alveoloplasty w/ext 4+, quad	136.00	200.00	67.50	0.00	0.00
D7311	Alveoloplasty w/ext 1-3 th/quad	0.00	0.00	0.00	0.00	0.00
D7320	Alveoloplasty w/o ext 4+, quad	180.00	270.00	84.00	0.00	0.00
D7321	Alveoloplasty w/o ex 1-3 th/quad	0.00	0.00	0.00	0.00	0.00
D7340	Vestibuloplasty-ridge ext -2nd	0.00	0.00	0.00	0.00	0.00
D7350	Vestiplasty-ridge ext (inc)	0.00	0.00	0.00	0.00	0.00
D7410	Excision benign lesion<=1.25cm	0.00	0.00	0.00	0.00	0.00
D7411	Excision benign lesion>1.25 cm	0.00	0.00	0.00	0.00	0.00
D7412	Excision benign lesion,complic	0.00	0.00	0.00	0.00	0.00
D7413	Excision malig lesion<=1.25cm	0.00	0.00	0.00	0.00	0.00
D7414	Excision malig lesion>1.25cm	0.00	0.00	0.00	0.00	0.00
D7415	Excision malig lesion,complic	0.00	0.00	0.00	0.00	0.00
D7440	Ex malig tumor-diam <= 1.25 cm	0.00	0.00	0.00	0.00	0.00
D7441	Ex malig tumor-diam > 1.25 cm	0.00	0.00	0.00	0.00	0.00
D7450	Rem benign odont-diam<=1.25cr	0.00	0.00	0.00	0.00	0.00
D7451	Rem benign odont-diam>1.25 cr	0.00	0.00	0.00	0.00	0.00
D7460	Rem benign nonodont-di<=1.25c	0.00	0.00	0.00	0.00	0.00
D7461	Rem benign nonodont-diam>1.25	0.00	0.00	0.00	0.00	0.00
D7465	Destruct lesion-phys/chem B/R	0.00	0.00	0.00	0.00	0.00
D7471	Rem lat exostosis-maxil/mand	0.00	0.00	0.00	0.00	0.00
D7472	Removal of torus palatinus	0.00	0.00	0.00	0.00	0.00
D7473	Removal of torus mandibularis	0.00	0.00	0.00	0.00	0.00
D7485	Surg reduc, osseous tuberosity	0.00	0.00	0.00	0.00	0.00
D7490	Rad resectn-maxilla or mandible	0.00	0.00	0.00	0.00	0.00
D7510	Incis&drain abscess-intra soft	73.00	150.00	70.50	0.00	0.00
D7511	Incis&drain abscess-int soft comp	0.00	0.00	0.00	0.00	0.00
D7520	Incis&drain abscess-extra soft	76.00	150.00	100.50	0.00	0.00
D7521	Incis&drain abscess-ext soft comp	0.00	0.00	0.00	0.00	0.00
D7530	Remove foreign body from tissue	0.00	0.00	0.00	0.00	0.00
D7540	Remove foreign body from bone	0.00	0.00	0.00	0.00	0.00
D7550	Partial ostect/sequestrectomy	0.00	0.00	0.00	0.00	0.00
D7560	Maxill sinusotomy-rem foreign	0.00	0.00	0.00	0.00	0.00
D7610	Maxilla-open red (teeth immob)	0.00	0.00	0.00	0.00	0.00
D7620	Maxilla-closed red(teeth immob)	0.00	0.00	0.00	0.00	0.00
D7630	Mandible-open red (teeth immob)	0.00	0.00	0.00	0.00	0.00
D7640	Mandible-closed red (th immob)	0.00	0.00	0.00	0.00	0.00
D7650	Malar/zygomat arch-open reduc	0.00	0.00	0.00	0.00	0.00

FEE SCHEDULE

Rural Health Network of Monroe County FL, Inc.

