



Rural Health Network of Monroe County, Florida, Inc.  
P.O. Box 500370  
Marathon, Florida 33050-0370  
*Funded in part by the Florida Department of Health*

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April 20, 2012

Received from Rural Health Network of Monroe County Florida, Inc:

One original and seven copies of FY 2013 HSAB application for \$ 327,600 request

Received by:

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Lisa Tennyson  
Monroe County Grants Administration Office  
100 Simonton Street  
Second Floor, Room 2-213  
Key West, FL 33040

Hand delivered by:

Daniel Smith, CEO  
Rural Health Network of Monroe County FL, Inc

Administration	27225-27229 Overseas Hwy., Summerland, FL 33042	305-517-6613	fax 305-517-6617
Dental Clinic	91555 Overseas Highway, Suite 1, Tavernier, FL 33070	305-735-4218	fax 305-735-4222
Dental Clinic	2901, Ste. 2 Overseas Hwy., Marathon, FL 33050	305-289-8915	fax 305-289-8920
Dental Clinic	1010 Kennedy Drive, Suite 307, Key West, FL 33040	305-292-6422	fax 305-292-6477

**MONROE COUNTY  
HUMAN SERVICES ADVISORY BOARD  
Application for Funding  
Fiscal Year 2013  
October 1, 2012 – September 30, 2013**

Agency Name	Rural Health Network of Monroe County Florida, Inc.
Physical Address	27225 Overseas Highway, Ramrod Key, 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	<a href="mailto:dsmith@RHN.org">dsmith@RHN.org</a>
Who should we contact with questions about this application?	Daniel E. Smith, President & Chief Executive Officer

Amount received for prior fiscal year ending 09/30/11	\$ 333,600
Amount received for current fiscal year ending 09/30/12	\$ 327,600
Amount requested for upcoming fiscal year ending 09/30/13	\$ 327,600

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

\* 2901 Overseas Hwy., Suites 1 & 2  
Marathon, Florida 33050

\* 9155 Overseas Hwy., Suite 1  
Tavernier, Florida 33070

Other Locations

MOA with LKMC for  
\* DePoo Hospital Primary Care Clinic  
1200 Kennedy Drive  
Suite 208 (plus many additional suites)  
Key West, FL 33040

## 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.

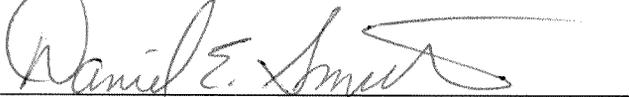
We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

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 understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

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: Daniel E. Smith

Signature 

Title: President and Chief Executive Officer

Date: 4-9-2012

Typed Name of Board President/Chairman: Bob Thomas

Signature 

Title: Chairman of the Board of Directors

Date: 4/9/12

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 and visitors with unrelenting attention to clinical excellence, patient safety and unparalleled passion and commitment to those we serve, while respecting the dignity and equality of all those we serve."*

2. List the services your agency provides.

#### *PRIMARY CARE SERVICES*

##### *A) Medical Services:*

*Limited over the past year; such services 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.*

*Section 5a discusses the planned RHN Lower Keys Community Health Center.*

##### *B) Dental Services at three county-wide RHN administered clinics:*

*Screening, exams, x-rays, cleaning, deep cleanings, teeth whitening, fillings, regular and surgical extractions, dental sealants, root canals, dentures (full & partial), crowns, fixed prosthodontics, infection control, pain management and limited emergency care. Referrals and second opinions are also available. By Florida law, the Florida licensed dentist(s) at each clinic maintain clinic control of their respective work environments (the clinics); therefore services are dependent on the dentist and their specific qualifications.*

##### *C) Outreach Services:*

*RHN provides medical and dental services, via contract (and restricted and specific contract funding), to the Department of Juvenile Justice in Monroe County.*

*RHN has also provided a **free** outreach dental assessment and sealant program, partnering with the Monroe County School District & the Monroe County Health Department, via a grant from the federal government from May 1, 2009 through April 30, 2012. (matching funds needed)*

*RHN also provides **free** dental restoration work, via a foundation grant for FY 2011-2012, for up to 700 children that are economically disadvantaged. (matching funds needed)*

*RHN has applied for an expects to receive (notice to be given around May 1) a \$ 450,000 grant for oral care outreach to provide **free** dental services to economically disadvantaged children, the homeless and economically disadvantaged seniors.*

3. What specific services will be funded by this request?

RHN will use all allocations from this HSAB grant request for Clinical Oral Health Care services- at the current 3 dental clinics, Primary Care Health services (clinical and outreach support and development- excluding programs that are directly funded in full by other sources, e.g. our DJJ program) and RHN administrative support services throughout the entire Florida Keys. Administrative support is specifically to support our dental clinics, primary care efforts through-out the county and our admin staff and their efforts; including but not necessarily limited to clinic staff support, such as staff training, personnel issues and compliance issues, purchasing coordination of equipment and supplies at the clinic level, to get the best "bang for our buck" (operational); financial reporting, statistical support, property management, and risk management (finance) and grant writing, human resources/personnel management, grant documentation and program development (executive support).

After focusing on the oral health care and successfully establishing a four tier program throughout the county ( three clinics and one outreach program), RHN is now preparing itself to effectively tackle the "primary" care issues in a similar manner and approach. We are working swiftly to do a county wide assessment of the services available, of how they are being delivered, and what services are required or necessary. The next phase is to address the gaps in services and delivery of those services, by designing a best approach model. Once this inventory is completed, with the help of many other agencies and groups, a model, perhaps such as we crafted for the planned Lower Keys Community Center can be put into motion.

As we have in the past with Healthy People 2010, RHN plans to keep within the guidelines and outcome measures of the new Healthy People 2020 plan as drafted by the federal government.

4. Funding category:

If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no. **No**

If yes, please circle the new category for which you would like to be considered:

Medical                      Core Services                      Quality of Life

If you have not been previously funded, please circle the funding category that you believe best matches your services:    Medical                      Core Services                      Quality of Life

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

Yes, RHN has two outstanding Federal Grant applications that were written to require community funding to match and supplement the federal dollars.

a. Rural Health Network (RHN) has applied for and is hoping to receive federal monies from the Department of Health and Human Services, Health Resource and Service Administration- Bureau of Primary Care, funding for a Federally Qualified Health Center (FQHC). The application was submitted in mid-December 2010 [Funding Opportunity # HRSA-11-017, Catalog of Federal Domestic Assistance # 93.527, Competition # 4117] If awarded this federal grant, it certainly can complement the services that RHN provides and well as those of the partnerships that have support the grant application by means of care coordination and benefits, in such means as perhaps electronic medical records and sovereign immunity (Federal Tort,) all as allowed by federal law and grant requirements. This opportunity is open until the Fall of 2012, (August or September). This application was drafted with the requirement of community funding (match) to supplement the grant.

**In early April 2012, RHN was invited back into the pool of prospective candidates for a New Access Point (NAP) for an FQHC. Our total combined score on our application was a 101 (yes we scored extra points bringing us to a 101). We hope to know something about this grant between May 1 and August 15<sup>th</sup>, 2012).**

The abstract and narrative of that (HHS-HRSA) application provides for a community health center from the south point of the 7-mile bridge to Key West. Currently there is no Federally Qualified Community Health Center serving that specified area. The FQHC located in The City Marathon has not provided any specific services in the aforementioned catchment area (as described above) and in fact, has had complaints filed against it (to the Bureau of Primary Care) by a hospital for their ineffective handling of specific patients.

If awarded, of the \$ 650,000 grant request, 25% will be designated to specifically help fund healthcare for the homeless population within the catchment area. Rural Health Network has established a comprehensive network of partnerships (that we have worked with over the past 12 years or more) to develop what RHN believes will be a true COMMUNITY HEALTH CENTER for the Lower Keys and Key West. The partners may include, but certainly are not limited to; SHAL, The Florida Outreach Coalition, Dennis Pharmacy (for federal 340B pharmaceuticals), RHN dental group (Rural Health Network's dental clinic and primary care), the Monroe County Health Department, the Guidance Care Center, WomanKind, the Monroe County School District, and the Florida Keys Healthy Start Coalition. A major partner and contributor to the project, not to be overlooked, is the Lower Keys Medical Center, which has agreed to provide "in-kind" space, with associated utilities and maintenance at the DePoo Hospital. Many of these partners have agreed via Memorandums of Agreement and/or Understanding to fully support and cooperate with this major undertaking.

RHN has been working diligently to establish the systems that would be required for the FQHC, such as the Electronic Health/Medical Records (EHR/EMR), and such items as the Federal Tort (Sovereign Immunity) that would be available to those service are employed within the FQHC system. In 2011 RHN worked diligently with David Alea of Dennis Pharmacy to help them acquire 340B status. We're happy to announce that as a success!.

The plan is to have one location (DePoo Hospital) where any individual can come for a basic physical and be "case managed" to the appropriate agency or entity where services can be provided in the most efficient and effective means possible. The center would become a central point where a patient can be "triaged" and "case managed" so that care is provided and services are met, as funding allows, to help our community in terms of affordable and accessible health care.

As a foot-note to the federal application for funding, should the award not be allocated (for whatever reason), RHN can still operate as an FQHC "look-alike" or a Federal Rural Health Clinic. This would provide some benefits, but without the federal dollars being provided.

b. In addition RHN has applied for a \$ 450,000.00 HRSA Outreach Grant. The application was submitted November 21<sup>st</sup>, 2011 [Funding Opportunity # HRSA-12-083, Catalog of Federal Domestic Assistance # 93.912], Section 330A (e) of the Public Health Service Act. This application was drafted with the requirement of community funding (match) to supplement the grant. The purpose of the grant is to enhance and expand the success of our 3 year dental sealant grant to provide a greater range of services to an expanded population, now including the homeless population and economically disadvantaged seniors along with school children.

6. If you answered "yes" to Question #5, please specify the following for each grant:

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

Health & Human Services, Health Resources Administration, Primary Care - Community Health – aka Federally Quality Health Center (FQHC)
Health & Human Services, Health Resources Administration Oral Health; children, seniors, & homeless.

b. grant amount:

Primary Care- Community Health	\$ 650,000/year
Oral Health	\$ 450,000/3 years or \$ 150,000/year

c. match percentage requirement and amount:

Primary Care- Community Health	One to one
Oral Health	One to one

d. expected award date:

Primary Care- Community Health	On or Before August 15 <sup>th</sup> 2012
Oral Health	On or Before May 1 <sup>st</sup> 2012

7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:

a. how the funds were spent;

As RHN is a medical primary care service provider, the funding was spent to supplement the wages of 12 of its employees at (.5) FTE each, or the equivalent of 6 full-time FTE's. This funding was equitably split within the geographic regions of RHN 3 clinics. The funds enabled RHN to service the entire county, providing care in a 12 month period to 14,055 patients, with an average of 2.25 visits each.

b. how they were used to leverage additional funding;

As listed in "Schedule R", Rural Health Network has constructed a bottom line Return on Investment (**ROI**) Analysis for the monies granted by the HSAB in relation to all other RHN Direct Revenues (outside the HSAB funding), Indirect Revenues, and Individual Program Returns beyond Direct Revenues. This ROI shows an overall return on investment as approximately a 12/1 ratio, meaning RHN brings in about \$ 12.00 worth of value and services for every \$ 1.00 dollar invested by the HSAB.

Please note that the ROI does not reflect the economic impact RHN has on the entire Florida Keys by virtue of employing 20 employees full time, and utilizing local contractors and suppliers whenever possible to implement its county-wide programs.

8. 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. This funding is specific to Rural Health Network of Monroe and its operations of medical, dental and administrative operations as it has been in past 12 years.*

9. 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."*

*No. Additionally, and for general information and understanding, any potential FQHC funding may be used to support the specific duties only of the Federally Qualified Health Center as indicated in the grant proposal submitted to HRSA.*

10. 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.*

No. Rural Health was a part of the county line item funding, but that was merged into the HSAB in FY 2012, as part of the FY 11-12 application.

11. 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 and all others wishing to support our networking efforts.

By State Statute, Title XXIX Public Health, Chapter 381, (381.0406) Rural Health Network, we are to able to provide care directly, indirectly and by contract.

"...the legislature finds that rural health networks may serve as "laboratories" to determine the best way or organizing rural health services, to move the state closer to ensuring that everyone has access to healthcare, and to promote cost containment efforts. The ultimate goal of rural health networks shall be to ensure that quality health care is available and efficiently delivered to all persons in rural areas."

"Networks, to the extent feasible, shall provide for a continuum of care for all patients served by the network. Each network shall include the following core services: disease prevention, health promotion, comprehensive primary care, emergency medical care, and acute inpatient care. Each network shall ensure the availability of comprehensive maternity care, including prenatal, delivery, and postpartum care for uncomplicated pregnancies, either directly, by contract, or through referral agreements."

"As funds become available, certified networks shall be eligible to receive grant funds to be used to help defray the costs of network infrastructure development, patient care and network administration."

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 three full time (40+ hour/wk) dental clinics; in Tavernier, Marathon, and Key West serving all peoples in rural Monroe, primarily focusing on the indigent, uninsured, and under-insured, accepting Medicaid and a variety of insurances (including Care Credit). To date we have over 12,000 dental patients. In addition RHN has provided thousands of **free** dental assessments and **free** sealants to school aged children in the Keys and RHN is currently receiving grant funding to provide **free** restoration care for economically disadvantaged children in Monroe County. 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 more accessible primary care at the DePoo hospital. We hope to bring in grant funding to resolve this issue, as we have applied for an FQHC grant. [Funding opportunity # HRSA-11-017, Catalog # 93.527, competition # 4117]. In addition, RHN has applied to the Health Foundation of South Florida for addition support funding to supplement this endeavor. RHN has secured many Memorandum of Agreements (MOAs) with many of the local agencies and non-profits in the Keys; include in the discussions have been; The Healthy Start Coalition, WomanKind, SHAL, The Florida Keys Outreach Coalition, Dennis Pharmacy (for 340B pharmaceuticals)\*, the Guidance Care Center and the Lower Keys Medical Center. The focus of this new center is to provide a source where any individual can receive care, with respect and dignity, by physical examination and referral, coupled with comprehensive case management. They would be able to be referred to any of our partners or other organizations that can best help the patient with their needs. For the first time we have a hope to combine effective community and organizational efforts to reduce costs and increase efficiencies and services.

*\*RHN has worked with Dennis Pharmacy and has helped them secure a 340B pharmacy that will enable much more affordable pharmaceuticals for economically disadvantaged individuals.*

12. What statistical data support the needs listed in Question #11?  
(If applying for \$5,000 or less, a response is not required.)

*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 are 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.*

*Most recently (November 2011), RHN pulled census data (see Attachment "Q", specifically page 3) that verifies the population base for Monroe County as 72,241 people, with 23,101, or 32% as completely uninsured. In addition, it shows that 23,260 individuals in our county are below 200 of the Federal Poverty level. Additionally 21,107 individuals make between \$25,000 and \$ 49,999, which most likely places them between 200-300% of the Federal Poverty level. Monroe County is 32% uninsured and likely 32% underinsured! 85% of RHN's active patient base is under 200% of the Federal Poverty level and are uninsured. The majority of the balance is between 200-300% Federal Poverty and either underinsured or on Medicaid (which is counted as a type of insurance).*

***My recent research for the FQHC grant showed that 46% of the population below the 7-mile bridge has no health insurance.*** Kaiser State Health Facts. Health Coverage and Uninsurance for Florida. Retrieved on September 27, 2010 from <http://www.statehealthfacts.org/>. Extrapolation for 2010 population using a weighted average by income group to adjust 2008 Florida state-level data provided by Kaiser State Health Facts to express the experience of the target population. Extrapolation methods conform with HRSA's NFA Data Resource Guide. This data source was used in lieu of another because it provides a comprehensive data set for the third party payment types (required by Form 4: Community Characteristics) for the general population and by various income groups. No other data source provides this level of consistency for demographic distributions that ensure the most reliable extrapolation by income.

*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.*

13. What are the causes (not the symptoms) of these problems?  
(If applying for \$5,000 or less, a response is not required.)

*It is the RHN assessment that:*

(1) local, high costs of living and housing, low wages, the hurricane seasons (2004 & 2005) causing an effect on insurances of all types,  
(2) unaffordable dental services for low income households (including Florida's ridiculously low Medicaid reimbursement rates (ranking 48 or 49, 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.

14. Describe your target population as specifically as possible.

By Florida Statute (as indicated above in answer to question 11) RHN serves all those in the rural Monroe County "to the extent feasible". RHN specifically targets low income households, the homeless and uninsured residents of Monroe County, FL. Specifically, RHN attempts to target those at 100-250% of poverty level, according to the most recently published guidelines from Health and Human Services (HHS). Primary care is provided from age groups - newborn to senior adulthood, with either direct or referral care. Dental health care is provided by direct RHN services from three clinics and mobile outreach to children, starting age 24 months, to senior adulthood. This is done without regards to one's age, gender, sexual preference, religion, color, creed, nationality, etc. Over 95% of our patients fall into the sliding fee scale poverty guidelines of 100-250% of poverty.

After focusing on the oral health care and successfully establishing a four tier program throughout the county ( three clinics and one outreach program), RHN is now preparing itself to effectively tackle the "primary" care issues in a similar manner and approach.

The 251-400% (of poverty) group is also a new target population, as county residents are struggling (through job losses, pay and benefit reductions and housing losses). The economic recession has hit our county as well as across the country.

For general information and clarification, items related to the Federally Qualified Health Center (FQHC) and that particular Federal Funding allocation can only be used addressed to the specified catchment area (south of the 7 mile bridge to and including Key West). Note that FQHC's work with a population base focused under 200 % of the federal poverty levels.

15. How are clients referred to your agency?

RHN receives clients through direct referral from all of its partners and relative agencies, such as 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, our internet web-site, white & yellow pages, and brochure and flyer distributions.

16. 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 (most recent tax statements), are assigned to the sliding fee scale, from 100-250% of poverty (currently in 10% increments from 100-200% and then 201-250%). Clients at or above 251% of federal poverty are recorded as full-pay clients. (Our full pay is extremely discounted from the private pay services within the county.) Federal guidelines do not apply at or above 251%. Client's financial records are reviewed and updated annually. Clients from the 251% - 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 own personal healthcare.*

*During periods of extreme hardships our Board of Directors has allowed, at the request of the RHN CEO, to accept proof of income using such items as those on the food stamp program, unemployment check stubs, etc. Understandably one's economic situation in today's economy can go quickly from good or OK to poor quickly. RHN wanted to have the flexibility in hard times to use other sources to fairly qualify a person's current economic status. Our Board allowed this as a temporary "stop gap" measure to help those in need.*

*Also we are checking into the Federal Income Verification System (aka IVES) and the State of Florida, DOH's WAGES system to help verify client's income.*

*FYI: FQHC guidelines are similar but do provide very specific approaches and outcome measurements that are specific for that particular grant.*

*Additionally we receive and accept referrals from numerous other non-profit agencies and entities, who have identified and pre-qualified economically disadvantaged individuals with health care needs.*

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

*RHN has maintained 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 Mariner's and the Lower Keys Medical Center. A contract-for-services for HIV-AIDS dental patients exist between RHN and the Monroe County Health Department. Memorandum of Agreements (MOA'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 indirectly 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 the CEO & COO of Lower Keys Medical Center, to provide full-time primary care services in collaboration with the Hospital. As indicated earlier, RHN has established multiple MOU and MOA's with many of the essential organizations (including the Lower Keys Medical Center) to work collaboratively on our Community Health Project, aka Lower Keys Community Health Center, for grant funding for the FQHC.*

*Past projects have included over nine years of grant collaboration with the Guidance Care Center for primary care/mental health care delivery from Heath Resources and Services Administration and a specific cancer screening grant with WomanKind, Inc. from the Health Foundation of South Florida, both with RHN as the predominant lead agency.*

*We have been contracted by the Monroe Juvenile Justice (for past four years) to provide primary care and dental care to incarcerated juveniles. Please note that that specific contract provides its own revenue stream and does not receive funding from any other source. We have contracted with the Monroe School Board (Head Start Program) for three years to provide dental care. We also have an ongoing MOA with the Monroe County School District to provide dental sealants and oral assessments to the 2<sup>nd</sup> and 7<sup>th</sup> grade school children of Monroe County.*

18. List all sites and hours of operation. Please note which of these sites will be using HSAB

funding.

*RHN operates:*

**Tavernier:** *RHN operates (since Sept. 2010) a 30-40 hour per week dental care clinic in the Upper Keys (Tavernier), at 91555-Suite 1, Overseas Hwy., Tavernier, Florida 33070. Hours are Monday-Friday, 8 am-5 pm. (RHN has had a presence in Upper Keys since 1999) We also have a referral network established with other local organizations to better serve that population, including the Good Health Clinic, Mariner's Hospital and the Monroe County Health Department.*

**Marathon:** *RHN operates a 40+ hour per week dental care clinic in the Middle Keys (Marathon), at 2901-Suites 1& 2, Overseas Hwy., Marathon, Florida 33050. A limited & restrictive primary care clinic also has been 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 other local organizations to better serve that population.*

**Ramrod Key (Lower Keys):** *RHN has an administration office in Ramrod Plaza located at 27225 Overseas Highway, Summerland Key, FL 33042 Administration hours for public access are Monday-Friday, 8 am-6 pm. (Actual working hours have been Monday-Saturday 7 am - 9pm)*

**Key West:** *RHN operates a third, 40+ hours per week dental care clinic in Key West. Located at 1010 Kennedy Drive, Suite 307, Key West, Florida 33040. Hours are Monday-Friday, 9 am-6 pm.*

**Lower Keys & Key West: Community Health Center:** *RHN is planning to open a Community Health Center to be located by donated In-Kind space from the LKMC at the DePoo Hospital at 1200 Kennedy Drive (one block from our existing dental clinic). The intent is to have a 40+ hour primary care clinic and complete referral service center with a full complement of community partners.*

*RHN works to support, by way of referrals, with the Monroe County Health Department in 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, including grant applications to Health and Human Services and the Health Foundation of South Florida. (RHN is working with the Lower Keys Medical Center to provide primary care services in conjunction with the Lower Keys Hospital.)*

19. What financial challenges do you expect in the next two years, and how do you plan to respond to them? (If applying for \$5,000 or less, a response is not required.)

*Rising gasoline prices make county wide agencies more costly to operate. FQHC's require monthly board meetings, drastically increasing the cost associated with conducting more meetings (especially given the demands of the FL Sunshine laws in relation to conducting meetings at one location across a 120 mile stretch!)*

*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.*

20. What organizational challenges do you expect in the next two years, and how do you plan to respond to them? *(If applying for \$5,000 or less, a response is not required.)*

*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 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. Administration is currently under 18% of our entire budget, and designed not to exceed 20%. Many positions have been eliminated or combined with another. For example, the CEO, Program Development, Community Outreach & IT positions have been combined. 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. A challenge that still exists is the need to expand our administrative base. RHN has been criticized in the past (and at times rightfully so) for being administratively top heavy. Since 2007 RHN has restructured itself to provide more services to more people than prior to 2007. In fact, today we provide about 4 times the services in many more locations (county wide 40+ hours at each location) and do it much more cost effectively, with a very lean administration. That being said, we are at the stage where we need to add program development staff and maintenance crews to continue to provide the funding and support necessary to keep RHN running at peak performance.*

*Partnerships and collaborations are the key to our continued success. RHN has developed partnerships with the Guidance Care Center and shares, and has shared for years, HRSA Outreach grants with that organization. In addition, RHN has developed stronger relationships 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.*

*The short answer is to work harder, more efficiently, more productively, advertise, and go after the grants that will support our organizational and community efforts. What is amazing is that approximately 15% of our entire budget comes from Monroe County. That means that for every \$ 15 dollars the county gives in support to Rural Health Network we have been able to give an astounding 85% return of the county's investment. See Schedule R for the RHN return on investment schedule for the value of each dollar given to RHN by the County. Current calculations show that for every dollars provided by Monroe County RHN generates nearly twelve (12) dollars in additional revenue. That is a fantastic return on investment.*

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

*Clients originating from the direct care service delivery pool represent a portion of the RHN Governing Board membership, commonly called consumer members. As we have recently*

restructured our board in anticipation of the FQHC (Federal Grant) our Governing Board will be consumer dominated by mid-summer.

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. We distribute blank survey form at each clinic for confidential reviews as well as provide a survey form on our web-site. We are developing new survey mechanisms through Google and Survey Monkey that will also aid RHN in client feedback. All Governing Board members are residents of Monroe County.

Each and every patient is given an opportunity to confidentially fill out a Patient Satisfaction Survey. This allows our management staff to objectively monitor our clinics from the patient's perspective. In our 2011 **Patient Satisfaction Survey 98% of our patients rated our services with an excellent rating in reference to our practitioners, business/administration staff and services.**

22. Is your agency monitored by an outside entity? If so, by whom and how often?  
(If applying for \$5,000 or less, a response is not required.)

Yes. RHN is monitored annually by the FL Department of Health: Office of Rural Health. Reports are delivered to them five times a year and we are visited periodically by their staff. The Monroe County Health Department, by virtue of our contract with them (concerning services we deliver through their Ryan White Grant) monitors our clinics periodically. RHN also hires an accounting firm, specializing in not-for-profits. In addition, licenses are administered by the Agency for Health Care Administration (AHCA) and by the Florida Board of Dentistry.

Also each grant, whether federal or foundation, monitors the use of its funding and the specific outcomes of the projects proposed. Each of those grants require specific process and outcome measures, along with a sustainability plan for future growth of the project.

**RHN has recently been asked to speak before the White House Rule Counsel as part of a Department of Health & Human Services panel to address the state of oral health care in rural U.S. Our local programs have achieved this level of national honor and distinction. Also, twice we have been asked to publicly address the other national grantees of Health Resources and Services Administration, in reference to our oral health care programs, because of our level of success and sustainability.**

FQHC's are specifically monitored by the grant funding agency and the Bureau of Primary Care.

23. 3,172 hours of program service were contributed by 21 volunteers in the last year (2011).

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.

Administration staff put in 2,782 volunteer overtime hours in 2011.\*

Additionally, our non admin staff has provided many 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), health fairs and similar events, and document filing and destruction duties as needed. Estimated number of hours 150.

\*Calendar Year 2011; A normal 40 hour work week for 52 weeks yields 2080 work hours/year.

The CEO (1 fte) logged in 3,488.2 hours,  
The CFO (1 fte) logged in 2,696.5 hours and  
The COO (1fte) logged in 2,837.4 hours.

Three admin staff members logged in 9,022 hours. A 40 hour work week would have been 6,240 hours for three people. Net result was 2,782 free hours to RHN.

FYI:

Calendar Year 2010; A normal 40 hour work week for 52 weeks yields 2080 work hours.  
The CEO (1 fte) logged in 3,582.22 hours, equivalent to 1.73 fte.  
The CFO (1 fte) logged in 2,112.56 hours, and  
The COO (1 fte) logged in 2762 hours.

Three admin staff members logged in 8,457 hours. A 40 hour work week would have been 6,240 hours for three people. Net result was 2,217 free hours to RHN.

24. 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. The licensed dentist has clinic control of their particular dental clinic. FYI: once again FQHC's have guidelines that often trump state and local guidelines and regulations. In this particular case they can directly hire specific staff that may not be allowed by state statutes otherwise.

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

This project anticipates serving no less than 7,500 unduplicated dental patients per year, and will experience well over 15,000 patient visits in our dental clinics. In addition, we anticipate an additional 2000 hours of hygienist work, education and case management. In addition, as funds become available, we anticipate a level of primary care patients to be approximately 7,547 total "fee- for- service" patients. Variables in this are, of course, funding availability, FQHC or FQHC look-alike status, and on-going working relationships with current partnerships and community providers.

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 1,200 students to our outreach program(s).

26. How will you measure these outcomes?  
(If applying for \$5,000 or less, a response is not required.)

The measure will be determined through an analysis of service utilization, patient flow and random sampling throughout the fiscal year, via survey questionnaires. We have developed an on-line survey/questionnaire that can be filled out via our website. In addition, we allow anonymous comments to be made (with complete discretion) at our clinics, for purposes of providing top rated services and high levels of quality control. Specifically for our Sealant Program, RHN utilizes the CDC "SEALS" statistical database and reporting software program and documents the costs and analysis portion of the information for our outreach sealant project. Our clinics utilize practice management software that gathers demographic and statistical data of the patients visiting each or the three clinics currently in operation. Primary Care facilities will use data specific electronic medical records/electronic health records that are specifically geared to fulfill the mandates of the project and outcome measurable data that is required.

As mentioned in answer 21 a more formalized survey initiative will be introduced to collect data from clients.

27. Provide information about units of service below.  
 (If applying for \$5,000 or less, a response is not required.)

Service (clinic provided)	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 4 dentists (3 clinics), and a total project cost of \$1,000,000 yr) \$125/unit x 8000 units or hours=\$1,000,000

Service (clinic provided)	Unit (hour, session, day, etc.)	Cost per unit (projected Year)
Exams, physicals, basic limited primary health care	1 hour	\$125/hour (based on federal guideline numbers). Historically our patient number countywide was 7,097. Our projected CHC number is 7,547 @ 125/1hr visit (minus various collection ratios- that's a book in itself) yields \$ 640,412

28. 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 14,055 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 9-1/2 years, it has successfully established cooperative relationships, and in some cases, partnerships with various entities in Monroe County.

This county has around 32-46% of its population as 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 and home to over 12,000 Monroe Residents (and visitors). Over the next few years that number will increase.

Today RHN is gearing up to provide even more effective and efficient services, including the better coordination of services and economies with partnering organizations. We definitely need the continued support of the County Government. Of the funding RHN has budgeted in its 2011-2012 FY budget, the monies from the county (\$327,600) is represented as 15% of our budget. For the \$327,600 the county invested in RHN, it received **12 to 1 ROI** or return on investment value.

RHN appreciates the recognition and support given to this project by the County Commission (Line Item funds) 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 continue to act without reserve. By providing basic, and often comprehensive health care exams and service(s), we as a community, can alleviate the over burdening of our emergency rooms & educate the population to the benefits of preventative health care.*

*Our request here is for the continued support our oral health clinical services, primary health services and administrative support services to allow us to continue to better serve our community. Although certainly needed, this application does not seek an increase in funding, but does ask for similar funding as given in prior years to provide stability in our efforts to help Monroe County with its medical challenges.*

### **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. Please label each attachment with your organization name and attachment letter.*

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

- 1** Save the file from 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 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

<b>LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN</b>	<b>ATTACHED?</b>		<b>COMMENTS</b>
	<b>YES</b>	<b>NO</b>	You must explain any "NO" answers
A-1. Current Board Information Form	yes		
B. Agency Compensation Detail	yes		
C. Profile of Clients, Client Numbers and Services (Performance Report)	yes		
D. County HSAB Funding Budget	yes		
E. Agency Expenses	yes		
F. Agency Revenue	yes		
G. Copy of Audited Financial Statement from most recent fiscal year (2010) if organization's expenses are \$150,000 or greater.	yes		
H. Copy of filed IRS Form 990 from most recent fiscal year (2010)	yes		
I. Copy of current fee schedule	yes		
J. Copy of IRS Letter of Determination indicating 501 C 3 status & Copy of GUIDESTAR printout	yes		
K. Copy of Current Monroe County and City Occupational Licenses	yes		
L. Copy of Florida Dept. of Children And Families License or Certification		no	not applicable
M. Copy of any other Federal or State Licenses	yes		
N. Copy of Florida Dept. of Health Licenses/Permits	yes		
O. Copy of front page of Agency's EEO Policy/Plan	yes		
P. Copy of Summary Report of most current Evaluation/Monitoring *	yes		
Q. Data showing need for your program (See Question 12)	yes		
R. Other (specify) TWO PAGE LIMIT	yes		

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



## Minutes of Rural Health Network Governing Board meeting on January 9, 2012

Meeting was held at the Marathon Garden Club, 5270 Overseas Hwy., Marathon, FL 33050 and began at 09:45 am

**Staff Attendance:** Daniel Smith, President & CEO and Robert Munson, Finance Manager (CFO). Susana Carrick, Health Services Director (COO) was excused to train the clinic's staff. (2)

**Board Attendance:** Commissioner Sylvia Murphy (non-voting member), Bob Thomas, Meylan Lowe-Watler (second vice-chair), Rick Freeberg, and Dorothy Clever (secretary), Jack Bridges via Proxy (6)

**Not present:** Dirk Smits, Liz Kern, Vallerie Guillory, Marney Brown, Robert Luse (Vice-Chair) (5)

**Guest included:** Linda Douville (1)

**Call to Order, Verification of Quorum & Approval of Agenda (January 9<sup>th</sup>, 2012)** Meylan Lowe-Watler (as second Vice Chair) chaired the meeting and called it to order. A quorum was present and a motion was made by Rick Freeberg and seconded by Bob Thomas to approve the agenda. With no discussion the motion was unanimously approved.

**The Minutes (October 24, 2011):** Did not need approval as no quorum was present, but the notes will be presented at the next meeting for verification.

### **Line Item IV (A):** Election of Board Officers

**Chair:** A motion was made by Rick Freeberg and seconded by Dorothy Clever to nominate Bob Thomas as the RHNMC Board chair. After a very brief discussion with Bob Thomas as to the responsibilities and support of a vice chair and second vice chair to cover if and when Bob can't make the meetings Bob agreed to accept the nomination. With no further discussion the election was unanimously approved.

**Vice Chair:** A motion was made by Bob Thomas and seconded by Rick Freeberg to nominate Meylan Lowe-Watler as the RHNMC vice chair. With no further discussion the election was unanimously approved.

**Second Vice Chair:** A motion was made by Dorothy Clever and seconded by Meylan Lowe-Watler to nominate Rick Freeberg as the RHNMC second vice chair. With no further discussion the election was unanimously approved.

**Board Treasurer:** A motion was made by Rick Freeberg and seconded by Dorothy Clever to nominate Robert Luse as the RHNMC treasurer. With no further discussion the election was unanimously approved.

**Secretary:** A motion was made by Rick Freeberg and seconded by Jack Bridges (through proxy) to nominate Dorothy Clever as the RHNMC secretary. With no further discussion the election was unanimously approved.

Parliamentarian: A motion was made by Rick Freeberg and seconded by Bob Thomas to nominate Sylvia Murphy as the RHNMC parliamentarian. With a very brief discussion as to Sylvia being a perfect fit for the position (especially as Sylvia is a non-voting member) the election was unanimously approved.

**Line Item IV (B): The Audited Financials and 990 for FY 2010-2011:** RHNMC's accountant Julio Buzzi completed the FY 2010-11 financials and 990 (copies attached). The CEO presented the Board with the 06/30/2011 990 and financials for FY 2011-2012. A discussion as to Julio Buzzi being our accountant for 12+ years, with his firm specializing in 501-c-3 taxes and why the taxes are presented almost 6 months past the fiscal year end date, the Board voted to approve the accountant's reports. It was noted in the discussion that the Board members would like to receive copies of the reports prior to the meetings. After talking about the problem of e-mailing large (pdf) files it was decided that the RHNMC CFO would establish a means of using "dropbox" where the files would be encrypted and available immediately to each Board member. After all discussions Meylan Lowe-Watler motioned that the Board approve the accountant's reports. The motion was seconded by Rick Freeberg and with no further discussion the Board unanimously voted to approve the accountant's work.

**Line Item IV (C): Modification to Policies & Procedures: Changes in finances and cash flow plus general updates.** The CEO presented to the Board proposed changes to the policies and procedures manual, with the vast majority of changes in section 2, concerning personnel policies. The CEO reported that periodically the manual needs to be updated to stay current with laws. An example was given that at the end of 2009 new laws were in place governing 501-c-3. Our accounting firm took the section of the policies and procedures manual (section 5, fiscal and property management) and re-wrote it to comply with the new laws and codes. The CEO noted that the majority of the changes were related to vacation time, sick time and holiday pay. In an effort to keep RHNMC fiscally responsible the CEO noted that some employee benefits needed to be adjusted to fit into the 2012 economy. He requested that the vacation time for the exempt employees that exceed 192 hours no longer be paid out if the vacation time is not taken, saving RHNMC the expense of those holiday charges. In addition he recommended that three of the 10 holidays be eliminated as paid holiday to hourly employees. Those holidays were Martin Luther King's Birthday, Columbus Day and the day after Thanksgiving. It was estimated that each of those days would save RHNMC around \$ 3,000. After much discussion the Board decided to postpone decisions on voting for all requested changes until hearing from the Policies Committee. The Board did decide to vote on two of the issues; paid holidays and paid vacation time for over 192 hours. After a motion by Bob Thomas and seconded by Dorothy Clever the Board unanimously voted to set paid holidays to the following days; New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. All other holidays would no longer be considered paid holiday for non-exempt employees. Vacation time could be used on those holidays that were eliminated. A second motion was made by Meylan Lowe-Watler and seconded by Rick Freeburg to eliminate paying employees for any unused vacation time that exceeded the 192 hour limit. Vacation time can still be carried over year to year, but can only accrue to its set limit of 192 hours. Any time over the limit not used would be lost time that would not be reimbursed. The motion was unanimously approved. The sick time issue generated considerable discussion and it was decided to table the discussion until the next meeting where the Board would hear the recommendations of the policy committee.

**Line Item IV (D):** New appointment to the RHNMC Board of Directors. Lynn Mauck of Fishermen's Community Hospital resigned from our Board due to commitments and challenges brought to him with his new responsibilities at Fishermen's. He expressed his desire to have Linda Douville take his seat on our Board. Linda had worked with HMA and now with the new management of Fishermen's Community Hospital and has been known by the RHNMC CEO during the past 5 or so years. The CEO expressed his desire to see Linda's appointment to the RHNMC Board be confirmed. She was on the agenda for October 2011, but RHNMC did not have a quorum to vote. After a motion made by Meylan and seconded by Rick Freeberg and with no further discussion the Board voted unanimously to approve Linda Douville to the RHNMC Board.

**Line Item IV (E):** The community Health Center plans and partnerships. The CEO recommended to the Board that RHNMC temporarily modify the by-laws and change the meeting schedule to quarterly (January, April, July & October), with a permanent change to be made in October if the Community Health Center grant was not approved. The CEO suggested that the Board could conduct its business with four meetings a year until approval is made on the grant application. After a motion made by Meylan and seconded by Rick Freeberg and with no further discussion the Board voted unanimously to approve the change until the October 2012 meeting.

**Line Item IV (F):** The CEO gave brief discussions of all three clinics and their current status over the past quarter. He noted that the clinic in Key West was still on a 90 day option to vacate and discussed the recent issues with the property; including an exposed sewer pipe that creates a methane gas problem and a water damage issue that caused a \$ 10,000 loss due to damages and down time. A bill was presented to the management company and copied to John Cowel (unit owner), Kurt Lewin (mortgage holder for John Cowel). In addition, the CEO reported that the property management company placed RHNMC on a law suit with John Cowel, attempting to place a lien on the property. This is almost the same issue as with the Ramrod Plaza foreclosure discussed in prior meetings. RHNMC has made a proposal to Curtis Skompt on the Blockbuster building and we are awaiting the response. If the response is positive RHNMC will hold a special meeting to get Board approval to move forward. After a discussion concerning the urgency of the issue, Meylan Lowe-Watler made a motion to amend the by-laws to allow for the emergency meetings with Board member be made via a conference telephone call, with the call-in number to be published for the public to be able to call in and attend. The motion was seconded by Dorothy Clever and with no further discussion the motion was unanimously approved.

**Line Item IV (G):** The CEO reported that currently there were no changes concerning the Ramrod Plaza office and the foreclosure that is to take place, the last notification was that the court was to hear the issue again before mid-January.

**Line Item IV (H):** Income Statement & Balance Sheet. The CEO and CFO reported to the Board on the current financial status of RHNMC through the 12/31/2011 financials as presented to the Board. The CEO also mentioned that for the calendar year of 2011, RHNMC charged a total to patients of \$1,015,318.87 and collected 94.01%, or \$ 954,463.09. The CEO reported that the collection percentage is actually higher if one takes into account that monies due from insurance still had not come into RHNMC by the close of 12/31/2011.

**Line Item IV (I):** Update on Funding Opportunities. The CEO talked about the still open CHC application, which is valid until this August. In addition, RHNMC is responding to three grant opportunities; the Sheriff's Shared Asset Forfeiture Fund, the Human Services Advisory Board, and the Health Foundation of South Florida's invite for RHNMC to support the Lower Keys Medical Center's efforts at the dePoo Hospital.

**Line Item V: Announcements:** The CEO stated that the next proposed meeting would be on April 9, 2012.

**Line Item VI:** Adjournment.



**ATTACHMENT C - PROFILE OF CLIENTS, CLIENT NUMBERS AND SERVICES (Performance Report)**  
2012

Rural Health Network of Monroe County FL Inc.

List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year	Current # of Clients ("snapshot") on 03/22/11
Oral Health Care in Clinic Environment: sliding fee scale for those who qualify.	Primary target population: Males, Females, Adults, Children, age 2 to elderly (senior adults) from low income & uninsured households (<250% of federal poverty guidelines)	30,000+ (46% of entire Monroe is uninsured)	3 clinics county-wide; Tavernier, Marathon & Key West	Weekdays 8:00 am- 6 pm	11,963	46
<b>FREE:</b> Oral Health care-Dental Sealant Outreach Program	School Children in grades 2 & 7 in Monroe County	1,200 est each year for grade 2 & 7	county-wide; working with the MCSD & MCHD school nurses	Weekdays 7:00 AM - 3:00 PM, during school open session		
<b>FREE:</b> Oral Health care-Dental Restoration Program for economically disadvantaged children	School Aged Children in Monroe unable to afford dental restoration work	school children total 8,385 year 2011-2012	3 clinics county-wide; Tavernier, Marathon & Key West	Weekdays 8:00 am- 6 pm	1,218	119
Department of Juvenile Justice- Oral and Primary care for incarcerated juveniles	Incarcerated juveniles	18% of 72,423 or approx. 13,004 based on 2008 census	Key West Juvenile facility	24/7	50 estimated by DJJ	58**
Primary Care Service, including physicals, screenings, referrals, etc. Sliding fee scale for those who qualify.	Primary target population: Males, Females, Adults, Children, newborn to elderly (senior adults) from low income & uninsured households (<250% of federal poverty guidelines)	20,000+ (46% of entire Monroe is uninsured)	county-wide, with new focus on Lower Keys and Key West	Marathon Weekdays + Thursdays 8:00 am- 5 pm	124	4
<b>Unduplicated Clients for Entire Agency*</b> <i>(see instructions - this is not a total of the numbers above)</i>					14,055	

\*Assumption that clients only visit one site. Our databases are separate and not shared. \*\* grant started after 7/1/2011

**ADDITIONAL INFORMATION REQUIRED:**

Please indicate the number of clients served who are Monroe County residents: 13,424 of the 14,055 (95.5%) are known local residents using local zip codes for their home address, the balance show either no zip codes or out of county zip codes. Please list or describe achieved measurable outcomes for your target populations: in 2011 RHNMC provided 34,160 services to 14,055 individual patients; including the following number of procedures: 5,957 diagnostic; 3,920 preventive; 2,313 restorative; 128 endodontic; 752 periodontic; 758 removable prosthetics; 10 maxillo prosthetics; 3 implants; 72 fixed prosthetics; 1,276 oral surgeries; 666 adjunct services; 13,931 oral education services; and 4,374 dental sealants. In addition, RHNMC provided \$ 345,000 dollars in direct revenue for 100% free services to those who could not afford the healthcare services.