Codes D0120 - D8999

Date: 02/09/2010

Page: 9

CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	FEE 23	FEE 24
D7660	Malar/zygo arch-closed reduc	0.00	0.00	0.00	0.00	0.00
D7670	Alveolus-closed reduction	0.00	0.00	0.00	0.00	0.00
D7671	Alveolus-open reduction	0.00	0.00	0.00	0.00	0.00
D7680	Facial bone-complicated reduct	0.00	0.00	0.00	0.00	0.00
D7710	Maxilla-open reduction	0.00	0.00	0.00	0.00	0.00
D7720	Maxilla-closed reduction	0.00	0.00	0.00	0.00	0.00
D7730	Mandible-open reduction	0.00	0.00	0.00	0.00	0.00
D7740	Mandible-closed reduction	0.00	0.00	0.00	0.00	0.00
D7750	Malar/zygomatic arch-open red	0.00	0.00	0.00	0.00	0.00
D7760	Malar/zygomatic arch-close red	0.00	0.00	0.00	0.00	0.00
D7770	Alveolus-stabilize teeth, open	0.00	0.00	0.00	0.00	0.00
D7771	Alveolus-stabilize teeth,closed	0.00	0.00	0.00	0.00	0.00
D7780	Facial bones-complicated reduc	0.00	0.00	0.00	0.00	0.00
D7810	Open reduction of dislocation	0.00	0.00	0.00	0.00	0.00
D7820	Closed reduction of dislocate	0.00	0.00	0.00	0.00	0.00
D7830	Manipulation under anesthesia	0.00	0.00	0.00	0.00	0.00
D7840	Condylectomy	0.00	0.00	0.00	0.00	0.00
D7850	Surgical dissect:w/ w/o implant	0.00	0.00	0.00	0.00	0.00
D7852	Disc repair	0.00	0.00	0.00	0.00	0.00
D7854	Synovectomy	0.00	0.00	0.00	0.00	0.00
D7856	Myotomy	0.00	0.00	0.00	0.00	0.00
D7858	Joint reconstruction	0.00	0.00	0.00	0.00	0.00
D7860	Arthrotomy	0.00	0.00	0.00	0.00	0.00
D7865	Arthroplasty	0.00	0.00	0.00	0.00	0.00
D7870	Arthrocentesis	0.00	0.00	0.00	0.00	0.00
D7871	Non-arthroscopic lysis & lavage	0.00	0.00	0.00	0.00	0.00
D7872	Arthroscopy-diag, w/ w/o biopsy	0.00	0.00	0.00	0.00	0.00
D7873	Arthroscopy-surgical: adhesions	0.00	0.00	0.00	0.00	0.00
D7874	Arthroscopy-surgical: disc rep	0.00	0.00	0.00	0.00	0.00
D7875	Arthroscopy-surgic: synovectomy	0.00	0.00	0.00	0.00	0.00
D7876	Arthroscopy-surgical:discectomy	0.00	0.00	0.00	0.00	0.00
D7877	Arthroscopy-surgic: debridement	0.00	0.00	0.00	0.00	0.00
D7880	Occlusal orthotic device, B/R	0.00	0.00	0.00	0.00	0.00
D7899	Unspecified TMD therapy, B/R	0.00	0.00	0.00	0.00	0.00
D7910	Suture of small wounds to 5cm	100.00	138.00	0.00	0.00	0.00
D7911	Complicated suture-up to 5 cm	0.00	0.00	0.00	0.00	0.00
D7912	Complicated suture-over 5 cm	0.00	0.00	0.00	0.00	0.00
D7920	Skin grafts, by report	0.00	0.00	0.00	0.00	0.00
D7940	Osteoplasty-orthognathic defor	0.00	0.00	0.00	0.00	0.00
D7941	Osteotomy-mandibular rami	0.00	0.00	0.00	0.00	0.00
D7943	Osteotomy-mand rami w/bone gr	0.00	0.00	0.00	0.00	0.00
D7944	Osteotomy-segmented/subapical	0.00	0.00	0.00	0.00	0.00
D7945	Osteotomy-body of mandible	0.00	0.00	0.00	0.00	0.00
D7946	LeFort I (maxilla-total)	0.00	0.00	0.00	0.00	0.00
D7947	LeFort I (maxilla-segmented)	0.00	0.00	0.00	0.00	0.00
D7948	LeFort II/III-no bone graft	0.00	0.00	0.00	0.00	0.00
D7949	LeFort II/III-with bone graft	0.00	0.00	0.00	0.00	0.00
D7950	Graft of mandible/maxilla B/R	0.00	0.00	0.00	0.00	0.00
D7951	Sinus augmentation w/bone	0.00	0.00	0.00	0.00	0.00
D7953	Bone repl grft ridge prsv/site	0.00	0.00	0.00	0.00	0.00
D7955	Rep maxillofacial sft/hrd tis	0.00	0.00	0.00	0.00	0.00
D7960	Frenulectomy-separate procedur	0.00	0.00	0.00	0.00	0.00
D7963	Frenuloplasty	0.00	0.00	0.00	0.00	0.00
D7970	Excision, hyperplast tiss-arch	0.00	0.00	126.00	0.00	0.00
D7971	Excision-pericoronal ging /arch	0.00	0.00	0.00	0.00	0.00
D7972	Surg reduc, fibrous tuberosity	0.00	0.00	0.00	0.00	0.00
D7980	Sialolithotomy	0.00	0.00	0.00	0.00	0.00
D7981	Excision of salivary gland, B/R	0.00	0.00	0.00	0.00	0.00
D7982	Sialodochoplasty	0.00	0.00	0.00	0.00	0.00
D7983	Closure of salivary fistula	0.00	0.00	0.00	0.00	0.00

FEE SCHEDULE

Rural Health Network of Monroe County FL, Inc.