## ATTACHMENT E - AGENCY EXPENSES

2012

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

Rural Health Network of Monroe County FL Inc.

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	6/30/2013		6/30/2012	
	Total	%	Total	%
<b>Expenditures</b>				
Salaries - Program	851,560	42%	709,560	38%
Payroll Taxes - Prgm * not incl dentist	65,144	3%	54,281	3%
Employee Benefits - Program	30,283	1%	29,413	2%
Salaries - Administrative	147,500	7%	147,500	8%
Payroll Taxes - Administrative	11,284	1%	11,284	1%
Employee Benefits - Administrative	5,244	0%	6,114	0%
<b>Subtotal Personnel</b>	<b>1,111,015</b>	<b>54%</b>	<b>958,152</b>	<b>52%</b>
7000 Grants, Contracts & Assoc. Exp.	979	0%	3,256	0%
7515 Interest Expense	12,111	1%	17,030	1%
7520 Audit, Bank & Accounting	16,291	1%	20,089	1%
7530 Legal Fees/collection	8,461	0%	17,771	1%
7550 Contract Labor - Dentists	318,316	16%	318,500	17%
7500 Other Service Expenses	1,469	0%	2,117	0%
8110 Supplies (Office, Dental & Other)	109,144	5%	112,386	6%
8120 Dental Labs (outsourced)	72,769	4%	86,737	5%
8130 Telephone & Telecommunications	18,683	1%	15,656	1%
8100 Other Non-Personnel Expenses	33,758	2%	4,166	0%
8210 Rent, Parking & Occupancy	155,469	8%	153,317	8%
8212 KW Clinic Assoc. Fees	37,187	2%	28,564	2%
8220 Utilities	10,050	0%	17,527	1%
8200 Other Facility & Equipment	3,302	0%	9,458	1%
8300 Travel & Meeting Expenses	42,959	2%	31,174	2%
8520 Insurance Non-Employee	38,351	2%	36,054	2%
8570 Advertising (promo/classified)	17,709	1%	20,000	1%
8500 Other Expenses	12,099	1%	4,593	0%
8600 Business Expenses - Bad Debt	6,222	0%	2,902	0%
IT software Upcoming Grant Opportunity		0	0	0
8524 Dntl Equipment Repairs and Maint	4,791	0%	231	0%
Reserve	20,000	1%	0	0
<b>Total Expenses</b>	<b>2,051,135</b>	<b>100%</b>	<b>1,859,681</b>	<b>100%</b>
<b>Revenue Over/(Under) Expenses</b>	<b>0</b>		<b>(0)</b>	



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, 2011

SMITH, BUZZI & ASSOCIATES, LLC.  
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MEMBERS:  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

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, 2011 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, 2011, 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 10, 2011 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.

*Smith, Burgin & Associates, LLC.*

November 10, 2011

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Statement of Financial Position

June 30, 2011

Assets

Current assets	
Cash	\$ 40,799
Contracts and other receivables	6,023
Other assets	<u>5,985</u>
Total current assets	<u>52,807</u>
Assets restricted to investment in furniture, equipment and vehicles	637,590
Accumulated depreciation	<u>(125,544)</u>
Net assets restricted to investment in furniture and equipment	<u>512,046</u>
Total assets	<u>\$ 564,853</u>

Liabilities and Net Assets

Current liabilities	
Accounts payable and accrued expenses	\$ 28,054
Deferred income	<u>-</u>
Total current liabilities	<u>28,054</u>
Note payable	<u>250,142</u>
Net assets	
Temporarily restricted	(225,389)
Permanently restricted	<u>512,046</u>
Total net assets	<u>286,657</u>
Total liabilities and net assets	<u>\$ 564,853</u>

See accompanying notes to financial statements.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Statement of Activities

For the Year Ended June 30, 2011

Public support	
Grant revenue	\$ 557,840
Other	<u>          -</u>
Total public support	<u>557,840</u>
Revenue	
Patient co-pay	964,535
Membership dues	15,000
Fund raising	117
Reimbursed costs	1,143
Other revenue	<u>4,082</u>
Total revenue	<u>984,877</u>
Total public support and revenue	<u>1,542,717</u>
Functional Expenses	
Grants and direct assistance	13,329
Interest expense	17,061
Personnel	564,191
Payroll taxes	42,053
Fringes	22,176
Staff travel	13,952
Bank charges	1,940
Telephone and telecommunication	15,270
Office supplies, moving and other operating	56,838
Postage	2,143
Accounting/audit/ legal	28,481
Medivan costs and other transportation	14,800
Utilities	16,012
Meetings/conferences	3,695
Occupancy	171,516
Advertising	24,200
Licenses and permits	923
Repairs and maintenance	14,610
Real estate taxes	4,412
Insurance	37,511
Dental services program	523,353
Credit card fees	13,990
Grant writing and research	12,500
Computer services	<u>5,090</u>
Total expenses	<u>1,620,046</u>

See accompanying notes to financial statements.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Statement of Activities

For the Year Ended June 30, 2011

Increase in net assets, before depreciation expense	\$ (77,329)
Depreciation expense	<u>(32,741)</u>
Increase in net assets	(110,070)
Net assets, beginning of year	<u>396,727</u>
Net assets, end of year	<u>\$ 286,657</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, 2011

Cash flows from operating activities:	
Change in net assets	\$ (110,070)
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	32,741
Decrease in contracts, other receivables and other assets	168,394
Decrease in accounts payable and accrued expenses	<u>(111,390)</u>
Net cash used by operating activities	<u>(20,325)</u>
Cash flows from investing activities:	
Purchase of equipment	<u>(102,579)</u>
Net cash used by investing activities	<u>(102,579)</u>
Cash flows from financing activities:	
Borrowing on notes payable, net	<u>19,538</u>
Net cash provided by financing activities	<u>19,538</u>
Net decrease in cash and cash equivalents	(103,366)
Cash and cash equivalents, at beginning of year	<u>144,165</u>
Cash and cash equivalents, at end of year	<u>\$ 40,799</u>
Interest paid during the year	<u>\$ 17,061</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, 2011

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, 2011

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, 2011

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, 2011

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, 2011:

Dental practice	\$ 252,500
Computer	30,296
Accounting system	37,351
Furniture, fixtures	91,898
Dental equipment	200,545
Vehicles	<u>25,000</u>
Total costs	637,590
Less accumulated depreciation	<u>(125,544)</u>
	<u>\$ 512,046</u>

Depreciation expense for the year ended June 30, 2011 amounted to \$32,741.

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 2011 amounted to \$0-. No amounts are outstanding at June 30, 2011.

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, 2011 amounted to \$209,978. Interest expense for 2011 amounted to \$16,838.

On May 16, 2011, the Network entered into a three (3) year note payable with Pro Health Capital for purchase of computer hardware and software. The note requires monthly principal and interest payments of \$1,156.01 with interest at 7.2%. Interest expense for 2011 was \$223. Balance outstanding at June 30, 2011 amounted to \$36,418.

In 2011, the Network entered into a one (1) year loan with Pro Health Capital for dental equipment. Balance outstanding at June 30, 2011 amounted to \$3,746. This amount was repaid in September 2011.

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Notes to Financial Statements

For the Year Ended June 30, 2011

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, 2011

<u>Program Title</u>	<u>CFDA Number</u>	<u>Contract Number</u>	<u>Revenue Recognized</u>	<u>Disbursements/ Expenditures</u>	<u>Accounts Receivable</u>
State of Florida - Office of Rural Health Policy - HRSA (\$200,000 per Year) (*)	-	CORCM	\$ 78,555	78,555	-
Rural Health Outreach Program - HRSA - YR2	93.912	D04RHH2704	93,750	93,750	-
Department of Juvenile Justice			36,204	36,204	-
			<u>208,509</u>	<u>208,509</u>	<u>-</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, 2011

<u>Program Title</u>	<u>CFDA Number</u>	<u>Contract Number</u>	<u>Revenue Recognized</u>	<u>Disbursements/ Expenditures</u>	<u>Accounts Receivable</u>
<u>Other</u>					
Sheriff's Department Asset Forfeiture Fund	-	-	5,800	5,800	-
Board of County Commissioners HSAB	-	-	46,444	46,444	-
Board of County Commissioners Monroe County, Florida	-	-	263,865	263,865	-
Monroe County Health Department	-	-	-	-	-
Dade Community Foundation	-	-	2,000	2,000	-
Health Foundation of South Florida - Cancer screening	-	-	25,000	25,000	6,000
Other	-	-	822	822	-
City of Marathon	-	-	5,400	5,400	-
			<u>349,331</u>	<u>349,331</u>	<u>6,000</u>
Total All Awards			<u>\$ 557,840</u>	<u>557,840</u>	<u>6,000</u>

(\*) Major Program

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MEMBERS:  
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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, 2011 and have issued our report thereon dated November 10, 2011. 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.

*Smith, Burgin & Associates, LLC.*

November 10, 2011

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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, 2011. 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, 2011.

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.

*Smith, Burgin & Associates, LLC.*

November 10, 2011

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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, 2011. 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, 2011.

## 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.

*Smith, Burgin & Associates, LLC.*

November 10, 2011

RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC.

Schedule of Findings and Questioned Costs

For the Year Ended June 30, 2011

**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, 2011

**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>
Rural Health Outreach Program Services	93.912	\$93,750

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**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047  
**2010**  
 Open to Public Inspection

**A** For the 2010 calendar year, or tax year beginning **07/01/10** and ending **06/30/11**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>RURAL HEALTH NETWORK OF MONROE CO, FLORIDA</b>	<b>D</b> Employer identification number <b>65-0474953</b>
	Doing Business As	<b>E</b> Telephone number <b>305-293-7570</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. BOX 500370</b>	Room/suite
	City or town, state or country, and ZIP + 4 <b>MARATHON FL 33050-0370</b>	<b>G</b> Gross receipts <b>1,542,717</b>

**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?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.RHNMC.ORG** **H(c)** Group exemption number

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **M** State of legal domicile:

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>IMPROVEMENT OF COMM. HEALTH CARE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>17</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>736,684</b>	<b>557,957</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>931,789</b>	<b>984,760</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,668,473</b>	<b>1,542,717</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>587,785</b>	<b>628,420</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>931,427</b>	<b>1,024,367</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,519,212</b>	<b>1,652,787</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>149,261</b>	<b>-110,070</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>766,775</b>	<b>564,853</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>370,048</b>	<b>278,196</b>
		<b>396,727</b>	<b>286,657</b>

**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.

<b>Sign Here</b>	<i>Daniel E Smith</i> President & CEO	<b>12-03-2011</b>
	<b>DANIEL SMITH</b> Type or print name and title	<b>EX. DIRECTOR</b> Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed
	Firm's name <b>Smith, Buzzi &amp; Associates, LLC</b>		<b>11/30/11</b>	
	Firm's address <b>2103 Coral Way Suite 805 Miami, FL 33145</b>			Firm's EIN <b>80-0631935</b>
			Phone no. <b>305-285-2300</b>	

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**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 \$ **1,106,208** including grants of\$ ) (Revenue \$ )

**PRIMARY HEALTH CARE FOR THE UNINSURED AND THE HOMELESS**

**4b** (Code: ) (Expenses \$ **250,703** including grants of\$ ) (Revenue \$ )

**COMMUNITY OUTREACH TO THE HOMELESS**

**4c** (Code: ) (Expenses \$ **70,863** including grants of\$ ) (Revenue \$ )

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

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

(Expenses \$ **225,013** including grants of\$ ) (Revenue \$ )

**4e** Total program service expenses **1,652,787**



Form 990 (2010) **RURAL HEALTH NETWORK OF MONROE CO, 65-0474953**

Page 4

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
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
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
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
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	17
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
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)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI  **X**

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
b	Enter the number of voting members included in line 1a, above, who 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?		<b>X</b>
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?		<b>X</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
6	Does the organization have members or stockholders?		<b>X</b>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<b>X</b>	
b	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
9	Is there any officer, director, 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		<b>X</b>

**Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)**

	Yes	No
10a		<b>X</b>
b		
10b		
11a	<b>X</b>	
b		
12a	<b>X</b>	
b	<b>X</b>	
c	<b>X</b>	
12c	<b>X</b>	
13	<b>X</b>	
14	<b>X</b>	
15		
a	<b>X</b>	
b	<b>X</b>	
15a	<b>X</b>	
b	<b>X</b>	
15b		
16a		<b>X</b>
b		
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **FL**
- 18 Section 6104 requires an organization to make its Forms 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.  
 Own website  Another's website  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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>SEE ATTACHED SCHEDULE</b>	0.00							0	0	0
(2) .....										
(3) .....										
(4) .....										
(5) .....										
(6) .....										
(7) .....										
(8) .....										
(9) .....										
(10) .....										
(11) .....										
(12) .....										
(13) .....										
(14) .....										
(15) .....										
(16) .....										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
(26) .....										
(27) .....										
(28) .....										
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Form 990 (2010) **RURAL HEALTH NETWORK OF MONROE CO, 65-0474953**

**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	
<b>Contributions, gifts, grants and other similar amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	557,840				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	117				
	g Noncash contributions included in lines 1a-1f: \$						
<b>h Total. Add lines 1a-1f</b>			<b>557,957</b>				
<b>Program Service Revenue</b>	2a Program Service Revenue	Busn. Code	969,760	969,760			
	b MEMBERSHIP DUES		15,000	15,000			
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>		<b>984,760</b>				
<b>Other Revenue</b>	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							
<b>12 Total revenue. See instructions.</b>			<b>1,542,717</b>	<b>984,760</b>	<b>0</b>	<b>0</b>	

**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	564,191	564,191		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	22,176	22,176		
10 Payroll taxes	42,053	42,053		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	28,481	28,481		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	171,516	171,516		
17 Travel	13,952	13,952		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,695	3,695		
20 Interest	17,061	17,061		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,741	32,741		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a DENTAL CARE PROGRAM	523,353	523,353		
b OFFICE SUPPLIES & OPERTIN	56,838	56,838		
c INSURANCE	37,511	37,511		
d ADVERTISING	24,200	24,200		
e UTILITIES	16,012	16,012		
f All other expenses	99,007	99,007		
25 Total functional expenses. Add lines 1 through 24f	1,652,787	1,652,787	0	0
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2010) **RURAL HEALTH NETWORK OF MONROE CO, 65-0474953**

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	1 Cash—non-interest bearing	144,165	1	40,799
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	174,417	4	6,023
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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 or other basis. Complete Part VI of Schedule D	10a 637,590		
	b Less: accumulated depreciation	10b 125,544	442,208	10c 512,046
	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		5,985	5,985
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		766,775	16 564,853	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	42,547	17	28,054
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		327,501	25 250,142
	26 <b>Total liabilities.</b> Add lines 17 through 25		370,048	26 278,196
<b>Net Assets or Fund Balances</b>	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		-45,481	28 -225,389
	29 Permanently restricted net assets		442,208	29 512,046
	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 <b>Total net assets or fund balances</b>		396,727	33 286,657
34 <b>Total liabilities and net assets/fund balances</b>		766,775	34 564,853	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,542,717
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,652,787
3	Revenue less expenses. Subtract line 2 from line 1	3	-110,070
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	396,727
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	286,657

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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 line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

Employer identification number  
**65-0474953**

**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 <b>Total.</b> Add lines 1 through 3						
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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test—2010.</b> 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 type="checkbox"/>		
b <b>33 1/3% support test—2009.</b> 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 <b>10%-facts-and-circumstances test—2010.</b> 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 <b>10%-facts-and-circumstances test—2009.</b> 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 <b>Private foundation.</b> 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	873,903	593,523	749,844	743,109	572,840	3,533,219
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					984,760	984,760
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 through 5	873,903	593,523	749,844	743,109	1,557,600	4,517,979
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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						4,517,979

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	873,903	593,523	749,844	743,109	1,557,600	4,517,979
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					0	
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.)	873,903	593,523	749,844	743,109	1,557,600	4,517,979

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 2010 (line 8, column (f) divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2010. 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—2009. 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

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Part III, Line 12 - Other Income Detail**

Other income \$ 0

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

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.

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

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, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, 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 Escrow and Custodial Arrangements. Complete if the 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 Net investment earnings, gains, and 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 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) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....		637,590	125,544	512,046
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				512,046

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) <b>NOTES PAYABLE</b>	<b>250,142</b>
(3) <b>Due to officer</b>	
(4) <b>DEFERRED INCOME</b>	
(5) <b>PAYROLL LIABILITIES</b>	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>250,142</b>

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,542,717
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,652,787
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-110,070
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-110,070

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,542,717
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,542,717
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,542,717

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,652,787
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,652,787
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,652,787

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

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 PROGRAM SERVICES

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

REVIEWED BY FINANCE MANAGEMENT AND SENT TO BOARD FOR APPROVAL TO FILE.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

BOARD REVIEWS CONFLICTS ANNUALLY OR WHEN REQUIRED

Form 990, Part VI, Line 15a - Compensation Process for Top Official

APPROVED BY BOARD BASED ON PREVAILING SALARIES IN LOCAL AREA

Form 990, Part VI, Line 15b - Compensation Process for Officers

DETERMINED BY EXECUTIVE DIRECTOR AND APPROVED BY BOARD

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

UPON REQUEST

RHNMC 2011

CURRENT BOARD MEMBER CHARACTERISTICS

BOARD MEMBER NAME	BOARD OFFICE HELD	AREA OF EXPERTISE (Place asterisk (*) if member derives more than 10% of income from health industry)	HEALTH CENTER PATIENT	LIVE OR WORK IN SERVICE AREA	YEARS OF CONTINUOUS BOARD SERVICE	SPECIAL POPULATION REPRESENTATIVE (If Yes, specify Special Population)
1. Rev. Marney Brown	Director	Small business, Clergy	Yes	Yes	4	
2. Dorothy Clever	Secretary	Community at Large	Yes	Yes	5	
3. Lynn Mauck (acting Treasurer)	Director	*Nursing Administration	Yes	Yes	>2	
4. Rick Freeburg	Director	*Healthcare Administration	No	No	<1	
5. Robert Luse	Vice Chair	Retired Population	No	No	10	
6. Sylvia Murphy	Director	County Government	Yes	No	2	
7. Jack Bridges	Chair	Attorney	Yes	No	1	
8. Dirk Smits	Director	Attorney	No	No	5	
9. Bob Thomas	Director	Community at Large	No	Yes	< 1	
10. Liz Kern	Director	*Nursing Administration	No	Yes	1	
11. Meylan Lowe-Watler	Director	*Hospital Operations	Yes	Yes	2	
12. Nicanor Torres	Director pending approval	Community at large	Yes	Yes	0	
13. Fields McKnight	Director pending approval	Insurance Sales	Yes	Yes	0	
14. Vallerie Guillory	Director	Administration	Yes	Yes	1	Experienced Homelessness

Form **8868**  
(Rev. January 2011)

### Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **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  **X**
- 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.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**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.

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

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**DANIEL SMITH PHD MBA  
237 EAST CAHILL COURT**

• The books are in the care of **▶BIG PINE KEY** FL 33043  
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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/12** 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 **07/01/10**, and ending **06/30/11**.