Codes D0120 - D8999

Date: 02/09/2010

Page: 10

CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	FEE 23	FEE 24
D7990	Emergency tracheotomy	0.00	0.00	0.00	0.00	0.00
D7991	Coronoidectomy	0.00	0.00	0.00	0.00	0.00
D7995	Synthetic graft-mand/facial,B/R	0.00	0.00	0.00	0.00	0.00
D7996	Implant-mandib/augmentation,B/I	0.00	0.00	0.00	0.00	0.00
D7997	Appliance removal-incl archbar	0.00	0.00	0.00	0.00	0.00
D7998	Picmnt of devc w/o fracture	0.00	0.00	0.00	0.00	0.00
D7999	Unspecified oral surg proc, B/R	150.00	300.00	0.00	0.00	0.00
D8010	Limited ortho trt, primary dent	0.00	0.00	0.00	0.00	0.00
D8020	Limited ortho trt, transitional	0.00	0.00	0.00	0.00	0.00
D8030	Limited ortho treat, adolescent	0.00	0.00	0.00	0.00	0.00
D8040	Limited ortho treat, adult dent	0.00	0.00	0.00	0.00	0.00
D8050	Intercep orth trt, primary dent	0.00	0.00	0.00	0.00	0.00
D8060	Intercep orth trt, transitional	0.00	0.00	0.00	0.00	0.00
D8070	Comprehensive orth,transitional	0.00	0.00	570.00	0.00	0.00
D8080	Comprehensive ortho, adolescen	0.00	0.00	570.00	0.00	0.00
D8090	Comprehensive ortho, adult dent	0.00	0.00	570.00	0.00	0.00
D8210	Removable appliance therapy	0.00	0.00	162.00	0.00	0.00
D8220	Fixed appliance therapy	0.00	0.00	502.50	0.00	0.00
D8660	Pre-orthodontic treatment visit	0.00	0.00	97.50	0.00	0.00
D8670	Periodic ortho visit (contract)	0.00	0.00	78.00	0.00	0.00
D8680	Orthodontic retention	0.00	0.00	0.00	0.00	0.00
D8690	Ortho treatment (bill/contract)	0.00	0.00	0.00	0.00	0.00
D8691	Repair of orthodontic appliance	0.00	0.00	0.00	0.00	0.00
D8692	Retainer replacemnt-lost/broken	0.00	0.00	94.50	0.00	0.00
D8693	Rebond/repair of fixed retainer	0.00	0.00	0.00	0.00	0.00
D8999	Unspec ortho procedure, B/R	0.00	0.00	0.00	0.00	0.00

Internal Revenue Service

Date: May 23, 2005

RURAL HEALTH NETWORK OF MONROE
COUNTY INC
% JAMES K SIMON
PO BOX 4966
KEY WEST FL 33041-4966

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Mrs. E. Eckert ID 31-07436
Customer Service Specialist

Toll Free Telephone Number:

8:30 a.m. to 5:30 p.m. ET
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

65-0474953

Dear Sir or Madam:

This is in response to your request of May 23, 2005, regarding your organization's tax-exempt status.

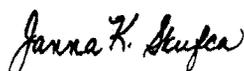
In January 1995 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

Attachment(s)

DR-14
R. 04/05
10/28/06



85-8012630001C-0

Certificate Number

01/09/2007

Effective Date

01/31/2012

Expiration Date

This certifies that

RURAL HEALTH NETWORK OF MONROE
COUNTY FLORIDA INC
2855 OVERSEAS HWY
MARATHON FL 33050-2239

is exempt from the payment of Florida sales and use tax on real property rented, transient real property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 04/05

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

**2009 / 2010
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2010**

RECEIPT# 46110-99991

Business Name: RURAL HEALTH NETWORK OF MONROE COUNTY FL INC

Owner Name: DANIEL E SMITH
 Mailing Address: 1010 KENNEDY DR
 Ste 307
 KEY WEST, FL 33040

Exemption: 003-30.00: NON PROFIT
 Business Location: 1010 KENNEDY DR
 Ste 307
 Business Phone: ~~888-442-3304~~ 888-442-3304
 Business Type: PROFESSIONALS (NON
 PROFIT DENTAL CLINIC)

Rooms 0 Seats 0 Employees 0 Machines 0 / 0 Stalls 0

Number of Machines :				For Vending Business Only			Vending Type :	
Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid		
				\$0.00				

PAID - 123-08-00006350 07/29/2009 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT WHEN VALIDATED Danise D. Henriquez, CFC, Tax Collector
 PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX. YOU MUST MEET ALL COUNTY AND/OR MUNICIPALITY PLANNING AND ZONING REQUIREMENTS.

**2009 / 2010
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2010**

Business Name: RURAL HEALTH NETWORK OF MONROE COUNTY FL INC
RECEIPT# 46110-74633

Owner Name: SMITH DANIEL E CFO
Mailing Address: P O BOX 500370
MARATHON, FL 33050

Exemption: 003-30.00: NON PROFIT
Business Location: 2901-2 OVERSEAS HWY
MARATHON, FL 33050
Business Phone: 305-289-8915
Business Type: PROFESSIONALS (PROF NON
PROFIT HEALTH SVCS)

Rooms Seats Employees Machines Stalls
0 0 0 0 / 0 0

For Vending Business Only			
Number of Machines :		Vending Type :	
Tax Amount	Transfer Fee	Prior Years	Collection Cost
		\$0.00	
			Total Paid

PAID - 123-08-00006350 07/29/2009 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT
WHEN VALIDATED

Danise D. Henriquez, CFC, Tax Collector
PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX. YOU MUST
MEET ALL COUNTY AND/OR
MUNICIPALITY PLANNING AND
ZONING REQUIREMENTS.