2 If this tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> 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>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, 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 Paperwork Reduction Act Notice, see instructions.  
DAA

**FEE SCHEDULE**

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 1

CODE	DESCRIPTION	FEE 10	FEE 11	FEE 12	FEE 13	FEE 14
D0120	Periodic oral evaluation	19.00	20.00	21.00	22.00	23.00
D0140	Limited oral evaluation	25.00	26.00	27.00	28.00	30.00
D0145	Oral evaluation < 3 yrs of age	0.00	0.00	0.00	0.00	0.00
D0150	Comprehensive oral evaluation	30.00	31.00	32.00	33.00	35.00
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	33.00	36.00	39.00	42.00
D0210	Intraoral-complete series (bw)	35.00	38.00	41.00	44.00	47.00
D0220	Intraoral-periapical-1st film	15.00	16.00	17.00	18.00	19.00
D0230	Intraoral-periapical-each add'l	9.00	10.00	11.00	12.00	13.00
D0240	Intraoral-occlusal film	18.00	19.00	20.00	21.00	22.00
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	11.00
D0272	Bitewings-two films	16.00	17.00	18.00	19.00	20.00
D0273	Bitewings-three films	0.00	0.00	0.00	0.00	0.00
D0274	Bitewings-four films	25.00	26.00	27.00	28.00	29.00
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	40.00	43.00	47.00	50.00	53.00
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	60.00	60.00	60.00	60.00	60.00
D0417	Collection of saliva sample	0.00	0.00	0.00	0.00	0.00
D0418	Analysis of saliva sample	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	35.00	35.00	35.00	35.00	35.00
D0460	Pulp vitality tests	48.00	48.00	48.00	48.00	48.00
D0470	Diagnostic casts	57.00	57.00	57.00	57.00	57.00
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	0.00	0.00	0.00	0.00	0.00
D1110	Prophylaxis-adult	77.00	77.00	77.00	77.00	77.00
D1120	Prophylaxis-child	50.00	50.00	50.00	50.00	50.00
D1201	Prophylaxis with fluoride-child	67.00	68.00	69.00	70.00	71.00
D1203	Topical Applic. Fluoride-Child	16.00	17.00	18.00	19.00	20.00
D1204	Topical Applic. Fluoride-Adult	19.00	20.00	21.00	22.00	23.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 2

CODE	DESCRIPTION	FEE 10	FEE 11	FEE 12	FEE 13	FEE 14
D1205	0	90.00	88.00	89.00	90.00	91.00
D1206	Topical fluoride varnish	19.00	20.00	21.00	22.00	23.00
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	10.00	10.00	10.00	10.00	10.00
D1351	Sealant-per tooth	18.00	19.00	20.00	21.00	22.00
D1352	Preventive Restoration, Perm Th	0.00	0.00	0.00	0.00	0.00
D1510	Space maint-fixed-unilateral	100.00	110.00	120.00	130.00	140.00
D1515	Space maint-fixed-bilateral	200.00	210.00	220.00	230.00	240.00
D1520	Space maint-remov-unilateral	180.00	190.00	200.00	210.00	220.00
D1525	Space maint-remov-bilateral	210.00	220.00	230.00	240.00	250.00
D1550	Recementation of space maint	25.00	28.00	31.00	34.00	37.00
D1555	Removal of fixed space maint	0.00	0.00	0.00	0.00	0.00
D2140	Amalgam-1 surf. prim/perm	45.00	48.00	51.00	54.00	57.00
D2150	Amalgam-2 surf. prim/perm	65.00	68.00	71.00	74.00	77.00
D2160	Amalgam-3 surf. prim/perm	77.00	80.00	83.00	86.00	89.00
D2161	Amalgam-4+ surf. prim/perm	92.00	95.00	98.00	101.00	104.00
D2330	Resin-one surface, anterior	65.00	68.00	71.00	74.00	77.00
D2331	Resin-two surfaces, anterior	75.00	78.00	81.00	84.00	87.00
D2332	Resin-three surfaces, anterior	85.00	88.00	91.00	94.00	97.00
D2335	Resin-4+ w/incis angle-anterior	125.00	128.00	131.00	134.00	137.00
D2337	ResinCompCrown Ant. Perm.	80.00	90.00	100.00	110.00	120.00
D2390	Resin composite crown, anterior	0.00	0.00	0.00	0.00	0.00
D2391	Resin composite-1s, posterior	70.00	73.00	76.00	79.00	82.00
D2392	Resin composite-2s, posterior	90.00	93.00	96.00	99.00	102.00
D2393	Resin composite-3s, posterior	120.00	123.00	126.00	129.00	132.00
D2394	Resin composite-4+s, posterior	140.00	143.00	146.00	149.00	152.00
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	570.00	580.00	590.00	600.00	610.00
D2543	Onlay-metallic-three surfaces	500.00	520.00	540.00	560.00	580.00
D2544	Onlay-metallic-four + surfaces	550.00	570.00	590.00	610.00	630.00
D2610	Inlay-porcel/ceramic-1 surface	240.00	250.00	260.00	270.00	280.00
D2620	Inlay-porcel/ceramic-2 surface	270.00	280.00	290.00	300.00	310.00
D2630	Inlay-porcel/ceramic-3+ surface	320.00	330.00	340.00	350.00	360.00
D2642	Onlay-porcel/ceram-2 surface	620.00	630.00	640.00	650.00	660.00
D2643	Onlay-porcel/ceram-3 surface	635.00	645.00	655.00	665.00	675.00
D2644	Onlay-porcel/ceram-4 + surface	670.00	680.00	690.00	700.00	710.00
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	644.00	668.00	692.00	716.00
D2750	Crown-porc fuse high noble mtl	500.00	525.00	550.00	575.00	600.00
D2751	Crown-porc fused to base metal	470.00	480.00	590.00	600.00	610.00
D2752	Crown-porc fused noble metal	525.00	550.00	575.00	600.00	625.00
D2780	Crown-3/4 cast high noble metal	525.00	550.00	575.00	600.00	625.00
D2781	Crown-3/4 cast most base metal	0.00	0.00	0.00	0.00	0.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 3

CODE	DESCRIPTION	FEE 10	FEE 11	FEE 12	FEE 13	FEE 14
D2782	Crown-3/4 cast noble metal	0.00	0.00	0.00	0.00	0.00
D2783	Crown-3/4 porcelain/ceramic	470.00	497.00	524.00	551.00	578.00
D2790	Crown-full cast high noble mtl	600.00	625.00	650.00	675.00	700.00
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	98.00	100.00	105.00	110.00	115.00
D2910	Recement inlay/onlay/partial	30.00	33.00	36.00	39.00	42.00
D2915	Recemnt cast or prefab pst/cor	40.00	43.00	45.00	48.00	52.00
D2920	Recement crown	35.00	38.00	41.00	44.00	47.00
D2930	Prefab stain steel crn-primary	130.00	133.00	136.00	139.00	142.00
D2931	Prefab stain steel crown-perm	102.00	103.00	104.00	105.00	106.00
D2932	Prefabricated resin crown	102.00	103.00	104.00	105.00	106.00
D2933	Prefab stl crown w/resin window	70.00	77.00	84.00	91.00	98.00
D2934	Prefb esth ctd stnl stl crn-prm	0.00	0.00	0.00	0.00	0.00
D2940	Sedative filling	58.00	60.00	62.00	64.00	66.00
D2950	Core buildup, include any pins	85.00	88.00	91.00	94.00	97.00
D2951	Pin retention-/tooth, (+ rest)	40.00	41.00	42.00	43.00	44.00
D2952	Post&core in add to crown, fabr	155.00	165.00	175.00	185.00	195.00
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	100.00	115.00	130.00	145.00	160.00
D2955	Post removal (not with endo)	135.00	139.00	143.00	147.00	151.00
D2957	Each + prefab post-same tooth	0.00	0.00	0.00	0.00	0.00
D2960	Labial veneer(laminate)-chairsd	475.00	475.00	475.00	475.00	475.00
D2961	Labial veneer (resin lamin)-lab	730.00	730.00	730.00	730.00	730.00
D2962	Labial veneer (porceln lam)-lab	1097.00	1097.00	1097.00	1097.00	1097.00
D2963	Labial Veneer - Porc.- NP	750.00	750.00	750.00	750.00	750.00
D2970	Temporary crown (fractured th)	102.00	105.00	108.00	111.00	114.00
D2971	Add'l prc-new crn undr exs dent	95.00	95.00	95.00	95.00	95.00
D2975	Coping	0.00	0.00	0.00	0.00	0.00
D2980	Crown repair, by report	75.00	80.00	85.00	90.00	95.00
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)	35.00	37.00	38.00	40.00	41.00
D3120	Pulp cap-indirect, (ex rest)	35.00	37.00	38.00	40.00	41.00
D3220	Therapeutic pulpotomy-pulp rem	75.00	76.00	77.00	78.00	79.00
D3221	Pulpal debridemnt-prim/perm th	80.00	84.00	88.00	92.00	96.00
D3222	Partial pulpototomy apexogen	75.00	76.00	77.00	78.00	79.00
D3230	Pulpal therapy-anterior,primary	113.00	115.00	118.00	122.00	131.00
D3240	Pulpal therapy-posterior, prim	128.00	131.00	134.00	139.00	148.00
D3310	Endodontic therapy - anterior	300.00	315.00	330.00	345.00	360.00
D3320	Endodontic therapy - bicuspid	350.00	365.00	380.00	395.00	410.00
D3330	Endodontic therapy - molar	385.00	405.00	460.00	490.00	520.00
D3331	Treatmnt of root canal obstruct	0.00	0.00	0.00	0.00	0.00
D3332	Incomplete endo therapy	120.00	124.00	128.00	132.00	136.00
D3333	Int root repair of perf defects	0.00	0.00	0.00	0.00	0.00
D3346	Retreat, prev RCT - anterior	350.00	362.00	374.00	386.00	398.00
D3347	Retreat, prev RCT - bicuspid	370.00	398.00	426.00	454.00	482.00
D3348	Retreat, prev RCT - molar	395.00	410.00	426.00	454.00	482.00
D3351	Apexification/recalcif, initial	80.00	81.00	82.00	83.00	84.00
D3352	Apexification/recalcif, interim	80.00	81.00	82.00	83.00	84.00
D3353	Apexification/recalcif, final	265.00	292.00	318.00	345.00	371.00
D3354	Pulpal Regeneration	0.00	0.00	0.00	0.00	0.00
D3410	Apicoectomy/Periradic surg-ant	340.00	344.00	348.00	352.00	356.00
D3421	Apicoect/Perirad-bicus/1st root	340.00	344.00	348.00	352.00	356.00
D3425	Apicoect/Perirad-molar/1st root	440.00	444.00	448.00	452.00	456.00
D3426	Apicoect/Perirad (each + root)	160.00	162.00	164.00	166.00	168.00
D3430	Retrograde filling-per root	166.00	166.00	166.00	166.00	166.00
D3450	Root amputation-per root	110.00	124.00	138.00	152.00	160.00
D3460	Endodontic endosseous implant	0.00	0.00	0.00	0.00	0.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 4

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	0.00	0.00	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	200.00	215.00	230.00	245.00	260.00
D4211	Gingivectomy-1-3 contig th/quad	90.00	93.00	96.00	99.00	102.00
D4220	GingivalCurettageperQuad	69.00	72.00	75.00	78.00	81.00
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 pin, 4+ per quad	215.00	230.00	245.00	260.00	275.00
D4241	Ging flap rt pin 1-3 per quad	115.00	130.00	145.00	160.00	175.00
D4245	Apically positioned flap	0.00	0.00	0.00	0.00	0.00
D4249	Clinic crown lengthen-hard tiss	345.00	360.00	375.00	390.00	405.00
D4260	Osseous surgery-4+ per quad	400.00	405.00	410.00	415.00	420.00
D4261	Osseous surgery- 1-3 per quad	120.00	126.00	126.00	129.00	132.00
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	265.00	268.00	271.00	274.00	277.00
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	55.00	99.00	102.00	105.00	108.00
D4341	Perio scale&root pin-4+per quad	83.00	86.00	90.00	98.00	105.00
D4342	Perio scale&root pin-1-3th,quad	75.00	83.00	90.00	98.00	105.00
D4355	Full mouth debridemnt,eval/diag	75.00	78.00	80.00	83.00	85.00
D4381	LocaldelAntimicrbiag-thB/Rarest	50.00	50.00	50.00	50.00	50.00
D4910	Periodontal maintenance	65.00	68.00	71.00	74.00	77.00
D4920	Unscheduled dressing change	0.00	0.00	0.00	0.00	0.00
D4999	Unspecified perio proced, B/R	0.00	0.00	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	530.00	560.00	590.00	620.00	650.00
D5120	Complete denture - mandibular	530.00	560.00	590.00	620.00	650.00
D5130	Immediate denture - maxillary	615.00	645.00	675.00	705.00	735.00
D5140	Immediate denture - mandibular	615.00	645.00	675.00	705.00	735.00
D5211	Maxillary partial - resin base	500.00	530.00	560.00	590.00	620.00
D5212	Mandibular partial - resin base	500.00	530.00	560.00	590.00	620.00
D5213	Maxil partl-cast metal w/resin	630.00	660.00	690.00	720.00	750.00
D5214	Mand partl-cast metal w/resin	630.00	660.00	690.00	720.00	750.00
D5225	Maxillary partial-flexible base	530.00	560.00	590.00	620.00	650.00
D5226	Mandibul partial-flexible base	530.00	560.00	590.00	620.00	650.00
D5281	Removable unilat part denture	385.00	400.00	415.00	430.00	435.00
D5410	Adjust complete denture-maxil	29.00	32.00	35.00	38.00	41.00
D5411	Adjust complete denture-mand	29.00	32.00	35.00	38.00	41.00
D5421	Adjust partial denture-maxil	29.00	32.00	35.00	38.00	41.00
D5422	Adjust partial denture-mand	29.00	32.00	35.00	38.00	41.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 5

CODE	DESCRIPTION	FEE 10	FEE 11	FEE 12	FEE 13	FEE 14
D5510	Repair complete denture base	83.00	88.00	93.00	98.00	103.00
D5520	Replace teeth-comp dent (ea th)	72.00	75.00	78.00	81.00	84.00
D5610	Repair resin denture base	83.00	86.00	89.00	92.00	95.00
D5620	Repair cast framework	105.00	116.00	126.00	137.00	147.00
D5630	Repair or replace broken clasp	100.00	110.00	120.00	130.00	140.00
D5640	Replace broken teeth-per tooth	80.00	83.00	86.00	89.00	92.00
D5650	Add tooth to exist part denture	88.00	91.00	94.00	97.00	100.00
D5660	Add clasp, exist part denture	98.00	101.00	104.00	107.00	110.00
D5670	Replace all th&acrylic-maxil	300.00	310.00	320.00	330.00	340.00
D5671	Replace all th&acrylic-mand	0.00	0.00	0.00	0.00	0.00
D5710	Rebase complete maxil denture	200.00	215.00	230.00	245.00	260.00
D5711	Rebase complete mand denture	200.00	215.00	230.00	245.00	260.00
D5720	Rebase maxil partial denture	200.00	215.00	230.00	245.00	260.00
D5721	Rebase mand partial denture	200.00	215.00	230.00	245.00	260.00
D5730	Reline complete maxil-chairside	135.00	140.00	145.00	150.00	155.00
D5731	Reline complete mand-chairside	135.00	140.00	145.00	150.00	155.00
D5740	Reline maxil partial-chairside	100.00	110.00	120.00	130.00	140.00
D5741	Reline mand partial-chairside	100.00	110.00	120.00	130.00	140.00
D5750	Reline complete maxillary (lab)	200.00	210.00	220.00	230.00	240.00
D5751	Reline complete mand (lab)	200.00	210.00	220.00	230.00	240.00
D5760	Reline maxillary partial (lab)	200.00	210.00	220.00	230.00	240.00
D5761	Reline mandibular partial (lab)	200.00	210.00	220.00	230.00	240.00
D5810	Interim comp denture (maxil)	300.00	310.00	320.00	330.00	340.00
D5811	Interim comp denture (mand)	300.00	310.00	320.00	330.00	340.00
D5820	Interim partial denture (maxil)	260.00	270.00	280.00	290.00	300.00
D5821	Interim partial denture (mand)	260.00	270.00	280.00	290.00	300.00
D5850	Tissue condition, maxillary	36.00	40.00	43.00	47.00	50.00
D5851	Tissue condition, mandibular	36.00	40.00	43.00	47.00	50.00
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 removble prosth-post surg	0.00	0.00	0.00	0.00	0.00
D5899	Zest Anchor	115.00	115.00	120.00	125.00	130.00
D5900	Unspecified proth remov procedu	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

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 6

CODE	DESCRIPTION	FEE 10	FEE 11	FEE 12	FEE 13	FEE 14
D5954	Palatal augmentation prosthesis	0.00	0.00	0.00	0.00	0.00
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
D5991	Topical medicatment carrier	0.00	0.00	0.00	0.00	0.00
D5992	Adj Max'facial Prosth, Report	0.00	0.00	0.00	0.00	0.00
D5993	Maint Max'facial Prosth, Report	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	2200.00	2200.00	2200.00	2200.00	2200.00
D6054	Imp/abut remov, part edent arch	2200.00	2200.00	2200.00	2200.00	2200.00
D6055	Dent implant sup connecting bar	2050.00	2050.00	2050.00	2050.00	2050.00
D6056	Prefab abutment-incl placement	662.00	662.00	662.00	662.00	662.00
D6057	Custom abutment-incl placement	800.00	800.00	800.00	800.00	800.00
D6058	Abutment supported porc/cer crn	1100.00	1100.00	1100.00	1100.00	1100.00
D6059	Abtmt supp porc fused to hi-nob	1260.00	1260.00	1260.00	1260.00	1260.00
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	1100.00	1100.00	1100.00	1100.00	1100.00
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	1097.00	1097.00	1097.00	1097.00	1097.00
D6066	Implant supp porc fused mtl crn	1759.00	1759.00	1759.00	1759.00	1759.00
D6067	Implant supported metal crown	1097.00	1097.00	1097.00	1097.00	1097.00
D6068	Abtmt supp ret for porc/cer FPD	1000.00	1000.00	1000.00	1000.00	1000.00
D6069	Abut sup ret-porc fsd mtl FPDhn	1000.00	1000.00	1000.00	1000.00	1000.00
D6070	Abut sup ret-porc fsd mtl FPDhm	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	1000.00	1000.00	1000.00	1000.00	1000.00
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	1000.00	1000.00	1000.00	1000.00	1000.00
D6076	Implnt supp ret-prc fuse mtlFPD	1000.00	1000.00	1000.00	1000.00	1000.00
D6077	Implant supp ret-cast metal FPD	1000.00	1000.00	1000.00	1000.00	1000.00
D6078	Implnt/abut supp fxd comp edent	3300.00	3300.00	3300.00	3300.00	3300.00
D6079	Implnt/abut supp fxd part edent	3300.00	3300.00	3300.00	3300.00	3300.00
D6080	Implant maintenance procedures	221.00	221.00	221.00	221.00	221.00
D6090	Repair implant sup prosth, B/R	610.00	610.00	610.00	610.00	610.00
D6091	Rpl atthcmt 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	600.00	600.00	600.00	600.00	600.00
D6100	Implant removal, by report	600.00	600.00	600.00	600.00	600.00
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	585.00	600.00	615.00	630.00	645.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 7

CODE	DESCRIPTION	FEE 10	FEE 11	FEE 12	FEE 13	FEE 14
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 knob	650.00	660.00	670.00	680.00	690.00
D6241	Pontic-porcelain fused to base	560.00	570.00	580.00	590.00	600.00
D6242	Pontic-porcelain fused to nobl	0.00	0.00	0.00	0.00	0.00
D6245	Pontic-porcelain/ceramic	660.00	670.00	680.00	690.00	700.00
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	325.00	343.00	360.00	378.00	395.00
D6254	Interim Pontic	0.00	0.00	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	650.00	667.00	684.00	701.00	718.00
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	650.00	667.00	684.00	701.00	718.00
D6612	Onlay-cast predomnt base, 2surf	0.00	0.00	0.00	0.00	0.00
D6613	Onlay-cast predomnt base,3+sur	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 cm-indir res-bas comp	0.00	0.00	0.00	0.00	0.00
D6720	Retainer cm-res w/ hi nob met	0.00	0.00	0.00	0.00	0.00
D6721	Retainer cm-resin w/ base met	0.00	0.00	0.00	0.00	0.00
D6722	Retainer cm-resin w/ nob met	0.00	0.00	0.00	0.00	0.00
D6740	Crown-porcelain/ceramic	660.00	675.00	690.00	705.00	720.00
D6750	Retainer cm-porc fused-hi nob	575.00	590.00	605.00	620.00	635.00
D6751	Retainer cm-porc fuse-base met	450.00	460.00	470.00	480.00	490.00
D6752	Retainer cm-porc fused-nob met	0.00	0.00	0.00	0.00	0.00
D6780	Retainer cm-3/4 cast h nob met	424.00	466.00	507.00	549.00	590.00
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 cm-full cast hi nob	462.00	502.00	542.00	581.00	621.00
D6791	Retainer cm-full cast base	0.00	0.00	0.00	0.00	0.00
D6792	Retainer cm-full cast nob met	0.00	0.00	0.00	0.00	0.00
D6793	Provisional retainer crown	285.00	295.00	305.00	315.00	325.00
D6794	Retainer crown-titanium	0.00	0.00	0.00	0.00	0.00
D6795	Interim Retainer Crown	0.00	0.00	0.00	0.00	0.00
D6920	Connector bar	360.00	363.00	366.00	369.00	372.00
D6930	Recement fixed partial denture	70.00	74.00	78.00	82.00	96.00
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	150.00	153.00	156.00	159.00	162.00
D6971	Cast post/part of brdg retainer	0.00	0.00	0.00	0.00	0.00
D6972	Prefab post/core+ brdg retainer	100.00	108.00	116.00	124.00	132.00
D6973	Core buildup for retain,inc pin	90.00	97.00	104.00	111.00	118.00
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

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 8

CODE	DESCRIPTION	FEE 10	FEE 11	FEE 12	FEE 13	FEE 14
D6977	Each + prefab post-same tooth	0.00	0.00	0.00	0.00	0.00
D6980	Fixed partial dent. repair, B/R	103.00	111.00	119.00	128.00	136.00
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	65.00	68.00	71.00	74.00	77.00
D7130	Root Removal	58.00	61.00	64.00	67.00	70.00
D7140	Extract,erupted th/exposed rt	58.00	61.00	64.00	67.00	70.00
D7210	Extraction-surgical/erupt tooth	96.00	99.00	102.00	111.00	119.00
D7220	Extraction-impacted/soft tis	93.00	99.00	108.00	117.00	126.00
D7230	Extraction-impacted/part bony	120.00	128.00	135.00	143.00	150.00
D7240	Extraction-impacted/compl bony	130.00	137.00	144.00	151.00	158.00
D7241	Remov impact-comp bony w/ con	0.00	0.00	0.00	0.00	0.00
D7250	Surgic removl resid tooth root	115.00	122.00	129.00	136.00	143.00
D7251	Coronectomy-part tooth removal	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	200.00	208.00	216.00	224.00	232.00
D7270	Reimplantation/stabilization	160.00	167.00	174.00	181.00	188.00
D7272	Tooth transplantation	0.00	0.00	0.00	0.00	0.00
D7280	Surgical access unerupted tooth	150.00	160.00	170.00	180.00	190.00
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	200.00	203.00	206.00	209.00	212.00
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 rtrnd 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
D7295	Bone Harvest for Grafting	0.00	0.00	0.00	0.00	0.00
D7310	Alveoloplasty w/ext 4+, quad	100.00	105.00	110.00	115.00	120.00
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	125.00	133.00	140.00	148.00	155.00
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	85.00	90.00	95.00	100.00	105.00
D7511	Incis&drain abscess-int soft comp	134.00	134.00	135.00	135.00	136.00
D7520	Incis&drain abscess-extra soft	0.00	0.00	0.00	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

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 9

CODE	DESCRIPTION	FEE 10	FEE 11	FEE 12	FEE 13	FEE 14
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
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:dissectomy	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	55.00	57.00	59.00	61.00	63.00
D7910	Suture of small wounds to 5cm	80.00	85.00	90.00	95.00	100.00
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	260.00	268.00	271.00	274.00	277.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 10

CODE	DESCRIPTION	FEE 10	FEE 11	FEE 12	FEE 13	FEE 14
D7963	Frenuloplasty	0.00	0.00	0.00	0.00	0.00
D7970	Excision, hyperplast tiss-arch	170.00	180.00	190.00	195.00	200.00
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
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	Plcmt of devc w/o fracture	0.00	0.00	0.00	0.00	0.00
D7999	Unspecified oral surg proc, B/R	0.00	0.00	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	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	180.00	187.00	194.00	201.00	208.00
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
D9110	Emerg treatment, palliative	50.00	52.00	54.00	56.00	58.00
D9120	Fixed partl denture sectioning	50.00	80.00	85.00	90.00	95.00
D9210	Local anesthesia not op/surg	0.00	0.00	0.00	0.00	0.00
D9211	Regional block anesthesia	0.00	0.00	0.00	0.00	0.00
D9212	Trigeminal division blk anesth	0.00	0.00	0.00	0.00	0.00
D9215	Local anesthesia	0.00	0.00	0.00	0.00	0.00
D9220	Deep sedat/gen anesth-1st 30m	0.00	0.00	0.00	0.00	0.00
D9221	Deep sedat/gen anesth-ea+15m	0.00	0.00	0.00	0.00	0.00
D9230	Analgesia-inhal of nitrous oxid	60.00	60.00	60.00	60.00	60.00
D9241	IV conscious sed/analg-1st 30m	0.00	0.00	0.00	0.00	0.00
D9242	IV conscious sed/analg-ea15m+	0.00	0.00	0.00	0.00	0.00
D9248	Non IV conscious sedation	0.00	0.00	0.00	0.00	0.00
D9310	Consultation (2nd opinion)	0.00	0.00	0.00	0.00	0.00
D9410	Professional house call	0.00	0.00	0.00	0.00	0.00
D9420	Hospital call	0.00	0.00	0.00	0.00	0.00
D9430	Office visit for observation	0.00	0.00	0.00	0.00	0.00
D9440	Office visit-after regular hrs	60.00	60.00	60.00	60.00	60.00
D9450	Case present,detailed/extens tx	0.00	0.00	0.00	0.00	0.00
D9610	Therap parenteral drug, 1 dose	0.00	0.00	0.00	0.00	0.00
D9612	Therap parenteral drugs, 2+	0.00	0.00	0.00	0.00	0.00
D9630	Other drugs/medicaments, B/R	0.00	0.00	0.00	0.00	0.00
D9631	Amoxicillin	1.00	1.00	1.00	1.00	1.00
D9632	Ciindamyzin Each	1.00	1.00	1.00	1.00	1.00
D9910	Application of desensitize med	50.00	50.00	50.00	50.00	50.00
D9911	Apply desensitiz' resin, per th	0.00	0.00	0.00	0.00	0.00
D9920	Behavior management, by report	0.00	0.00	0.00	0.00	0.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 11

CODE	DESCRIPTION	FEE 10	FEE 11	FEE 12	FEE 13	FEE 14
D9930	Treat complications-postsurgic	0.00	0.00	0.00	0.00	0.00
D9940	Occlusal guards, by report	240.00	245.00	250.00	255.00	260.00
D9941	Fabricate athletic mouthguards	90.00	99.00	107.00	116.00	124.00
D9942	Repair/Reline of occlusal guard	50.00	60.00	70.00	80.00	90.00
D9950	Occlusal analysis-mounted case	0.00	0.00	0.00	0.00	0.00
D9951	Occlusal adjustment-limited	47.00	48.00	49.00	50.00	51.00
D9952	Occlusal adjustment-complete	0.00	0.00	0.00	0.00	0.00
D9970	Enamel microabrasion	45.00	48.00	50.00	53.00	55.00
D9971	Odontoplasty 1-2 teeth-rmv enarr	80.00	83.00	86.00	89.00	92.00
D9972	External bleaching-per arch	150.00	150.00	150.00	150.00	150.00
D9972.	External Bleaching-Homecare	125.00	125.00	125.00	125.00	125.00
D9973	External bleaching-per tooth	225.00	225.00	225.00	225.00	225.00
D9974	Internal bleaching-per tooth	331.00	331.00	331.00	331.00	331.00



# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 1

CODE	DESCRIPTION	FEE 15	FEE 16	FEE 17	FEE 18	FEE 19
D0120	Periodic oral evaluation	24.00	25.00	26.00	27.00	30.00
D0140	Limited oral evaluation	33.00	35.00	37.00	40.00	42.00
D0145	Oral evaluation < 3 yrs of age	0.00	0.00	0.00	0.00	0.00
D0150	Comprehensive oral evaluation	37.00	39.00	42.00	44.00	47.00
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	48.00	51.00	54.00	57.00
D0210	Intraoral-complete series (bw)	50.00	53.00	56.00	59.00	62.00
D0220	Intraoral-periapical-1st film	20.00	21.00	22.00	23.00	24.00
D0230	Intraoral-periapical-each add'l	14.00	15.00	16.00	17.00	18.00
D0240	Intraoral-occlusal film	23.00	24.00	25.00	26.00	27.00
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	12.00	13.00	14.00	15.00	16.00
D0272	Bitewings-two films	21.00	22.00	23.00	24.00	25.00
D0273	Bitewings-three films	0.00	0.00	0.00	0.00	0.00
D0274	Bitewings-four films	33.00	35.00	37.00	40.00	42.00
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	56.00	59.00	62.00	65.00	68.00
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	60.00	60.00	60.00	60.00	60.00
D0417	Collection of saliva sample	0.00	0.00	0.00	0.00	0.00
D0418	Analysis of saliva sample	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	35.00	35.00	35.00	35.00	35.00
D0460	Pulp vitality tests	48.00	48.00	48.00	48.00	48.00
D0470	Diagnostic casts	57.00	57.00	57.00	57.00	57.00
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	0.00	0.00	0.00	0.00	0.00
D1110	Prophylaxis-adult	77.00	77.00	77.00	77.00	77.00
D1120	Prophylaxis-child	50.00	50.00	50.00	50.00	50.00
D1201	Prophylaxis with fluoride-child	72.00	72.00	73.00	74.00	75.00
D1203	Topical Applic. Fluoride-Child	20.00	21.00	22.00	23.00	25.00
D1204	Topical Applic. Fluoride-Adult	24.00	25.00	26.00	27.00	28.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 2

CODE	DESCRIPTION	FEE 15	FEE 16	FEE 17	FEE 18	FEE 19
D1205	0	92.00	93.00	94.00	95.00	96.00
D1206	Topical fluoride varnish	24.00	25.00	26.00	27.00	28.00
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	10.00	10.00	10.00	10.00	10.00
D1351	Sealant-per tooth	23.00	24.00	25.00	26.00	27.00
D1352	Preventive Restoration, Perm Th	0.00	0.00	0.00	0.00	0.00
D1510	Space maint-fixed-unilateral	150.00	160.00	170.00	180.00	190.00
D1515	Space maint-fixed-bilateral	250.00	260.00	270.00	280.00	290.00
D1520	Space maint-remov-unilateral	230.00	240.00	250.00	260.00	270.00
D1525	Space maint-remov-bilateral	260.00	270.00	280.00	290.00	300.00
D1550	Recementation of space maint	40.00	43.00	46.00	49.00	52.00
D1555	Removal of fixed space maint	0.00	0.00	0.00	0.00	0.00
D2140	Amalgam-1 surf. prim/perm	60.00	63.00	66.00	69.00	72.00
D2150	Amalgam-2 surf. prim/perm	80.00	83.00	86.00	89.00	92.00
D2160	Amalgam-3 surf. prim/perm	92.00	95.00	98.00	101.00	104.00
D2161	Amalgam-4+ surf. prim/perm	107.00	110.00	113.00	116.00	119.00
D2330	Resin-one surface, anterior	80.00	83.00	86.00	89.00	92.00
D2331	Resin-two surfaces, anterior	90.00	93.00	96.00	99.00	102.00
D2332	Resin-three surfaces, anterior	100.00	103.00	106.00	109.00	112.00
D2335	Resin-4+ w/incis angle-anterior	140.00	143.00	146.00	149.00	152.00
D2337	ResinCompCrown Ant. Perm.	130.00	140.00	150.00	160.00	170.00
D2390	Resin composite crown, anterior	0.00	0.00	0.00	0.00	0.00
D2391	Resin composite-1s, posterior	85.00	88.00	91.00	94.00	97.00
D2392	Resin composite-2s, posterior	105.00	108.00	111.00	114.00	117.00
D2393	Resin composite-3s, posterior	135.00	138.00	141.00	162.00	171.00
D2394	Resin composite-4+s, posterior	155.00	158.00	166.00	174.00	182.00
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	620.00	630.00	640.00	650.00	660.00
D2543	Onlay-metallic-three surfaces	600.00	620.00	640.00	660.00	680.00
D2544	Onlay-metallic-four + surfaces	650.00	670.00	690.00	710.00	730.00
D2610	Inlay-porcel/ceramic-1 surface	290.00	300.00	310.00	320.00	330.00
D2620	Inlay-porcel/ceramic-2 surface	320.00	330.00	340.00	350.00	360.00
D2630	Inlay-porcel/ceramic-3+ surface	370.00	380.00	390.00	400.00	410.00
D2642	Onlay-porcel/ceram-2 surface	670.00	680.00	690.00	700.00	710.00
D2643	Onlay-porcel/ceram-3 surface	685.00	695.00	705.00	715.00	725.00
D2644	Onlay-porcel/ceram-4 + surface	720.00	730.00	740.00	750.00	760.00
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	740.00	764.00	788.00	812.00	836.00
D2750	Crown-porc fuse high noble mtl	625.00	650.00	675.00	700.00	725.00
D2751	Crown-porc fused to base metal	620.00	630.00	645.00	550.00	560.00
D2752	Crown-porc fused noble metal	650.00	675.00	700.00	725.00	750.00
D2780	Crown-3/4 cast high noble metal	650.00	675.00	700.00	725.00	750.00
D2781	Crown-3/4 cast most base metal	0.00	0.00	0.00	0.00	0.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 3

CODE	DESCRIPTION	FEE 15	FEE 16	FEE 17	FEE 18	FEE 19
D2782	Crown-3/4 cast noble metal	0.00	0.00	0.00	0.00	0.00
D2783	Crown-3/4 porcelain/ceramic	605.00	632.00	659.00	686.00	713.00
D2790	Crown-full cast high noble mtl	725.00	750.00	775.00	800.00	825.00
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	120.00	125.00	130.00	135.00	140.00
D2910	Recement inlay/onlay/partial	45.00	48.00	51.00	54.00	57.00
D2915	Recemnt cast or prefab pst/cor	55.00	58.00	61.00	64.00	67.00
D2920	Recement crown	50.00	53.00	56.00	59.00	62.00
D2930	Prefab stain steel crn-primary	145.00	148.00	151.00	154.00	157.00
D2931	Prefab stain steel crown-perm	107.00	108.00	109.00	110.00	111.00
D2932	Prefabricated resin crown	107.00	108.00	109.00	110.00	111.00
D2933	Prefab stl crown w/resin window	105.00	112.00	119.00	126.00	133.00
D2934	Prefb esth ctd stnl stl crn-prm	0.00	0.00	0.00	0.00	0.00
D2940	Sedative filling	68.00	70.00	72.00	74.00	76.00
D2950	Core buildup, include any pins	100.00	103.00	106.00	113.00	119.00
D2951	Pin retention-/tooth, (+ rest)	45.00	46.00	47.00	48.00	49.00
D2952	Post&core in add to crown, fabr	205.00	215.00	225.00	235.00	245.00
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	175.00	190.00	205.00	220.00	235.00
D2955	Post removal (not with endo)	155.00	159.00	163.00	167.00	171.00
D2957	Each + prefab post-same tooth	0.00	0.00	0.00	0.00	0.00
D2960	Labial veneer(laminate)-chairsd	475.00	475.00	475.00	475.00	475.00
D2961	Labial veneer (resin lamin)-lab	730.00	730.00	730.00	730.00	730.00
D2962	Labial veneer (porceln lam)-lab	1097.00	1097.00	1097.00	1097.00	1097.00
D2963	Labial Veneer - Porc.- NP	750.00	750.00	750.00	750.00	750.00
D2970	Temporary crown (fractured th)	117.00	120.00	123.00	126.00	129.00
D2971	Add'l pro-new crn undr exs dent	95.00	95.00	95.00	95.00	95.00
D2975	Coping	0.00	0.00	0.00	0.00	0.00
D2980	Crown repair, by report	100.00	105.00	110.00	115.00	120.00
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)	43.00	44.00	46.00	47.00	48.00
D3120	Pulp cap-indirect, (ex rest)	43.00	44.00	46.00	47.00	49.00
D3220	Therapeutic pulpotomy-pulp remv	80.00	81.00	82.00	84.00	88.00
D3221	Pulpal debridemnt-prim/perm th	100.00	104.00	108.00	112.00	116.00
D3222	Partial pulpotomy apexogen	80.00	84.00	88.00	92.00	96.00
D3230	Pulpal therapy-anterior,primary	140.00	149.00	158.00	167.00	176.00
D3240	Pulpal therapy-posterior, prim	158.00	167.00	177.00	186.00	196.00
D3310	Endodontic therapy - anterior	375.00	390.00	405.00	420.00	435.00
D3320	Endodontic therapy - bicuspid	425.00	440.00	455.00	470.00	485.00
D3330	Endodontic therapy - molar	550.00	555.00	585.00	615.00	645.00
D3331	Treatmnt of root canal obstruct	0.00	0.00	0.00	0.00	0.00
D3332	Incomplete endo therapy	140.00	144.00	148.00	152.00	156.00
D3333	Int root repair of perf defects	0.00	0.00	0.00	0.00	0.00
D3346	Retreat, prev RCT - anterior	410.00	422.00	434.00	446.00	458.00
D3347	Retreat, prev RCT - bicuspid	510.00	538.00	566.00	594.00	622.00
D3348	Retreat, prev RCT - molar	510.00	538.00	566.00	594.00	622.00
D3351	Apexification/recalcif, initial	85.00	86.00	87.00	88.00	89.00
D3352	Apexification/recalcif, interim	85.00	86.00	87.00	88.00	89.00
D3353	Apexification/recalcif, final	398.00	424.00	451.00	477.00	504.00
D3354	Pulpal Regeneration	0.00	0.00	0.00	0.00	0.00
D3410	Apicoectomy/Periradic surg-ant	360.00	364.00	368.00	372.00	376.00
D3421	Apicoect/Perirad-bicus/1st root	360.00	364.00	368.00	372.00	376.00
D3425	Apicoect/Perirad-molar/1st root	480.00	464.00	468.00	472.00	476.00
D3426	Apicoect/Perirad (each + root)	170.00	172.00	174.00	176.00	178.00
D3430	Retrograde filling-per root	166.00	166.00	166.00	166.00	166.00
D3450	Root amputation-per root	180.00	194.00	208.00	222.00	236.00
D3460	Endodontic endosseous implant	0.00	0.00	0.00	0.00	0.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 4

CODE	DESCRIPTION	FEE 15	FEE 16	FEE 17	FEE 18	FEE 19
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	0.00	0.00	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	275.00	295.00	310.00	325.00	340.00
D4211	Gingivectomy-1-3 config th/quad	105.00	108.00	111.00	114.00	117.00
D4220	Gingival Curettage per Quad	84.00	87.00	90.00	93.00	96.00
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	290.00	305.00	320.00	335.00	350.00
D4241	Ging flap rt pln 1-3 per quad	190.00	205.00	220.00	235.00	250.00
D4245	Apically positioned flap	0.00	0.00	0.00	0.00	0.00
D4249	Clinic crown lengthen-hard tiss	420.00	435.00	450.00	465.00	480.00
D4260	Osseous surgery-4+ per quad	425.00	430.00	435.00	440.00	445.00
D4261	Osseous surgery- 1-3 per quad	135.00	138.00	141.00	144.00	147.00
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	280.00	283.00	286.00	289.00	292.00
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	111.00	114.00	117.00	120.00	123.00
D4341	Perio scale&root pln-4+per quad	113.00	120.00	128.00	135.00	143.00
D4342	Perio scale&root pln-1-3th,quad	113.00	120.00	128.00	135.00	143.00
D4355	Full mouth debridemnt,eval/diag	88.00	90.00	93.00	95.00	98.00
D4381	Local del Antimicrobiag-thB/R/Rest	50.00	50.00	50.00	50.00	50.00
D4910	Periodontal maintenance	80.00	83.00	86.00	89.00	92.00
D4920	Unscheduled dressing change	0.00	0.00	0.00	0.00	0.00
D4999	Unspecified perio proced, B/R	0.00	0.00	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	680.00	710.00	740.00	770.00	800.00
D5120	Complete denture - mandibular	680.00	710.00	740.00	770.00	800.00
D5130	Immediate denture - maxillary	765.00	795.00	825.00	855.00	885.00
D5140	Immediate denture - mandibular	765.00	795.00	825.00	855.00	885.00
D5211	Maxillary partial - resin base	650.00	680.00	710.00	740.00	770.00
D5212	Mandibular partial - resin base	650.00	680.00	710.00	740.00	770.00
D5213	Maxil parti-cast metal w/resin	780.00	810.00	840.00	870.00	900.00
D5214	Mand parti-cast metal w/resin	780.00	810.00	840.00	870.00	900.00
D5225	Maxillary partial-flexible base	680.00	710.00	740.00	770.00	800.00
D5226	Mandibular partial-flexible base	680.00	710.00	740.00	770.00	800.00
D5281	Removable unilat part denture	450.00	465.00	480.00	495.00	510.00
D5410	Adjust complete denture-maxil	44.00	46.00	49.00	52.00	55.00
D5411	Adjust complete denture-mand	44.00	46.00	49.00	52.00	55.00
D5421	Adjust partial denture-maxil	44.00	46.00	49.00	52.00	55.00
D5422	Adjust partial denture-mand	44.00	46.00	49.00	52.00	55.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 5

CODE	DESCRIPTION	FEE 15	FEE 16	FEE 17	FEE 18	FEE 19
D5510	Repair complete denture base	108.00	113.00	118.00	123.00	128.00
D5520	Replace teeth-comp dent (ea th)	87.00	90.00	93.00	96.00	99.00
D5610	Repair resin denture base	98.00	101.00	104.00	107.00	110.00
D5620	Repair cast framework	158.00	168.00	179.00	189.00	200.00
D5630	Repair or replace broken clasp	150.00	160.00	170.00	180.00	190.00
D5640	Replace broken teeth-per tooth	95.00	98.00	101.00	104.00	107.00
D5650	Add tooth to exist part denture	103.00	106.00	109.00	112.00	115.00
D5660	Add clasp, exist part denture	113.00	116.00	119.00	122.00	125.00
D5670	Replace all th&acrylic-maxil	350.00	360.00	370.00	380.00	390.00
D5671	Replace all th&acrylic-mand	0.00	0.00	0.00	0.00	0.00
D5710	Rebase complete maxil denture	275.00	290.00	305.00	320.00	335.00
D5711	Rebase complete mand denture	275.00	290.00	305.00	320.00	335.00
D5720	Rebase maxil partial denture	275.00	290.00	305.00	320.00	335.00
D5721	Rebase mand partial denture	275.00	290.00	305.00	320.00	335.00
D5730	Reline complete maxil-chairside	160.00	165.00	170.00	175.00	180.00
D5731	Reline complete mand-chairside	160.00	165.00	170.00	175.00	180.00
D5740	Reline maxil partial-chairside	150.00	160.00	170.00	180.00	190.00
D5741	Reline mand partial-chairside	150.00	160.00	170.00	180.00	190.00
D5750	Reline complete maxillary (lab)	250.00	260.00	270.00	280.00	290.00
D5751	Reline complete mand (lab)	250.00	260.00	270.00	280.00	290.00
D5760	Reline maxillary partial (lab)	250.00	260.00	270.00	280.00	290.00
D5761	Reline mandibular partial (lab)	250.00	260.00	270.00	280.00	290.00
D5810	Interim comp denture (maxil)	350.00	360.00	370.00	380.00	390.00
D5811	Interim comp denture (mand)	350.00	360.00	370.00	380.00	390.00
D5820	Interim partial denture (maxil)	310.00	320.00	330.00	340.00	350.00
D5821	Interim partial denture (mand)	310.00	320.00	330.00	340.00	350.00
D5850	Tissue condition, maxillary	54.00	58.00	61.00	65.00	68.00
D5851	Tissue condition, mandibular	54.00	58.00	61.00	65.00	68.00
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	Zest Anchor	160.00	170.00	170.00	180.00	180.00
D5900	Unspecified proth remov procedu	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