ATTACHMENT L (N/A)

**UNDER FLORIDA LAW, RHNMC IS NOT REQUIRED TO
MAINTAIN LICENSURE UNDER THE
FL DEPT. OF CHILDREN & FAMILIES.**

FLORIDA MEDICAID

CHARLIE CRIST
GOVERNOR

Attachment(s) M

HOLLY BENSON
SECRETARY

0000068500
PRV-9070-D/XX/0000068500
RURAL HLTH NETWORK-MONROE CO FLA
P O BOX 500370
MARATHON FL 33050-3070



May 1, 2008

RE: Provider ID ~~xxxx~~1800

Dear Medicaid Partner:

On July 1st we will be launching our modern reimbursement system, and we have made a number of improvements that we hope will help us serve you better. These enhancements include a public Web Portal, containing general information available to any user with web access, and a secure provider Web Portal designed to make common interactions with Florida Medicaid more timely and efficient than by using current offline methods. You can use the secure Web Portal's self-service tools to manage your account, receive alerts and notices from within your Portal mailbox, update demographic information, exchange data files, request eligibility verification, and process claims, prior authorizations, and referrals.

You have been assigned a Personal Identification Number (PIN) for the purpose of accessing the new Florida Medicaid secure Web Portal. Please log on to: <https://public.flmmis.com/public/pinletter> to create your secure Web Portal account. Your 9-digit Medicaid Provider ID and temporary PIN are required to Sign In.

Your PIN is: _____

Instructions:

- Enter your Provider ID and temporary PIN number listed above, then select the "Sign In" button.
- After signing in, you will be prompted to accept the Terms of Service and set up your account which includes a user name and case sensitive password that will be used to access the secure Web Portal on return visits.
- It is important to note that the recipient of this letter is considered the Administrator of this account. As the Administrator you may grant access rights to designated representative(s) from your organization and any clearinghouse or other trading partner of your choice. These representatives are called Agents.
- Navigate to the Account Management application after signing in to create and associate an agent to a provider's account. Refer to the Secure Web Portal User Guide for instructions related to managing your secure Web Portal account. This user guide is available on <http://mymedicaid-florida.com/providerreadiness>.

Medicaid Contract Management
2562 Executive Center Circle East
Suite 100
Tallahassee, Florida 32301



AHCA Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
Visit AHCA online at
<http://ahca.myflorida.com>

FLORIDA STATE BOARD OF DENTISTRY

Non-Profit Corporation Permit

Pursuant to the authority vested in the Florida State Board of Dentistry by Chapter 466.025, Florida Statutes.

This Certifies That

Rural Health Network of Monroe County

is hereby granted a permit to operate a dental clinic at:

2901 #1 & 2 Overseas Highway
Marathon, FL 33050

For a period of one year commencing this date. This is issued subject to the provisions of Chapter 466, Florida Statutes, to all rules and regulations of the Florida State Board of Dentistry which are now or may be in effect; and to the conditions stated in this permit. This permit may be revoked at any time for any reason which the Board may deem justifiable.

WITNESS MY HAND AND THE SEAL of the Florida State Board of Dentistry.

December 9, 2009

Date



FLORIDA STATE BOARD OF DENTISTRY

[Handwritten Signature]
Authorized Signature

State of Florida



Department of State

I certify from the records of this office that RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC. is a corporation organized under the laws of the State of Florida, filed on November 12, 1993.

The document number of this corporation is N93000005223.

I further certify that said corporation has paid all fees due this office through December 31, 2008, that its most recent annual report/uniform business report was filed on July 23, 2008, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Twenty-fourth day of July, 2008



Kurt S. Browning
Kurt S. Browning
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2008

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.
PO BOX 500370
MARATHON, FL 33050 US

SUBJECT: RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

DOCUMENT NUMBER: N93000005223

In compliance with the request on your 2008 Annual Report/Uniform Business Report, the certificate of status for the above named business entity is enclosed.

Should you have any questions regarding this matter, please telephone (850) 245-6056.

Division of Corporations

Letter No. 808A00043051

Annual Reports/Reinstatements Section



Florida Department of Agriculture & Consumer Services
CHARLES H. BRONSON, Commissioner
Tallahassee, Florida

Attachment(s) M

February 11, 2010

Division of Consumer Services
2005 Apalachee Pkwy
Tallahassee FL 32399-6500
Phone: 1-800-HELP-FLA
URL: <http://www.800helpfla.com>

Refer To: CH10640

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.
PO BOX 500370
MARATHON, FL 33050-0370

RE: RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.
REGISTRATION#: CH10640
EXPIRATION DATE: January 27, 2011

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 60 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Karena Jackson

Karena Jackson
Regulatory Consultant
1-800-HELP-FLA, (850) 488-2221
Fax: 850-410-3804
E-mail: jacksok@doacs.state.fl.us

AC#3788006

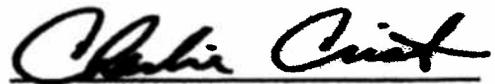
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/09/2010	DH 18027	65973

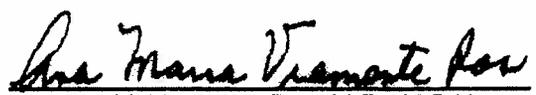
The **DENTAL HYGIENIST**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2012**

BONNIE ANNE RIPIN
ATTN: BONNIE
1010 KENNEDY DRIVE
KEY WEST, FL 33040
UNITED STATES



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC#

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/29/2010	DH 8084	64723

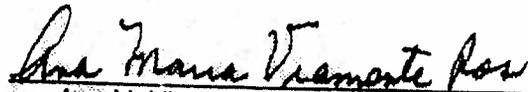
The DENTAL HYGIENIST
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2012**

VALERIE ELLEN EIKENBERG
701 SPANISH MAIN DRIVE #596
CUDJÖE KEY, FL 33042
UNITED STATES



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC#3796301

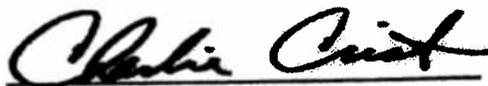
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/13/2010	HAD 10	27

The **HEALTH ACCESS DENTIST**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2012**

CHRISTINE H TAGGART
1010 KENNEDY DRIVE, SUITE 307
RURAL HEALTH NETWORK OF MONROE
KEY WEST, FL 33040



Charlie Crist
GOVERNOR



Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC# 8781964

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/05/2010	DN-7872	73198

The **DENTIST**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2012**

CARLE JULIAO
2901 OVERSEAS HWY
MARATHON, FL 33050
UNITED STATES



Charlie Crist
GOVERNOR

Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

AC# 368783

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

Attachment(s) *N*

DATE	LICENSE NO.	CONTROL NO.
12/11/2009	DN-18881	69386

368783

DATE	LICENSE NO.	CONTROL NO.
12/11/2009	DN 18881	69386

The DENTIST named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2012**
DAVID I MOSS
2901 OVERSEAS HIGHWAY, STE 1132
RUARL HEALTH NETWORK OF MONROE
MARATHON, FL 33050



QUALIFICATION(S):
LIMITED TO CRITICAL NEED AREAS A

The DENTIST named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2012**

DAVID I MOSS

LICENSE SIGNATURE

Charlie Crist

Charlie Crist
GOVERNOR

Ana Maria Viamonte Ros

Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Limited To Critical Need Areas A

EXPIRATION DATE: FEBRUARY 28, 2012

Your license number is DN 18881, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

Use this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree, or a court order. A driver's license or social security card is not considered legal documentation.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

1. Go to www.flhealthsource.com
2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession
5. Enter the account ID and password that was provided to you on your initial license and click on "Login"
6. If you do not know your account ID and password, click on "Get Login Help" or call our Customer Contact Center at (850) 488-0595 for assistance.

MAIL TO: DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSING AND AUDITING SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM: _____
LAST FIRST MIDDLE
TO: _____
LAST FIRST MIDDLE

DH2103-5/98

Attachment(s) W



License Verification

Data As Of 3/11/2010

KENDALL LEWIS JONES

LICENSE NUMBER: **DN18227**

Printer Friendly Version

- General Information
- Secondary Locations**

Profession

DENTIST

License/Activity Status

CLEAR/ACTIVE

License Expiration Date

2/28/2012

License Original Issue Date

04/04/2008

Discipline on File

NO

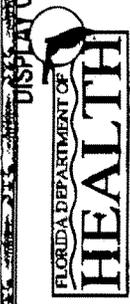
Address of Record

1010 KENNEDY DRIVE
SUITE #307
KEY WEST, FL 33040
UNITED STATES

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ORIGINAL - CUSTOMER (Non-Transferable)

FLORIDA DEPARTMENT OF HEALTH
STATE OF FLORIDA
DEPARTMENT OF HEALTH



321850

OPERATING PERMIT

Audit Control: **M00238**
Permit Number: **44-64-90290**

County: **Monroe**

For: **BioMedical Waste Program-Dentist**

Issued To: **Rural Health Network of Monroe County**
1010 Kennedy Dr
Numb 307
Key West, FL 33040

Issue Date: 09/10/09
Amount Paid: \$ 85.00
Date Paid: 9/10/09

Mailed To: **Rural Health Network of Monroe County**
P.O. Box 500370

Permit Expires On:
September 30, 2010

Becky Spitzer
ADMINISTRATOR

ENVIRONMENTAL HEALTH ADMINISTRATOR
Please verify all information, make changes where applicable

3333 Overseas Highway, Marathon, Florida 33050 (305) 289-2721

STATE OF FLORIDA
RETAIN THIS RECEIPT FOR YOUR RECORDS



(Non-Transferable)

321850

OFFICIAL RECEIPT

Audit Control: **M00238**
Permit Number: **44-64-90290**

County: **Monroe**

For: **BioMedical Waste Program-Dentist**

Issued To: **Rural Health Network of Monroe County**
1010 Kennedy Dr
Numb 307
Key West, FL 33040

Issue Date: 09/10/09
Amount Paid: \$ 85.00
Date Paid: 9/10/09

Mailed To: **Rural Health Network of Monroe County**
P.O. Box 500370

Permit Expires On:
September 30, 2010

Check Number: 9/10/09
Date Paid:

Marathon, FL 33050
Monroe County Health Dept

Issued by:

DISPLAY THE REGISTRATION BELOW IN A LOCATION READILY VIEWABLE BY THE PUBLIC

STATE OF FLORIDA		DEPARTMENT OF HEALTH DENTAL FACILITY		BUREAU OF RADIATION CONTROL	
RADIATION MACHINE REGISTRATION					
THE REGISTRANT NAMED BELOW IS AUTHORIZED TO POSSESS 2 RADIATION MACHINES DURING THE TIME INDICATED. POSSESSION OF UNREGISTERED MACHINES OR USE OF MACHINES WITH AN EXPIRED REGISTRATION IS A VIOLATION OF 64E-5.511, FLORIDA ADMINISTRATIVE CODE AND PUNISHABLE UNDER THE PROVISIONS OF CHAPTER 404, FLORIDA STATUTES.					
REGISTRATION NO.	INITIAL DATE	EXPIRATION DATE	BATCH NO.	RECEIPT NO.	AMOUNT
JR 42105000	10/15/2009	10/28/2010	10119	1115453	\$42.00
RURAL HEALTH NETWORK OF MONROE CTY FL 1010 KENNEDY DR STE 307 KEY WEST, FL 33040-4134					
383037					
FOR QUESTIONS CONTACT: RADIATION MACHINE PROGRAM, 705 WELLS RD STE 300, ORANGE PARK, FL 32073					

THE REGISTRATION BELOW AUTHORIZES THIS FACILITY TO POSSESS AND/OR OPERATE THE INDICATED NUMBER OF MACHINES DURING THE TIME FRAME SPECIFIED. REGISTRATIONS EXPIRE ON OCTOBER 28 OF EACH YEAR. RENEWAL FEES MUST BE PAID PRIOR TO THIS DATE TO ALLOW YOU TO RECEIVE AND POST A VALID CERTIFICATE FOR THE COMING REGISTRATION PERIOD. RENEWAL NOTICES ARE SENT PRIOR TO THIS DATE. IF YOU DO NOT RECEIVE YOUR RENEWAL NOTICE IT IS STILL YOUR RESPONSIBILITY TO ENSURE THE FEES ARE PAID IN A TIMELY FASHION. YOU CAN CONTACT THE BUREAU AT THE ADDRESS ON THE REGISTRATION OR CALL (904) 278-5730.

RURAL HEALTH NETWORK OF MONROE CO
 2901 OVERSEAS HWY
 MARATHON, FL 33050

IMPORTANT NOTICE: CHANGES TO YOUR REGISTRATION MUST BE REPORTED WITHIN 30 DAYS USING FORM DH 1107. CHANGES INCLUDE BUT ARE NOT LIMITED TO REGISTRATION NAME, ADDRESS, REMOVAL OR ACQUISITION OF MACHINES, AND THE LIKE.

Fold here

Fold here

DISPLAY THE REGISTRATION BELOW IN A LOCATION READILY VIEWABLE BY THE PUBLIC

STATE OF FLORIDA		DEPARTMENT OF HEALTH		BUREAU OF RADIATION CONTROL	
		DENTAL FACILITY			
RADIATION MACHINE REGISTRATION					
THE REGISTRANT NAMED BELOW IS AUTHORIZED TO POSSESS 2 RADIATION MACHINES DURING THE TIME INDICATED. POSSESSION OF UNREGISTERED MACHINES OR USE OF MACHINES WITH AN EXPIRED REGISTRATION IS A VIOLATION OF 64E-5.11, FLORIDA ADMINISTRATIVE CODE AND PUNISHABLE UNDER THE PROVISIONS OF CHAPTER 404, FLORIDA STATUTES.					
REGISTRATION NO.	INITIAL DATE	EXPIRATION DATE	BATCH NO.	RECEIPT NO.	AMOUNT
JR 38341000	10/19/2009	10/28/2010	10128	1116238	\$42.00
RURAL HEALTH NETWORK OF MONROE CO 2901 OVERSEAS HWY MARATHON, FL 33050					
					383700
FOR QUESTIONS CONTACT: RADIATION MACHINE PROGRAM, 705 WELLS RD STE 300, ORANGE PARK, FL 32073					

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
07/09/2008	ARNP-1048002	994027

The ADV REG NURSE PRACTITIONER
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: JULY 31, 2010
ELIZABETH ANNE KING
2901 OVERSEAS HWY
MARATHON FL 33050
UNITED STATES



QUALIFICATION(S)
NURSE PRACTITIONER
DISPENSING PRACTITIONER

Charlie Crist

Charlie Crist
GOVERNOR

Ana M. Viamonte Ros

Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

(S)
R

Rural Health Network of Monroe Co., FL, Inc.
Policies & Procedures Manual

Personnel Policy (Per) 2.01. EQUAL EMPLOYMENT AND EQUAL SERVICES OBJECTIVES. It is the policy of RHNMC to provide equal opportunity in all phases of its program and activities to all people, without regard to race, religion, gender, familial status, age, national origin, disability, or sexual orientation or sexual preference. The personnel policies and practices of RHNMC will be reviewed and approved annually by the Governing Board of Directors and/or the Executive Committee.

Purpose: To provide uniformity in those matters which affect the Network's personnel.

Procedure: The equal employment/equal opportunity concept will apply to all employment practices, such as recruitment, selection, transfers, promotions, training, compensation, benefits and terminations.

Rural Health Network of Monroe Co., FL, Inc.
Policies & Procedures Manual

Per 2.01.1 QUALITY RECRUITMENT AND RETENTION. It is the policy of RHNMC to attract the best people for the organization regardless of age, gender, color, race, religion, national origin, familial status, sexual orientation or preference, or disability.