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 6

CODE	DESCRIPTION	FEE 15	FEE 16	FEE 17	FEE 18	FEE 19
D5954	Palatal augmentation prosthesis	0.00	0.00	0.00	0.00	0.00
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
D5991	Topical medicatment carrier	0.00	0.00	0.00	0.00	0.00
D5992	Adj Max'facial Prosth, Report	0.00	0.00	0.00	0.00	0.00
D5993	Maint Max'facial Prosth, Report	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	2200.00	2200.00	2200.00	2200.00	2200.00
D6054	Imp/abut remov, part edent arch	2200.00	2200.00	2200.00	2200.00	2200.00
D6055	Dent implant sup connecting bar	2050.00	2050.00	2050.00	2050.00	2050.00
D6056	Prefab abutment-incl placement	662.00	662.00	662.00	662.00	662.00
D6057	Custom abutment-incl placement	800.00	800.00	800.00	800.00	800.00
D6058	Abutment supported porc/cer crn	1100.00	1100.00	1100.00	1100.00	1100.00
D6059	Abtmt supp porc fused to hi-nob	1260.00	1260.00	1260.00	1260.00	1260.00
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	1100.00	1100.00	1100.00	1100.00	1100.00
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	1097.00	1097.00	1097.00	1097.00	1097.00
D6066	Implant supp porc fused mtl crn	1759.00	1759.00	1759.00	1759.00	1759.00
D6067	Implant supported metal crown	1097.00	1097.00	1097.00	1097.00	1097.00
D6068	Abtmt supp ret for porc/cer FPD	1000.00	1000.00	1000.00	1000.00	1000.00
D6069	Abut sup ret-porc fsd mtl FPDhn	1000.00	1000.00	1000.00	1000.00	1000.00
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	1000.00	1000.00	1000.00	1000.00	1000.00
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	1000.00	1000.00	1000.00	1000.00	1000.00
D6076	Implnt supp ret-prc fuse mtl FPD	1000.00	1000.00	1000.00	1000.00	1000.00
D6077	Implant supp ret-cast metal FPD	1000.00	1000.00	1000.00	1000.00	1000.00
D6078	Implnt/abut supp fxd comp edent	3300.00	3300.00	3300.00	3300.00	3300.00
D6079	Implnt/abut supp fxd part edent	3300.00	3300.00	3300.00	3300.00	3300.00
D6080	Implant maintenance procedures	221.00	221.00	221.00	221.00	221.00
D6090	Repair implant sup prosth, B/R	610.00	610.00	610.00	610.00	610.00
D6091	Rpl attachmt 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	600.00	600.00	600.00	600.00	600.00
D6100	Implant removal, by report	600.00	600.00	600.00	600.00	600.00
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	660.00	675.00	690.00	705.00	720.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 7

CODE	DESCRIPTION	FEE 16	FEE 16	FEE 17	FEE 18	FEE 19
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 knob	700.00	710.00	720.00	730.00	740.00
D6241	Pontic-porcelain fused to base	610.00	620.00	630.00	640.00	650.00
D6242	Pontic-porcelain fused to nobl	0.00	0.00	0.00	0.00	0.00
D6245	Pontic-porcelain/ceramic	710.00	720.00	730.00	740.00	750.00
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	413.00	430.00	448.00	465.00	483.00
D6254	Interim Pontic	0.00	0.00	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	231.00	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	735.00	752.00	769.00	786.00	803.00
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	735.00	752.00	769.00	786.00	803.00
D6612	Onlay-cast predomnt base, 2surf	0.00	0.00	0.00	0.00	0.00
D6613	Onlay-cast predomnt base,3+sur	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	735.00	750.00	765.00	780.00	795.00
D6750	Retainer crn-porc fused-hi nob	650.00	665.00	680.00	695.00	710.00
D6751	Retainer crn-porc fuse-base met	500.00	510.00	520.00	530.00	540.00
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	632.00	674.00	715.00	757.00	798.00
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	661.00	701.00	741.00	780.00	820.00
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	335.00	345.00	355.00	365.00	375.00
D6794	Retainer crown-titanium	0.00	0.00	0.00	0.00	0.00
D6795	Interim Retainer Crown	0.00	0.00	0.00	0.00	0.00
D6920	Connector bar	375.00	378.00	381.00	384.00	387.00
D6930	Recement fixed partial denture	90.00	94.00	98.00	102.00	106.00
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	165.00	168.00	171.00	174.00	177.00
D6971	Cast post/part of brdg retainer	0.00	0.00	0.00	0.00	0.00
D6972	Prefab post/core+ brdg retainer	140.00	148.00	156.00	164.00	172.00
D6973	Core buildup for retain,inc pin	125.00	132.00	139.00	146.00	153.00
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

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 8

CODE	DESCRIPTION	FEE 16	FEE 16	FEE 17	FEE 18	FEE 19
D6977	Each + prefab post-same tooth	0.00	0.00	0.00	0.00	0.00
D6980	Fixed partial dent. repair, B/R	144.00	152.00	160.00	169.00	177.00
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	80.00	83.00	86.00	89.00	92.00
D7130	Root Removal	73.00	76.00	79.00	82.00	85.00
D7140	Extract,erupted th/exposed rt	73.00	76.00	79.00	82.00	85.00
D7210	Extraction-surgical/erupt tooth	128.00	136.00	145.00	153.00	162.00
D7220	Extraction-impacted/soft tis	135.00	144.00	153.00	162.00	171.00
D7230	Extraction-impacted/part bony	158.00	165.00	173.00	180.00	188.00
D7240	Extraction-impacted/compl bony	165.00	172.00	179.00	186.00	193.00
D7241	Remov impact-comp bony w/ con	0.00	0.00	0.00	0.00	0.00
D7250	Surgic removl resid tooth root	150.00	157.00	164.00	171.00	178.00
D7251	Coronectomy-part tooth removal	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	240.00	248.00	256.00	265.00	272.00
D7270	Reimplantation/stabilization	195.00	202.00	209.00	216.00	223.00
D7272	Tooth transplantation	0.00	0.00	0.00	0.00	0.00
D7280	Surgical access unerupted tooth	200.00	210.00	220.00	230.00	240.00
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	215.00	218.00	221.00	224.00	230.00
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	Picmnt: temp anch scrw rtdnd plt	0.00	0.00	0.00	0.00	0.00
D7293	Picmnt: temp anch w/ surg flap	0.00	0.00	0.00	0.00	0.00
D7294	Picmnt: temp anch w/o surg flap	0.00	0.00	0.00	0.00	0.00
D7295	Bone Harvest for Grafting	0.00	0.00	0.00	0.00	0.00
D7310	Alveoloplasty w/ext 4+, quad	125.00	130.00	135.00	140.00	145.00
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	163.00	170.00	178.00	185.00	193.00
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	110.00	115.00	120.00	125.00	130.00
D7511	Incis&drain absces-int soft comp	136.00	137.00	137.00	138.00	139.00
D7520	Incis&drain abscess-extra soft	0.00	0.00	0.00	0.00	0.00
D7521	Incis&drain absces-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

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 9

CODE	DESCRIPTION	FEE 15	FEE 16	FEE 17	FEE 18	FEE 19
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
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 discect: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	65.00	67.00	69.00	71.00	73.00
D7910	Suture of small wounds to 5cm	105.00	112.00	119.00	126.00	133.00
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 str/hrd tis	0.00	0.00	0.00	0.00	0.00
D7960	Frenulectomy-separate procedur	280.00	283.00	286.00	289.00	292.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 10

CODE	DESCRIPTION	FEE 15	FEE 16	FEE 17	FEE 18	FEE 19
D7963	Frenuloplasty	0.00	0.00	0.00	0.00	0.00
D7970	Excision, hyperplast tiss-arch	210.00	230.00	235.00	240.00	245.00
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
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	Plcmnt of devc w/o fracture	0.00	0.00	0.00	0.00	0.00
D7999	Unspecified oral surg proc, B/R	0.00	0.00	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	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	215.00	222.00	229.00	236.00	243.00
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
D9110	Emerg treatment, palliative	60.00	62.00	64.00	66.00	68.00
D9120	Fixed partl denture sectioning	100.00	110.00	120.00	130.00	140.00
D9210	Local anesthesia not op/surg	0.00	0.00	0.00	0.00	0.00
D9211	Regional block anesthesia	0.00	0.00	0.00	0.00	0.00
D9212	Trigeminal division blk anesth	0.00	0.00	0.00	0.00	0.00
D9215	Local anesthesia	0.00	0.00	0.00	0.00	0.00
D9220	Deep sedat/gen anesth-1st 30m	0.00	0.00	0.00	0.00	0.00
D9221	Deep sedat/gen anesth-ea+15m	0.00	0.00	0.00	0.00	0.00
D9230	Analgesia-inhal of nitrous oxid	60.00	60.00	60.00	60.00	60.00
D9241	IV conscious sed/analg-1st 30m	0.00	0.00	0.00	0.00	0.00
D9242	IV conscious sed/analg-ea15m+	0.00	0.00	0.00	0.00	0.00
D9248	Non IV conscious sedation	0.00	0.00	0.00	0.00	0.00
D9310	Consultation (2nd opinion)	0.00	0.00	0.00	0.00	0.00
D9410	Professional house call	0.00	0.00	0.00	0.00	0.00
D9420	Hospital call	0.00	0.00	0.00	0.00	0.00
D9430	Office visit for observation	0.00	0.00	0.00	0.00	0.00
D9440	Office visit-after regular hrs	60.00	60.00	60.00	60.00	60.00
D9450	Case present,detailed/extens tx	0.00	0.00	0.00	0.00	0.00
D9610	Therap parenteral drug, 1 dose	0.00	0.00	0.00	0.00	0.00
D9612	Therap parenteral drugs, 2+	0.00	0.00	0.00	0.00	0.00
D9630	Other drugs/medicaments, B/R	0.00	0.00	0.00	0.00	0.00
D9631	Amoxicillin	1.00	1.00	1.00	1.00	1.00
D9632	Clindamycin Each	1.00	1.00	1.00	1.00	1.00
D9910	Application of desensitize med	50.00	50.00	50.00	50.00	50.00
D9911	Apply desensitiz' resin, per th	0.00	0.00	0.00	0.00	0.00
D9920	Behavior management, by report	0.00	0.00	0.00	0.00	0.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 11

CODE	DESCRIPTION	FEE 15	FEE 16	FEE 17	FEE 18	FEE 19
D9930	Treat complications-postsurgic	0.00	0.00	0.00	0.00	0.00
D9940	Occlusal guards, by report	265.00	270.00	275.00	280.00	285.00
D9941	Fabricate athletic mouthguards	133.00	141.00	150.00	158.00	167.00
D9942	Repair/Reline of occlusal guard	100.00	110.00	120.00	130.00	140.00
D9950	Occlusal analysis-mounted case	0.00	0.00	0.00	0.00	0.00
D9951	Occlusal adjustment-limited	52.00	53.00	54.00	55.00	56.00
D9952	Occlusal adjustment-complete	0.00	0.00	0.00	0.00	0.00
D9970	Enamel microabrasion	58.00	60.00	63.00	65.00	68.00
D9971	Odontoplasty 1-2 teeth-rmv enarr	95.00	98.00	101.00	104.00	107.00
D9972	External bleaching-per arch	150.00	150.00	150.00	150.00	150.00
D9972.	External Bleaching-Homecare	125.00	125.00	125.00	125.00	125.00
D9973	External bleaching-per tooth	225.00	225.00	225.00	225.00	225.00
D9974	Internal bleaching-per tooth	331.00	331.00	331.00	331.00	331.00



# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 1

CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	MEDICA1	SEALANT
D0120	Periodic oral evaluation	31.00	37.00	22.50	15.00	16.00
D0140	Limited oral evaluation	44.00	50.00	12.00	8.00	22.00
D0145	Oral evaluation < 3 yrs of age	0.00	0.00	0.00	0.00	0.00
D0150	Comprehensive oral evaluation	49.00	55.00	24.00	16.00	25.00
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	60.00	70.00	0.00	0.00	0.00
D0210	Intraoral-complete series (bw)	65.00	85.00	48.00	32.00	28.00
D0220	Intraoral-periapical-1st film	25.00	30.00	6.00	4.00	14.00
D0230	Intraoral-periapical-each add'l	19.00	20.00	4.50	3.00	0.00
D0240	Intraoral-occlusal film	28.00	31.00	12.00	8.00	0.00
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	17.00	20.00	9.00	6.00	8.00
D0272	Bitewings-two films	26.00	30.00	13.50	9.00	13.00
D0273	Bitewings-three films	0.00	0.00	0.00	0.00	0.00
D0274	Bitewings-four films	44.00	48.00	16.50	11.00	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	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	71.00	80.00	45.00	30.00	0.00
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	60.00	60.00	0.00	0.00	0.00
D0417	Collection of saliva sample	0.00	0.00	0.00	0.00	0.00
D0418	Analysis of saliva sample	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	35.00	35.00	35.00	35.00	0.00
D0460	Pulp vitality tests	48.00	48.00	0.00	0.00	0.00
D0470	Diagnostic casts	57.00	57.00	33.00	22.00	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	0.00	0.00	0.00	0.00	0.00
D1110	Prophylaxis-adult	77.00	86.00	38.00	18.00	0.00
D1120	Prophylaxis-child	50.00	55.00	21.00	14.00	50.00
D1201	Prophylaxis with fluoride-child	76.00	80.00	0.00	0.00	67.00
D1203	Topical Applic. Fluoride-Child	26.00	31.00	16.50	11.00	13.00
D1204	Topical Applic. Fluoride-Adult	29.00	35.00	20.00	0.00	0.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 2

CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	MEDICAL	SEALANT
D1205	0	97.00	117.00	0.00	0.00	0.00
D1206	Topical fluoride varnish	29.00	35.00	16.50	11.00	0.00
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	10.00	10.00	9.00	0.00	0.00
D1351	Sealant-per tooth	28.00	38.00	19.50	13.00	15.00
D1352	Preventive Restoration, Perm Th	0.00	0.00	0.00	0.00	0.00
D1510	Space maint-fixed-unilateral	200.00	230.00	108.00	72.00	0.00
D1515	Space maint-fixed-bilateral	300.00	320.00	175.50	117.00	0.00
D1520	Space maint-remov-unilateral	280.00	310.00	0.00	0.00	0.00
D1525	Space maint-remov-bilateral	310.00	350.00	0.00	0.00	0.00
D1550	Recementation of space maint	55.00	65.00	25.50	17.00	0.00
D1555	Removal of fixed space maint	0.00	0.00	0.00	0.00	0.00
D2140	Amalgam-1 surf. prim/perm	75.00	85.00	46.50	31.00	0.00
D2150	Amalgam-2 surf. prim/perm	95.00	102.00	61.50	41.00	0.00
D2160	Amalgam-3 surf. prim/perm	107.00	120.00	76.50	51.00	0.00
D2161	Amalgam-4+ surf. prim/perm	122.00	130.00	91.50	61.00	0.00
D2330	Resin-one surface, anterior	95.00	102.00	51.00	34.00	0.00
D2331	Resin-two surfaces, anterior	105.00	125.00	58.50	39.00	0.00
D2332	Resin-three surfaces, anterior	115.00	135.00	68.00	44.00	0.00
D2335	Resin-4+ w/incis angle-anterior	155.00	160.00	108.00	72.00	0.00
D2337	ResinCompCrown Ant. Perm.	180.00	219.00	0.00	0.00	0.00
D2390	Resin composite crown, anterior	0.00	0.00	0.00	0.00	0.00
D2391	Resin composite-1s, posterior	100.00	120.00	46.50	31.00	0.00
D2392	Resin composite-2s, posterior	120.00	150.00	61.50	41.00	0.00
D2393	Resin composite-3s, posterior	180.00	200.00	76.50	51.00	0.00
D2394	Resin composite-4+s, posterior	190.00	220.00	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	670.00	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	750.00	780.00	0.00	0.00	0.00
D2610	Inlay-porcel/ceramic-1 surface	340.00	370.00	270.00	0.00	0.00
D2620	Inlay-porcel/ceramic-2 surface	370.00	400.00	300.00	0.00	0.00
D2630	Inlay-porcel/ceramic-3+ surface	420.00	450.00	315.00	0.00	0.00
D2642	Onlay-porcel/ceram-2 surface	720.00	750.00	0.00	0.00	0.00
D2643	Onlay-porcel/ceram-3 surface	735.00	775.00	0.00	0.00	0.00
D2644	Onlay-porcel/ceram-4 + surface	770.00	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	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	860.00	890.00	0.00	0.00	0.00
D2750	Crown-porc fuse high noble mtl	750.00	840.00	0.00	0.00	0.00
D2751	Crown-porc fused to base metal	570.00	600.00	0.00	228.00	0.00
D2752	Crown-porc fused noble metal	755.00	840.00	0.00	0.00	0.00
D2780	Crown-3/4 cast high noble metal	775.00	840.00	0.00	0.00	0.00
D2781	Crown-3/4 cast most base metal	0.00	0.00	0.00	0.00	0.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 3

CODE	DESCRIPTION	FEE 20	FEE 21	DEPOD	MEDICAL	SEALANT
D2782	Crown-3/4 cast noble metal	0.00	0.00	0.00	0.00	0.00
D2783	Crown-3/4 porcelain/ceramic	740.00	840.00	0.00	0.00	0.00
D2790	Crown-full cast high noble mtl	850.00	900.00	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	145.00	160.00	0.00	0.00	0.00
D2910	Recement inlay/onlay/partial	60.00	70.00	0.00	0.00	0.00
D2915	Recemnt cast or prefab pst/cor	70.00	80.00	0.00	0.00	0.00
D2920	Recement crown	65.00	70.00	25.50	17.00	0.00
D2930	Prefab stain steel crn-primary	160.00	170.00	102.00	68.00	0.00
D2931	Prefab stain steel crown-perm	112.00	120.00	0.00	68.00	0.00
D2932	Prefabricated resin crown	112.00	120.00	0.00	68.00	0.00
D2933	Prefab stl crown w/resin window	140.00	180.00	0.00	85.00	0.00
D2934	Prefb esth ctd stnl stl crn-prm	0.00	0.00	0.00	0.00	0.00
D2940	Sedative filling	78.00	90.00	27.00	18.00	0.00
D2950	Core buildup, include any pins	125.00	156.00	0.00	65.00	0.00
D2951	Pin retention-/tooth, (+ rest)	50.00	70.00	3.00	2.00	0.00
D2952	Post&core in add to crown, fabr	255.00	270.00	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	250.00	265.00	0.00	53.00	0.00
D2955	Post removal (not with endo)	175.00	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	475.00	475.00	475.00	0.00	0.00
D2961	Labial veneer (resin lamin)-lab	730.00	730.00	730.00	0.00	0.00
D2962	Labial veneer (porceln lam)-lab	1097.00	1097.00	982.00	0.00	0.00
D2963	Labial Veneer - Porc.- NP	750.00	750.00	750.00	0.00	0.00
D2970	Temporary crown (fractured th)	132.00	150.00	0.00	42.00	0.00
D2971	Add'l prc-new crn undr exs dent	95.00	95.00	0.00	0.00	0.00
D2975	Coping	0.00	0.00	0.00	0.00	0.00
D2980	Crown repair, by report	125.00	175.00	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)	50.00	65.00	19.50	13.00	0.00
D3120	Pulp cap-indirect, (ex rest)	50.00	65.00	16.50	11.00	0.00
D3220	Therapeutic pulpotomy-pulp remv	93.00	113.00	75.00	50.00	0.00
D3221	Pulpal debridemnt-prim/perm th	120.00	150.00	45.00	30.00	0.00
D3222	Partial pulpototomy apexogen	100.00	113.00	75.00	0.00	0.00
D3230	Pulpal therapy-anterior,primary	185.00	200.00	112.50	75.00	0.00
D3240	Pulpal therapy-posterior, prim	205.00	220.00	127.50	85.00	0.00
D3310	Endodontic therapy - anterior	450.00	490.00	0.00	148.00	0.00
D3320	Endodontic therapy - bicuspid	500.00	553.00	0.00	190.00	0.00
D3330	Endodontic therapy - molar	675.00	800.00	0.00	235.00	0.00
D3331	Treatmnt of root canal obstruct	0.00	0.00	0.00	0.00	0.00
D3332	Incomplete endo therapy	160.00	190.00	0.00	0.00	0.00
D3333	Int root repair of perf defects	0.00	0.00	0.00	0.00	0.00
D3346	Retreat, prev RCT - anterior	470.00	490.00	0.00	0.00	0.00
D3347	Retreat, prev RCT - bicuspid	650.00	700.00	0.00	0.00	0.00
D3348	Retreat, prev RCT - molar	650.00	700.00	0.00	0.00	0.00
D3351	Apexification/recalcif, initial	90.00	90.00	126.00	84.00	0.00
D3352	Apexification/recalcif, interim	90.00	100.00	84.00	56.00	0.00
D3353	Apexification/recalcif, final	530.00	600.00	168.00	112.00	0.00
D3354	Pulpal Regeneration	0.00	0.00	0.00	0.00	0.00
D3410	Apicoectomy/Periradic surg-ant	380.00	400.00	112.50	75.00	0.00
D3421	Apicoect/Perirad-bicus/1st-root	380.00	400.00	0.00	0.00	0.00
D3425	Apicoect/Perirad-molar/1st root	480.00	500.00	0.00	0.00	0.00
D3426	Apicoect/Perirad (each + root)	180.00	200.00	0.00	0.00	0.00
D3430	Retrograde filling-per root	166.00	166.00	37.50	25.00	0.00
D3450	Root amputation-per root	250.00	275.00	0.00	0.00	0.00
D3460	Endodontic endosseous implant	0.00	0.00	0.00	0.00	0.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 5

CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	MEDICAL	SEALANT
D5510	Repair complete denture base	133.00	140.00	66.00	44.00	0.00
D5520	Replace teeth-comp dent (ea th)	102.00	120.00	58.50	39.00	0.00
D5610	Repair resin denture base	113.00	125.00	66.00	44.00	0.00
D5620	Repair cast framework	210.00	220.00	70.50	47.00	0.00
D5630	Repair or replace broken clasp	200.00	220.00	84.00	56.00	0.00
D5640	Replace broken teeth-per tooth	110.00	120.00	58.50	39.00	0.00
D5650	Add tooth to exist part denture	117.00	125.00	63.00	42.00	0.00
D5660	Add clasp, exist part denture	128.00	140.00	78.00	52.00	0.00
D5670	Replace all th&acrylic-maxil	400.00	450.00	218.00	0.00	0.00
D5671	Replace all th&acrylic-mand	0.00	0.00	218.00	0.00	0.00
D5710	Rebase complete maxil denture	350.00	375.00	0.00	0.00	0.00
D5711	Rebase complete mand denture	350.00	375.00	0.00	0.00	0.00
D5720	Rebase maxil partial denture	350.00	330.00	0.00	0.00	0.00
D5721	Rebase mand partial denture	350.00	375.00	0.00	0.00	0.00
D5730	Reline complete maxil-chairside	185.00	200.00	94.50	63.00	0.00
D5731	Reline complete mand-chairside	185.00	200.00	94.50	63.00	0.00
D5740	Reline maxil partial-chairside	200.00	220.00	94.50	63.00	0.00
D5741	Reline mand partial-chairside	200.00	220.00	94.50	63.00	0.00
D5750	Reline complete maxillary (lab)	300.00	330.00	169.50	113.00	0.00
D5751	Reline complete mand (lab)	300.00	364.00	169.50	113.00	0.00
D5760	Reline maxillary partial (lab)	300.00	330.00	169.50	113.00	0.00
D5761	Reline mandibular partial (lab)	300.00	330.00	169.50	113.00	0.00
D5810	Interim comp denture (maxil)	400.00	450.00	0.00	0.00	0.00
D5811	Interim comp denture (mand)	400.00	450.00	0.00	0.00	0.00
D5820	Interim partial denture (maxil)	360.00	400.00	150.00	110.00	0.00
D5821	Interim partial denture (mand)	360.00	400.00	110.00	0.00	0.00
D5850	Tissue condition, maxillary	72.00	94.00	58.50	0.00	0.00
D5851	Tissue condition, mandibular	72.00	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	Zest Anchor	185.00	185.00	0.00	0.00	0.00
D5900	Unspecified proth remov procedu	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

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 4

CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	MEDICAL	SEALANT
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	0.00	0.00	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	355.00	380.00	157.50	105.00	0.00
D4211	Gingivectomy-1-3 contig th/quad	120.00	135.00	67.50	45.00	0.00
D4220	Gingival Curettage per Quad	99.00	120.00	51.00	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	365.00	400.00	0.00	0.00	0.00
D4241	Ging flap rt pln 1-3 per quad	265.00	300.00	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	495.00	500.00	0.00	0.00	0.00
D4260	Osseous surgery-4+ per quad	450.00	455.00	171.00	114.00	0.00
D4261	Osseous surgery- 1-3 per quad	150.00	195.00	72.00	48.00	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	295.00	330.00	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	130.00	150.00	0.00	0.00	0.00
D4341	Perio scale&root pln-4+per quad	150.00	176.00	30.00	20.00	0.00
D4342	Perio scale&root pln-1-3th,quad	150.00	176.00	30.00	10.00	0.00
D4355	Full mouth debridemnt,eval/diag	100.00	120.00	78.00	52.00	0.00
D4381	Local del Antimicrobiag-thB/R Arest	50.00	50.00	50.00	0.00	0.00
D4910	Periodontal maintenance	95.00	115.00	46.00	0.00	0.00
D4920	Unscheduled dressing change	0.00	0.00	0.00	0.00	0.00
D4999	Unspecified perio proced, B/R	0.00	0.00	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	830.00	900.00	465.00	310.00	0.00
D5120	Complete denture - mandibular	830.00	900.00	465.00	310.00	0.00
D5130	Immediate denture - maxillary	915.00	965.00	465.00	0.00	0.00
D5140	Immediate denture - mandibular	915.00	965.00	465.00	0.00	0.00
D5211	Maxillary partial - resin base	800.00	850.00	247.50	165.00	0.00
D5212	Mandibular partial - resin base	800.00	850.00	247.50	165.00	0.00
D5213	Maxil partl-cast metal w/resin	930.00	950.00	472.50	315.00	0.00
D5214	Mand partl-cast metal w/resin	930.00	950.00	472.50	315.00	0.00
D5225	Maxillary partial-flexible base	830.00	900.00	472.50	315.00	0.00
D5226	Mandibul partial-flexible base	830.00	900.00	465.00	0.00	0.00
D5281	Removable unilat part denture	525.00	600.00	0.00	0.00	0.00
D5410	Adjust complete denture-maxil	58.00	68.00	21.00	14.00	0.00
D5411	Adjust complete denture-mand	58.00	68.00	21.00	14.00	0.00
D5421	Adjust partial denture-maxil	58.00	68.00	21.00	14.00	0.00
D5422	Adjust partial denture-mand	58.00	68.00	21.00	14.00	0.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 6

CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	MEDICAL	SEALANT
D5954	Palatal augmentation prosthesis	0.00	0.00	0.00	0.00	0.00
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
D5991	Topical medicatment carrier	0.00	0.00	0.00	0.00	0.00
D5992	Adj Max'facial Prosth, Report	0.00	0.00	0.00	0.00	0.00
D5993	Maint Max'facial Prosth, Report	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	Picmnt 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	2200.00	2200.00	2200.00	0.00	0.00
D6054	Imp/abut remov,part edent arch	2200.00	2200.00	2200.00	0.00	0.00
D6055	Dent implant sup connecting bar	2050.00	2050.00	2050.00	0.00	0.00
D6056	Prefab abutment-incl placement	662.00	662.00	662.00	0.00	0.00
D6057	Custom abutment-incl placement	800.00	800.00	800.00	0.00	0.00
D6058	Abutment supported porc/cer crn	1100.00	1100.00	1100.00	0.00	0.00
D6059	Abtmt supp porc fused to hi-nob	1260.00	1260.00	1260.00	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	1100.00	1100.00	1100.00	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	1097.00	1097.00	1097.00	0.00	0.00
D6066	Implant supp porc fused mtl crn	1759.00	1759.00	1759.00	0.00	0.00
D6067	Implant supported metal crown	1097.00	1097.00	1097.00	0.00	0.00
D6068	Abtmt supp ret for porc/cer FPD	1000.00	1000.00	1000.00	0.00	0.00
D6069	Abut sup ret-porc fsd mtl FPDhn	1000.00	1000.00	1000.00	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	1000.00	1000.00	1000.00	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	1000.00	1000.00	1000.00	0.00	0.00
D6076	Implnt supp ret-prc fuse mtlFPD	1000.00	1000.00	1000.00	0.00	0.00
D6077	Implant supp ret-cast metal FPD	1000.00	1000.00	1000.00	0.00	0.00
D6078	Implnt/abut supp fxd comp edent	3300.00	3300.00	3300.00	0.00	0.00
D6079	Implnt/abut supp fxd part edent	3300.00	3300.00	3300.00	0.00	0.00
D6080	Implant maintenance procedures	221.00	221.00	221.00	0.00	0.00
D6090	Repair implant sup prosth, B/R	610.00	610.00	610.00	0.00	0.00
D6091	Rpi atthcmt 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	600.00	600.00	600.00	0.00	0.00
D6100	Implant removal, by report	600.00	600.00	600.00	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	735.00	800.00	0.00	0.00	0.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 7

CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	MEDICAL	SEALANT
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 knob	750.00	850.00	0.00	0.00	0.00
D6241	Pontic-porcelain fused to base	670.00	750.00	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	760.00	850.00	0.00	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	500.00	540.00	0.00	0.00	0.00
D6254	Interim Pontic	0.00	0.00	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	820.00	860.00	0.00	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	820.00	860.00	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 cm-indir res-bas comp	0.00	0.00	0.00	0.00	0.00
D6720	Retainer cm-res w/ hi nob met	0.00	0.00	0.00	0.00	0.00
D6721	Retainer cm-resin w/ base met	0.00	0.00	0.00	0.00	0.00
D6722	Retainer cm-resin w/ nob met	0.00	0.00	0.00	0.00	0.00
D6740	Crown-porcelain/ceramic	810.00	900.00	0.00	0.00	0.00
D6750	Retainer cm-porc fused-hi nob	725.00	800.00	0.00	0.00	0.00
D6751	Retainer cm-porc fuse-base met	550.00	650.00	0.00	0.00	0.00
D6752	Retainer cm-porc fused-nob met	0.00	837.00	0.00	0.00	0.00
D6780	Retainer cm-3/4 cast h nob met	840.00	900.00	0.00	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 cm-full cast hi nob	860.00	950.00	0.00	0.00	0.00
D6791	Retainer cm-full cast base	0.00	0.00	0.00	0.00	0.00
D6792	Retainer cm-full cast nob met	0.00	0.00	0.00	0.00	0.00
D6793	Provisional retainer crown	385.00	400.00	0.00	0.00	0.00
D6794	Retainer crown-titanium	0.00	0.00	0.00	0.00	0.00
D6795	Interim Retainer Crown	0.00	0.00	0.00	0.00	0.00
D6920	Connector bar	390.00	466.00	0.00	0.00	0.00
D6930	Recement fixed partial denture	110.00	120.00	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	180.00	229.00	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	180.00	190.00	0.00	0.00	0.00
D6973	Core buildup for retain,inc pin	160.00	170.00	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

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 8

CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	MEDICAL	SEALANT
D6977	Each + prefab post-same tooth	0.00	0.00	0.00	0.00	0.00
D6980	Fixed partial dent. repair, B/R	185.00	200.00	0.00	0.00	0.00
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 crni remnts-decid th	95.00	110.00	40.50	27.00	0.00
D7130	Root Removal	88.00	95.00	0.00	0.00	0.00
D7140	Extract,erupted th/exposed rt	88.00	108.00	40.50	27.00	0.00
D7210	Extraction-surgical/erupt tooth	170.00	189.00	60.00	40.00	0.00
D7220	Extraction-impacted/soft tis	180.00	233.00	93.00	62.00	0.00
D7230	Extraction-impacted/part bony	195.00	230.00	0.00	0.00	0.00
D7240	Extraction-impacted/comp bony	200.00	235.00	118.50	79.00	0.00
D7241	Remov impact-comp bony w/ con	0.00	0.00	0.00	0.00	0.00
D7250	Surgic removi resid tooth root	185.00	195.00	81.00	54.00	0.00
D7251	Coronectomy-part tooth removal	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	280.00	300.00	180.00	120.00	0.00
D7270	Reimplantation/stabilization	230.00	250.00	40.50	27.00	0.00
D7272	Tooth transplantation	0.00	0.00	0.00	0.00	0.00
D7280	Surgical access unerupted tooth	250.00	290.00	204.00	136.00	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	250.00	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	Picmnt: temp anch scrw rtnd pit	0.00	0.00	0.00	0.00	0.00
D7293	Picmnt: temp anch w/ surg flap	0.00	0.00	0.00	0.00	0.00
D7294	Picmnt: temp anch w/o surg flap	0.00	0.00	0.00	0.00	0.00
D7295	Bone Harvest for Grafting	0.00	0.00	0.00	0.00	0.00
D7310	Alveoloplasty w/ext 4+, quad	150.00	220.00	67.50	45.00	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	200.00	290.00	84.00	56.00	0.00
D7321	Alveoloplasty w/o ex 1-3 th/quad	0.00	0.00	84.00	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-dl<=1.25c	0.00	0.00	0.00	0.00	0.00
D7461	Rem benign nonodont-diam>1.2c	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	135.00	150.00	70.50	47.00	0.00
D7511	Incis&drain absccs-int soft comp	140.00	150.00	0.00	0.00	0.00
D7520	Incis&drain abscess-extra soft	0.00	0.00	0.00	0.00	0.00
D7521	Incis&drain absccs-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

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 9

CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	MEDICAL	SEALANT
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
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 discect: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	75.00	85.00	0.00	0.00	0.00
D7910	Suture of small wounds to 5cm	140.00	158.00	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	295.00	350.00	0.00	0.00	0.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 10

CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	MEDICAL	SEALANT
D7963	Frenuloplasty	0.00	0.00	0.00	0.00	0.00
D7970	Excision, hyperplast tiss-arch	250.00	300.00	126.00	84.00	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
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	Plcmnt of devc w/o fracture	0.00	0.00	0.00	0.00	0.00
D7999	Unspecified oral surg proc, B/R	0.00	0.00	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	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	250.00	270.00	94.50	63.00	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
D9110	Emerg treatment, palliative	70.00	95.00	19.50	13.00	0.00
D9120	Fixed partl denture sectioning	160.00	190.00	80.00	0.00	0.00
D9210	Local anesthesia not op/surg	0.00	0.00	0.00	0.00	0.00
D9211	Regional block anesthesia	0.00	0.00	0.00	0.00	0.00
D9212	Trigeminal division blk anesth	0.00	0.00	0.00	0.00	0.00
D9215	Local anesthesia	0.00	0.00	0.00	0.00	0.00
D9220	Deep sedat/gen anesth-1st 30m	0.00	0.00	0.00	0.00	0.00
D9221	Deep sedat/gen anesth-ea+15m	0.00	0.00	0.00	0.00	0.00
D9230	Analgesia-inhal of nitrous oxid	60.00	60.00	60.00	28.00	0.00
D9241	IV conscious sed/analg-1st 30m	0.00	0.00	0.00	0.00	0.00
D9242	IV conscious sed/analg-ea15m+	0.00	0.00	0.00	0.00	0.00
D9248	Non IV conscious sedation	0.00	0.00	0.00	0.00	0.00
D9310	Consultation (2nd opinion)	0.00	0.00	0.00	0.00	0.00
D9410	Professional house call	0.00	0.00	0.00	0.00	0.00
D9420	Hospital call	0.00	0.00	0.00	0.00	0.00
D9430	Office visit for observation	0.00	0.00	0.00	0.00	0.00
D9440	Office visit-after regular hrs	60.00	60.00	0.00	0.00	0.00
D9450	Case present,detailed/extens tx	0.00	0.00	0.00	0.00	0.00
D9610	Therap parenteral drug, 1 dose	0.00	0.00	0.00	0.00	0.00
D9612	Therap parenteral drugs, 2+	0.00	0.00	0.00	0.00	0.00
D9630	Other drugs/medicaments, B/R	0.00	0.00	0.00	0.00	0.00
D9631	Amoxicillin	1.00	1.00	0.00	0.00	0.00
D9632	Clindamyzin Each	1.00	1.00	0.00	0.00	0.00
D9910	Application of desensitize med	50.00	50.00	0.00	0.00	0.00
D9911	Apply desensitiz' resin, per th	0.00	0.00	0.00	0.00	0.00
D9920	Behavior management, by report	0.00	0.00	0.00	0.00	0.00

# FEE SCHEDULE

RHN DENTAL GROUP/TAV

Codes D0120 - D9974

Date: 04/04/2012

Page: 11

CODE	DESCRIPTION	FEE 20	FEE 21	DEPOO	MEDICAL	SEALANT
D9930	Treat complications-postsurgic	0.00	0.00	0.00	0.00	0.00
D9940	Occlusal guards, by report	290.00	300.00	275.00	0.00	0.00
D9941	Fabricate athletic mouthguards	175.00	190.00	0.00	0.00	0.00
D9942	Repair/Reline of occlusal guard	150.00	160.00	0.00	0.00	0.00
D9950	Occlusal analysis-mounted case	0.00	0.00	0.00	0.00	0.00
D9951	Occlusal adjustment-limited	57.00	60.00	47.00	0.00	0.00
D9952	Occlusal adjustment-complete	0.00	0.00	0.00	0.00	0.00
D9970	Enamel microabrasion	70.00	75.00	50.00	0.00	0.00
D9971	Odontoplasty 1-2 teeth-rmv enarr	110.00	120.00	60.00	0.00	0.00
D9972	External bleaching-per arch	150.00	150.00	150.00	0.00	0.00
D9972.	External Bleaching-Homecare	125.00	125.00	125.00	0.00	0.00
D9973	External bleaching-per tooth	225.00	225.00	225.00	0.00	0.00
D9974	Internal bleaching-per tooth	331.00	331.00	331.00	0.00	0.00

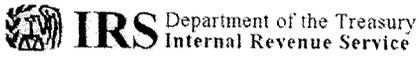






Rural Health Network

Attachment(s) J



Department of the Treasury  
Internal Revenue Service  
P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248667579  
Mar. 30, 2012 LTR 4168C E0  
65-0474953 000000 00  
00017938  
BODC: TE

RURAL HEALTH NETWORK OF MONROE  
COUNTY INC  
% DANIEL E SMITH  
27225 OVERSEAS HWY  
RAMROD KEY FL 33042-5344

005352

Employer Identification Number: 65-0474953  
Person to Contact: Mr Gerding  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 21, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in January 1995.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

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

Sincerely yours,

Doris Kenwright, Operation Mgr.  
Accounts Management Operations 1

**2011 / 2012  
MONROE COUNTY BUSINESS TAX RECEIPT  
EXPIRES SEPTEMBER 30, 2012**

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

Business Location: 1010 KENNEDY DR  
Ste 307  
Business Phone: 305-292-6422  
Business Type: PROFESSIONALS (NON PROFIT DENTAL CLINIC)

**Rooms                      Seats                      Employees                      Machines                      Stalls**

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

Paid 114-10-00001531 07/08/2011 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.

Rural Health Network

**2011 / 2012  
MONROE COUNTY BUSINESS TAX RECEIPT  
EXPIRES SEPTEMBER 30, 2012**

RECEIPT# 46110-74633

Business Name: RURAL HEALTH NETWORK OF MONROE  
COUNTY FL INC

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

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**

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

Paid 114-10-00001531 07/08/2011 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.

**2011 / 2012  
MONROE COUNTY BUSINESS TAX RECEIPT  
EXPIRES SEPTEMBER 30, 2012**

RECEIPT# 46110-105809

Business Name: RURAL HEALTH NETWORK OF MONROE  
COUNTY FL INC

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

Business Location: 27225 OVERSEAS HWY 33042  
RAMROD KEY, FL  
Business Phone: 305-517-6613  
Business Type: PROFESSIONALS (HEALTH SERVICE)

**Rooms                      Seats                      Employees                      Machines                      Stalls**

STATE LICENSE: N93000005223

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

Paid 114-10-00001531 07/08/2011 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.

**2011 / 2012  
MONROE COUNTY BUSINESS TAX RECEIPT  
EXPIRES SEPTEMBER 30, 2012**

RECEIPT# 46110-105808

Business Name: RURAL HEALTH NETWORK OF MONROE  
COUNTY FL INC

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

Business Location: 91555 OVERSEAS HWY STE #1  
TAVERVIER, FL 33070  
Business Phone: 305-735-4218  
Business Type: PROFESSIONALS (HEALTH SERVICE)

**Rooms                      Seats                      Employees                      Machines                      Stalls**

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

Paid 114-10-00001531 07/08/2011 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.



**Consumer's Certificate of Exemption**

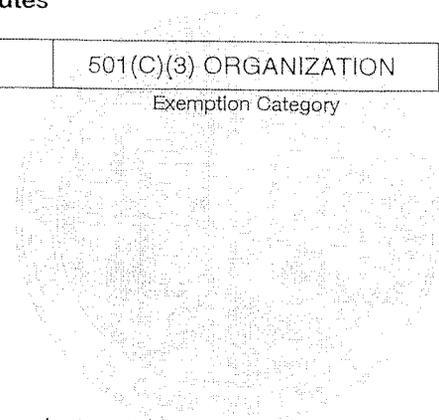
DR-14  
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012630001C-0	01/31/2012	01/31/2017	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

RURAL HEALTH NETWORK OF MONROE  
COUNTY FLORIDA INC  
27225 OVERSEAS HWY  
SUMMERLAND KEY FL 33042-5344



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



**Important Information for Exempt Organizations**

DR-14  
R. 04/11

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 (F.A.C.).
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 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, F.A.C.).
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 require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

# *State of Florida*

## *Department of State*

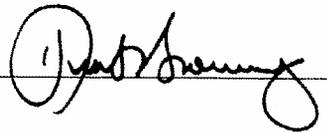
I certify from the records of this office that RURAL HEALTH NETWORK OF MONROE COUNTY, FLORIDA, INC. is a corporation organized under the laws of the State of Florida, filed on November 12, 1993.

The document number of this corporation is N93000005223.