Purpose: Retention of best qualified personnel regardless of age, gender, color, race, religion, national origin, familial status, sexual orientation or preference, or disability.

Procedure: To implement this policy, RHNMC has established written policies and procedures to provide an operating framework within which to ensure an equitable, efficient, and effective working environment.

Rural Health Network of Monroe Co., FL, Inc.
Policies & Procedures Manual

Per 2.01.2 RECRUITMENT AND APPOINTMENT. (Purpose and Policy) It is the policy of RHNMC to recruit, hire, train, and promote the best qualified person(s) without regard to age, gender, color, race, religion, national origin, familial status, sexual orientation or preference, or disability, or any other discriminatory factor.

Procedure:

- The recruitment process will be conducted so as to ensure, to the extent practical, that persons from all sectors of the community are aware of available positions.
- RHNMC will establish and maintain a system for receiving and investigating complaints from employees and other interested parties related to alleged discriminatory practices.
- In implementing its commitment to equal employment opportunity, the Network will make reasonable accommodations for applicants and employees with known disabilities who can perform the essential functions of the job with or without such accommodations. Therefore, applicants and employees requiring any reasonable accommodations should notify the Executive Director.



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

April 19, 2010

Dan Smith, Ph.D.
Chief Executive Officer
Rural Health Network of Monroe County
237 East Cahill Court
Big Pine Key, FL 33043

Dear Dr. Smith:

This is to provide information about the status of the contract between the Department of Health, Florida Office of Rural Health, and the Rural Health Network of Monroe County (RHNMC).

Review of the current file found that the RHNMC is in substantial compliance with the terms of the contract. All invoices and required deliverables have been submitted in a timely manner. The invoices and deliverables were completed properly and provided documentation of the information required by Attachment 1 of the contract.

Please call me at 850-245-4444 X2706 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Joel Libby".

Joel Libby
FLEX Coordinator
Office of Rural Health

STATE OF FLORIDA

DEPARTMENT OF HEALTH

CONTRACT RENEWAL # 1

ORIGINAL CONTRACT # CORCM

THIS RENEWAL is entered into between the State of Florida, Department of Health, hereinafter referred to as the "department" and Rural Health Network of Monroe County, hereinafter referred to as the "provider".

As stated on page 9 Attachment I, paragraph D.1. , of Contract # CORCM, the department is exercising its option to renew this contract if mutually agreed to by both parties beginning on July 1, 2010 and ending on June 30, 2011 in an amount not to exceed \$63,555.00 as stated in the original contract.

All terms and conditions of said original Contract and any supplements and amendments thereto shall remain in force and effect for this renewal.

IN WITNESS WHEREOF, the parties have executed this Renewal by their undersigned officials as duly authorized.

PROVIDER:

Rural Health Network of
Monroe County

SIGNED BY: 

NAME: Dan Smith

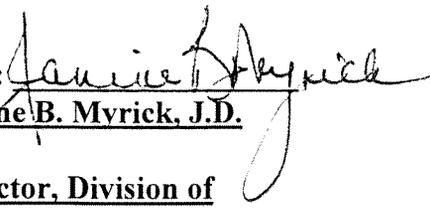
TITLE: Executive Director

DATE: 4-6-2010

FEDERAL ID NUMBER: 650474953

STATE OF FLORIDA:

Department of Health

SIGNED BY: 

NAME: Janine B. Myrick, J.D.

TITLE: Director, Division of
Health Access and Tobacco

DATE: 4/13/10



Home Opinion

Florida's dental care: Failing our kids

STORY UPDATED AT 10:04 AM ON THURSDAY, MAR. 11, 2010

Florida's F grade

The Sunshine State does one of the worst jobs in the nation providing dental care for low-income children, reports the Pew Center on the States. - When kids don't get dental care it costs lost school time, poor nutrition and overall health, worsened job prospects as adults, even death. Quotable - "Pew believes investment in young children yields significant dividends for families, communities and the economy." - Susan Urahn, managing director, Pew Center on the States.

Letters from Readers

Want to submit a letter to the editor?

Letters of about 200 words are preferred. Longer letters will be edited for space.

Letters with a clear, concise message have the best chance of being published.

You may submit letters using our submission form, or by e-mailing letters@jacksonville.com. Our full policy about letters is available here.



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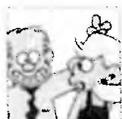
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User Comments



My goodness...

Submitted by Humbug on Thu. 3/11/2010 at 5:37 am

What did mankind do before health insurance was invented? How long have we been around, yet all of a sudden... "WE'RE ALL GONNA DIE" because we have no insurance.

For the children. Yep, watch your wallet and your liberty when that phrase crops up.

♥ "Everyone wants to live at the expense of the state. They forget that the state lives at the expense of everyone." - **Frederic Bastiat**

Login Or Register To Post Comments



Why don't we just authorize

Submitted by John Galt on Thu. 3/11/2010 at 6:14 am

Why don't we just authorize the government to stick a gun in the ribs of those evil, rich people and take some more money? After all, isn't it for the greater good? **It**

Florida has too many children without health care.

And the greatest health care need among kids involves their teeth.

Twice as many Americans lack dental insurance as health insurance, reports the Pew Children's Dental Campaign in a new report.

"Dental care is the single greatest unmet need for health services among children," Pew says. "This is a national epidemic with sobering consequences."

"Tooth decay is the most common childhood disease, and it's getting worse."

And like many other diseases, this one is concentrated in children of the poor. Pew reports 80 percent of dental disease among children is found in just 25 percent of children.

And the state of Florida gets a grade of F for meeting just two of eight policy benchmarks set by Pew in dental care for children.

The main reason involves the low rate of Medicaid-enrolled children receiving dental care. In 2007, Florida was one of only three states (Delaware and Kentucky) where less than one-quarter of children visited a dentist, Pew reported.

This F grade is not necessary. Six states earned A grades, including South Carolina, the nation's top performer with seven of eight policy benchmarks.

The main problem is that Medicaid reimbursement is so low, most private dentists cannot afford to take patients.

What can Florida do?

- It can do a better job of promoting Medicaid services among low-income families and get rid of paperwork hassles.

- Reimbursement rates for dental care for children should be raised.

- County health departments should be beefed up.

- Dental colleges should concentrate on the underserved. Florida A&M is considering the establishment of a dental college, their president told The Times-Union's editorial board.

When teeth go bad at a young age, it often means a lifetime of problems.

That is why dental care for the young should be considered an investment.

would be far more cost effective to just sterilize all those people who won't take responsibility for their progeny.

"Shrug" "The government cannot give to anyone anything that it does not first take from someone else." "Si vis pacem, para bellum."

[Login](#) Or [Register](#) To Post Comments



Headline

Submitted by educ8er on Thu. 3/11/2010 at 7:50 am

Maybe the headline tomorrow should just read "Adults Fail." We fluorinated the water only to be sidestepped by sodas and bottled water. Choices made by adults for children, many of which caved in to the child's whining about not getting anything, or as a byproduct from the bad choices of their parents. Get on with life.

What are you doing today to improve yesterday?

[Login](#) Or [Register](#) To Post Comments



Should read..SOME PARENTS failing their kids

Submitted by Mythbuster on Thu. 3/11/2010 at 10:18 am

Good Lord, how many illegitimate kids does America have to support before we bankrupt ourself?

Forst comes LOVE, then comes MARRIAGE, then comes BABY in the baby carriage.

Not

First comes CLUB, then comes HOTEL in a rented Charger, then comes baby momma, then comes 9 government offices to support baby, then comes \$5000 earned income credit....then comes club again 12 months later.

[Login](#) Or [Register](#) To Post Comments



Rotten Teeth

Submitted by CasualObserver on Thu. 3/11/2010 at 10:01 pm

Go get a job and stop asking everyone else to raise your kids. You spawned them, you pay for 'em. If you spent more time going over your checkbook, then you did counting ceiling tiles, you wouldn't be in your current mess.

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Dentista Cosmético General

Adultos y Niños



Kendall Jones, D.D.S.
Christine Taggart, D.D.S.
Carl Juliao, D.M.D.

Seguros Privados · Medicaid
Tarifas Economicas Disponibles en Tarifas Especiales
Emergencia y Nuevos Pacientes Bienvenidos

2901 Overseas Hwy Suite 2
Marathon, FL 33050 · 305-289-8915

1010 Kennedy Drive Suite 307
Key West, FL 33040 · 305-292-6422

RHN Dental Group · www.rhnmcc.org

General & Cosmetic Dentistry

Adults and Children



Kendall Jones, D.D.S.
Christine Taggart, D.D.S.
Carl Juliao, D.M.D.

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 HENRY SCHEIN®
DENTAL



Attachment(s) R

February 2009

ADA American Dental Association®

Dear "Give Kids A Smile!" Kit Recipient:

Thank you for volunteering your time and resources to support the American Dental Association's 2009 "Give Kids A Smile!" Day initiative. The American Dental Association, Henry Schein Dental, and its partners in the professional oral healthcare community appreciate your support in helping increase access to oral healthcare for at-risk children from underserved communities, and it is our privilege to support your outreach efforts by providing you with professional product supplies, made possible by the generous contributions from our participating vendor partners.

In our efforts to help increase awareness about the importance of "Give Kids A Smile!" Day, we would greatly appreciate your assistance in letting us know more about the role your clinic played in delivering much-needed oral healthcare treatment, screening and preventive services to children in your community. Our goal is to share this information with the American Dental Association, local dental societies and local media to help increase awareness about the role that individual dental practitioners and their teams played in protecting the oral health of our nation's children.

Some suggested photographs might include pictures of: a dental practitioner providing treatment to a child; and a group photograph of the professional healthcare team with a "Give Kids A Smile!" Day poster. Please be sure to indicate the names of all team members that supported the outreach efforts.

Any articles, photographs, or other relevant documentation can be sent to:

Henry Schein Cares
c/o Dewi Wijaya
135 Duryea Road
Melville, NY 11747
henryscheincares@henryschein.com

Thank you once again for your generous support, which we know will make this year's "Give Kids A Smile!" Day a tremendous success!

Best regards,

Your Friends at The American Dental Association & Henry Schein Dental