I further certify that said corporation has paid all fees due this office through December 31, 2012, that its most recent annual report was filed on January 12, 2012, 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  
Florida, at Tallahassee, the Capital, this the  
Thirteenth day of January, 2012*



*Secretary of State*



Authentication ID: 900218147119-011312-N93000005223

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

1-800-HELP-FLA (435-7352)  
www.800helpfla.com  
www.freshfromflorida.com



DIVISION OF CONSUMER SERVICES  
2005 APALACHEE PKWY  
TALLAHASSEE FL 32399-6500

**FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES**  
**COMMISSIONER ADAM H. PUTNAM**

December 27, 2011

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, 2013

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  
850-410-3698  
Fax: 850-410-3804  
E-mail: [karena.jackson@freshfromflorida.com](mailto:karena.jackson@freshfromflorida.com)

AC#4822008

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/17/2012	DN 12249	89254

AC# 4822008

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/17/2012	DN 12249	89254

The DENTIST named below has met all requirements of the laws and rules of the state of Florida.  
Expiration Date: **FEBRUARY 28, 2014**

CAROL C WEITH

LICENSEE SIGNATURE

The DENTIST

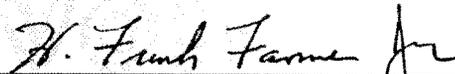
named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2014**

CAROL C WEITH  
1010 KENNEDY DR  
#307  
KEY WEST, FL 33040



Rick Scott  
GOVERNOR



H. Frank Farmer, Jr., M.D., Ph.D., F.A.C.P.  
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **FEBRUARY 28, 2014**

Your license number is **DN 12249**, 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](http://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

DH 2103 5/08

AC# 4793988

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/27/2012	DN 19181	86270

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

Expiration Date: **FEBRUARY 28, 2014**

LEANNE KAY TINSLEY  
2901 OVERSEAS HWY  
SUITE 2  
MARATHON, FL 33050

AC# 4793988

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

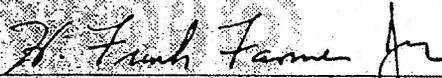
DATE	LICENSE NO.	CONTROL NO.
01/27/2012	DN 19181	86270

The DENTIST  
named below has met all requirements for  
the laws and rules of the state of Florida.  
Expiration Date: **FEBRUARY 28, 2014**

LEANNE KAY TINSLEY



Rick Scott  
GOVERNOR



H. Frank Farmer, Jr., M.D., Ph.D., F.A.C.P.  
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

Rural Health Network

Attachment(s) N

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 4780483

DATE	LICENSE NO.	CONTROL NO.
01/20/2012	DN 18601	85460

The **DENTIST**  
named below has met all requirements of  
the laws and rules of the state of Florida.  
Expiration Date: **FEBRUARY 28, 2014**

**JACLYN GAMBERINI HARDEN**

*Jaclyn G. Harden*  
\_\_\_\_\_  
LICENSEE SIGNATURE

AC#4687716

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/03/2011	DH 22039	75645

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

Expiration Date: **FEBRUARY 28, 2014**  
JANET FUENTES  
2901 OVERSEAS HIGHWAY  
SUITE 2  
MARATHON, FL 33050



Rick Scott  
GOVERNOR



H. Frank Farmer, Jr., M.D., Ph.D., F.A.C.P.  
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

# Rural Health Network

Attachment(s) N

AC# 4789570

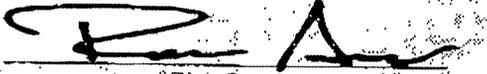
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/26/2012	DH 8084	77834

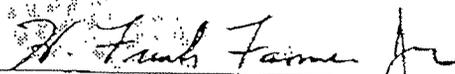
The **DENTAL HYGIENIST** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2014**

**VALERIE ELLEN EIKENBERG**  
1010 KENNEDY DRIVE  
KEY WEST, FL 33050



Rick Scott  
GOVERNOR



H. Frank Farmer, Jr., M.D., Ph.D., F.A.C.P.  
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

# Rural Health Network



## STATE OF FLORIDA DEPARTMENT OF HEALTH Operating Permit

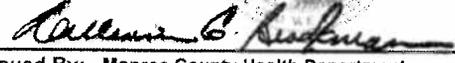
Attachment(s) N

**For:** Biomedical Waste - Dentist

**Issued To:** Rural Health Network of Monroe County FL, Inc  
2901 Overseas Hwy  
Ste 2  
Marathon, FL 33050

**Mailed To:** Rural Health Network of Monroe County FI, Inc  
Daniel E Smith, CEO  
PO Box 500370  
Marathon, FL 33050

**Audit Control:** 44-BID-1801662  
**Permit Number:** ~~44-64-1310911~~  
**County:** Monroe  
**Issue Date:** 10/01/2011  
**Amount Paid:** 125.00  
**Date Paid:** 09/13/2011  
**Permit Expires On:** 09/30/2012

  
**Issued By:** Monroe County Health Department  
1100 Simonton St  
Ofc 242  
Key West, FL 33040

TO THE CUSTOMER (Not Transferable) DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE



# Rural Health Network

## STATE OF FLORIDA DEPARTMENT OF HEALTH Operating Permit

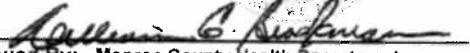
Attachment(s) N

**For: Biomedical Waste - Dentist**

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

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

**Audit Control:** 44-BID-1801625  
**Permit Number:** 44-64-90290  
**County:** Monroe  
**Issue Date:** 10/01/2011  
**Amount Paid:** 125.00  
**Date Paid:** 09/13/2011  
**Permit Expires On:** 09/30/2012

  
**Issued By: Monroe County Health Department**  
1100 Simonton St  
Ofc 242  
Key West, FL 33040

FOR THE CUSTOMER (Not Transferrable) DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
Operating Permit

For: **Biomedical Waste - Dentist**

Issued To: **Rural Health Network of Monroe County FI, Inc**  
91555 Overseas Hwy  
Tavernier, FL 33070

Mailed To: **Rural Health Network of Monroe County FI, Inc**  
Daniel E Smith, CEO  
PO Box 500370  
Marathon, FL 33050

Audit Control: 44-BID-1801661  
Permit Number: **44-64-1310907**  
County: **Monroe**  
Issue Date: 10/01/2011  
Amount Paid: 125.00  
Date Paid: 09/02/2011  
Permit Expires On: **09/30/2012**

Issued By: **Monroe County Health Department**  
1100 Simonton St  
Ofc 242  
Key West, FL 33040

Duplicate - CUSTOMER (Non-Transferable) DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE



Bureau of Radiation Control, Radiation Machine Program  
**RADIATION MACHINE REGISTRATION INVOICE**

YOUR REGISTRATION EXPIRES ON OCTOBER 28, 2011. THE TOTAL DUE AMOUNT MUST BE MAILED AT LEAST 15 DAYS PRIOR TO THIS DATE TO ENSURE YOUR NEW REGISTRATION WILL REACH YOU IN TIME FOR POSTING. SUBMIT THIS INVOICE AND THE FEE USING THE ENCLOSED ENVELOPE. FOR QUESTIONS ABOUT YOUR RENEWAL CONTACT THE BUREAU AT 705 WELLS RD STE 300, ORANGE PARK, FL 32073, (904)278-5730.

6706 \*\*\*\*\*AUTO\*\*3-DIGIT 330  
 ATTN DANIEL SMITH  
 RURAL HEALTH NETWORK OF MONROE CNTY FLA  
 1010 KENNEDY DR STE 307  
 KEY WEST, FL 33040-4134

**DENTAL REGISTRATION**  
 INVOICE NUMBER: JR 42105000-2011  
 NUMBER OF TUBES: 2  
 RENEWAL DUE: \$ 42.00  
 PAST DUE: \$ 0.00  
 TOTAL DUE: \$ 42.00  
 DUE DATE: 10/28/2011

Detach the invoice above and return with your payment in the enclosed envelope

**IMPORTANT INSTRUCTIONS PLEASE READ**

- The enclosed Radiation Machine Inventory Sheet lists the current information on the type of registration you have, the physical location the registration covers, your mailing information and your current inventory. Please **review this information for accuracy and notify the bureau of any changes needed.** To change the information for your registration you must submit a properly completed Radiation Machine Facility Registration form, DH-1107. The form may be found on the website listed in the box below.
- 64E-5.511, Florida Administrative Code requires the registration of all radiation machines **including unused or nonfunctional machines.** You can not store machines or claim they are unused to avoid registration.
- Registrations **can not be deleted unless all machines are gone** or transferred to another business and you inform the bureau using the DH-1107. Stating you have closed your business, retired or are no longer using your machines is not sufficient information to delete your registration.
- Please **pay the correct amount** (including any past due fees) to allow you to possess the number of machines or x-ray tubes you actually have. If the number of tubes listed on the invoice does not match the number of tubes present at this location, including all stored or unused machines, submit the DH-1107 showing your actual inventory and correct the number of machines and the fee on the invoice above. Your fee is based on 31.00 for your first x-ray machine/tube and 11.00 for each additional machine/tube. Keep in mind some machines have more than one x-ray tube and are counted more than once.
- Registration fees are not refundable or transferrable.
- Make your check payable to DOH X-Ray Registration. Return your payment with the invoice above in the envelope provided to ensure your fee is applied to your account.
- **FOR STATE AGENCIES DESIRING TO PAY BY JOURNAL TRANSFER** please use the following SAMAS codes: Vendor ID:64-20-2-569004-64200600-00; BF-ORG: 64-31-30-10-000; BF-CAT: 001903; BF-OBJ: 010300; BF-EO: JP. **SEND A COPY OF YOUR JOURNAL TRANSFER AND THIS INVOICE TO THE OFFICE BELOW TO ENSURE PROPER CREDIT.**

For questions regarding this renewal contact the program office at:

BY: [Signature]  
 GRANT: 1001  
 GL: 75520  
 DIST: [Signature]

Bureau of Radiation Control, Radiation Machine Program  
 705 Wells Rd Ste 300, Orange Park, FL 32073  
 Phone: (904)278-5730, Fax: (904)278-5737  
<http://www.doh.state.fl.us/environment/radiation/ionform.htm>

**APPROVE**

75520



**DENTAL REGISTRATION  
RADIATION MACHINE INVENTORY**

Attachment(s) N

This list describes the physical location, mailing address and the machines currently registered for JR 42105000. Your fee was calculated based on this list. Please review this data and submit changes using Radiation Machine Facility Registration form, DH Form 1107, found on the web site below. Some machines have two x-ray tubes and will show up in your inventory twice. Serial numbers are usually found on the control of the machine. All machines in your possession must be registered including machines not in use or not functional. Machines not on this list can not be used until they are registered. If you have questions or need guidance, please contact the bureau.

**Location of Machines**

RURAL HEALTH NETWORK OF MONROE CNTY FLA  
1010 KENNEDY DR STE 307  
KEY WEST, FL 33040-4134

**Mailing Address**

ATTN DANIEL SMITH  
RURAL HEALTH NETWORK OF MONROE CNTY FLA  
1010 KENNEDY DR STE 307  
KEY WEST, FL 33040-4134

<u>JM</u>	<u>Manufacturer</u>	<u>Model</u>	<u>Serial Number</u>	<u>Location</u>
42105002	SIRONA	ORTHOPHOS 3	19498	HALLWAY
42105003	SIRONA	HELIODENT PLUS	02060	01/02

Bureau of Radiation Control, Radiation Machine Program  
705 Wells Rd Ste 300, Orange Park, FL 32073  
Phone: (904)278-5730, Fax: (904)278-5737  
<http://www.doh.state.fl.us/environment/radiation/ionform.htm>

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.

ATTN DANIEL SMITH  
RURAL HEALTH NETWORK OF MONROE CNTY FLA  
1010 KENNEDY DR STE 307  
KEY WEST, FL 33040-4134

Attachment(s) 2

**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	
<b>DENTAL FACILITY RADIATION MACHINE REGISTRATION</b>					
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	09/30/2011	10/28/2012	12075	1149087	\$42.00
RURAL HEALTH NETWORK OF MONROE CNTY FLA 1010 KENNEDY DR STE 307 KEY WEST, FL 33040-4134					361949
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

Attachment(s)   N  

**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.

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Fold here ↘

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

STATE OF FLORIDA		DEPARTMENT OF HEALTH		BUREAU OF RADIATION CONTROL	
<b>DENTAL FACILITY</b>					
<b>RADIATION MACHINE REGISTRATION</b>					
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 38341000	09/30/2011	10/28/2012	12075	1149086	\$42.00
RURAL HEALTH NETWORK OF MONROE CO 2901 OVERSEAS HWY MARATHON, FL 33050					361969
FOR QUESTIONS CONTACT: RADIATION MACHINE PROGRAM, 705 WELLS RD STE 300, ORANGE PARK, FL 32073					



Bureau of Radiation Control, Radiation Machine Program  
**RADIATION MACHINE REGISTRATION INVOICE**

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6734 \*\*\*\*\*AUTO\*\*3-DIGIT 330  
ATTN DANIEL E SMITH  
RURAL HEALTH NETWORK OF MONROE CO FL INC  
PO BOX 500370  
MARATHON, FL 33050-0370

**DENTAL REGISTRATION**  
INVOICE NUMBER: JR 45669000-2011  
NUMBER OF TUBES: 1  
RENEWAL DUE: \$ 31.00  
PAST DUE: \$ 0.00  
TOTAL DUE: \$ 31.00  
DUE DATE: 10/28/2011

Rural Health Network

Detach the invoice above and return with your payment in the enclosed envelope

**IMPORTANT INSTRUCTIONS PLEASE READ**

- The enclosed Radiation Machine Inventory Sheet lists the current information on the type of registration you have, the physical location the registration covers, your mailing information and your current inventory. Please **review this information for accuracy and notify the bureau of any changes needed.** To change the information for your registration you must submit a properly completed Radiation Machine Facility Registration form, DH-1107. The form may be found on the website listed in the box below.
- 64E-5.511, Florida Administrative Code requires the registration of all radiation machines **including unused or nonfunctional machines.** You can not store machines or claim they are unused to avoid registration.
- Registrations **can not be deleted unless all machines are gone** or transferred to another business and you inform the bureau using the DH-1107. Stating you have closed your business, retired or are no longer using your machines is not sufficient information to delete your registration.
- Please **pay the correct amount** (including any past due fees) to allow you to possess the number of machines or x-ray tubes you actually have. If the number of tubes listed on the invoice does not match the number of tubes present at this location, including all stored or unused machines, submit the DH-1107 showing your actual inventory and correct the number of machines and the fee on the invoice above. Your fee is based on 31.00 for your first x-ray machine/tube and 11.00 for each additional machine/tube. Keep in mind some machines have more than one x-ray tube and are counted more than once
- Registration fees are not refundable or transferrable.
- Make your check payable to DOH X-Ray Registration. Return your payment with the invoice above in the envelope provided to ensure your fee is applied to your account.
- **FOR STATE AGENCIES DESIRING TO PAY BY JOURNAL TRANSFER** please use the following SAMAS codes: Vendor ID:64-20-2-569004-64200600-00; BF-ORG: 64-31-30-10-000; BF-CAT: 001903; BF-OBJ: 010300; BF-EO: JP. **SEND A COPY OF YOUR JOURNAL TRANSFER AND THIS INVOICE TO THE OFFICE BELOW TO ENSURE PROPER CREDIT.**

For questions regarding this renewal contact the program office at:

Bureau of Radiation Control, Radiation Machine Program  
705 Wells Rd Ste 300, Orange Park, FL 32073  
Phone: (904)278-5730, Fax: (904)278-5737  
<http://www.doh.state.fl.us/environment/radiation/ionform.htm>

BY: Dan  
GRANT: 1002  
DIST: 75520  
1002

APPROVED



### DENTAL REGISTRATION RADIATION MACHINE INVENTORY

This list describes the physical location, mailing address and the machines currently registered for JR 45669000. Your fee was calculated based on this list. Please review this data and submit changes using Radiation Machine Facility Registration form, DH Form 1107, found on the web site below. Some machines have two x-ray tubes and will show up in your inventory twice. Serial numbers are usually found on the control of the machine. All machines in your possession must be registered including machines not in use or not functional. Machines not on this list can not be used until they are registered. If you have questions or need guidance, please contact the bureau.

**Location of Machines**

RURAL HEALTH NETWORK OF MONROE CO FL INC  
91555 OVERSEAS HWY STE 1  
TAVERNIER, FL 33070

**Mailing Address**

ATTN DANIEL E SMITH  
RURAL HEALTH NETWORK OF MONROE CO FL INC  
PO BOX 500370  
MARATHON, FL 33050-0370

<u>JM</u>	<u>Manufacturer</u>	<u>Model</u>	<u>Serial Number</u>	<u>Location</u>
45669001	BELMONT	BELRAY	D01091	01/02

Bureau of Radiation Control, Radiation Machine Program  
 705 Wells Rd Ste 300, Orange Park, FL 32073  
 Phone: (904)278-5730, Fax: (904)278-5737  
<http://www.doh.state.fl.us/environment/radiation/ionform.htm>

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:

1010 Kennedy Drive, Ste. 307  
Key West, FL 33040

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.

October 21, 2011

*Date*



FLORIDA STATE BOARD OF DENTISTRY

*Dee Foster*

*Authorized Signature*

FLORIDA STATE BOARD OF DENTISTRY

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**This Certifies That**  
RURAL HEALTH NETWORK OF MONROE COUNTY

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

2901 #1&2 Overseas Hwy.  
Marathon, FL 33050

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

October 21, 2011

*Date*



FLORIDA STATE BOARD OF DENTISTRY

*Dee Ramey for Sue Foster*  
*Authorized Signature*

FLORIDA STATE BOARD OF DENTISTRY

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**This Certifies That**  
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91555 Overseas Hwy, Ste. #1  
Tavernier, FL 33070

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

October 21, 2011

*Date*



FLORIDA STATE BOARD OF DENTISTRY

*Sue Foster*

*Authorized Signature*

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.



Rick Scott  
Governor

H. Frank Farmer M.D., Ph.D., F.A.C.P.  
State Surgeon General

March 1, 2012

Dan Smith, Ph.D.  
Chief Executive Officer  
Rural Health Network of Monroe County  
27225 Overseas Highway  
Ramrod Key, FL 33042

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



Rick Scott  
Governor

H. Frank Farmer, Jr., M.D., Ph.D.  
State Surgeon General

---

December 16, 2011

Mr. Daniel Smith  
Rural Health Network of Monroe County FL  
P.O. Box 500370  
Marathon, Florida 33050

**Re: Contract Monitoring MRN06 – Oral Health Services 2011 - 2012**

Dear Dan:

I would like to thank you and your staff for your assistance during our Oral Health Services monitoring visit on December 16, 2011. Attached is a copy of the monitoring report that summarizes the findings and a copy of the monitoring tool.

The purpose of programmatic monitoring is to assist RHN in complying with contract terms while providing oral health services to eligible clients. My job as the contract manager is to ensure that DOH funds are administered appropriately by the provider.

If you have any questions, please feel free to contact me at 305-809-5616 or by email at [aundria\\_vanbourgondien@doh.state.fl.us](mailto:aundria_vanbourgondien@doh.state.fl.us).

Sincerely,

A handwritten signature in cursive script that reads "Bunny VanBourgonien".

Bunny VanBourgonien  
Contract Manager  
Monroe County Health Department

Enclosures: Programmatic Monitoring Narrative Report  
Contract Monitoring Tool

**Programmatic Contract Monitoring Narrative Report****Contract #:** MRN06 Oral Health Services 2011 - 2012**Location of Monitoring:** Rural Health Network of Monroe County FL  
1010 Kennedy Drive, Suite 307  
Key West, Florida 33040**Date of Monitoring:** December 16, 2011**Persons in Attendance:** Bunny VanBourgondien, Contract Manager  
Michael Hodge, ADAP Coordinator/Health Educator  
Susana Carrick, COO  
Dan Smith, President CEO**General:**

The monitoring began at 10:00 am with all above referenced staff participating. Interview, observation and review of documentation were the primary modes of information gathering for this monitoring. After carefully reviewing requested documentation, we held our exit interview with Susana and Dan and concluded the monitoring.

**Findings:**

- All documentation requested was made available for our review.
- All equipment and work stations appeared to be sanitary and in good working order.

**Recommendations:**

None

**Corrective Action:**

None

**Accommodation:**

The provider handles frequent “no shows” or last minute cancelation clients as walk in clients for future visits. Assessing a cancelation fee to client accounts proved to be moot since they are low income. Allowing clients a “walk in” appointment still provides the needed service, but not at an inconvenience to the provider.

**Contract Monitoring Tool**

<b>Provider Name</b> Rural Health Network of Monroe	<b>City</b> Key West	<b>Evaluator's Name</b> Bunny VanB, Michael Hodge
<b>Contract #</b> MRN06	<b>DMS Service Code</b>	<b>Office</b> Monroe CHD
<b>Service Description</b> Oral health services		
<b>Tgt. Grp.</b> 1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
<b>Site Visit Date</b> 12/16/11		<b>Report Date</b> 12/16/11

	Rating					Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4		
<b>Provider Contract Requirements</b>						
<b>A.3. Clients to be Served</b>						
a. Services are provided to eligible clients as per the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Only eligible clients are referred to the provider
b. Provider complied with eligibility criteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CHD performs eligibility
c. Provider complied with established client units.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B.1. Service Tasks</b>						
a. Service tasks are delivered on time and as defined in the contract task list and limits. (List and rate each service task from Attachment I, Paragraph B.1.a.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Oral health care services 1 - 9 as outlined under section B.1.a of Attachment I of the contract</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B.2. Staffing Requirements</b>						
a. Provider staffing levels are maintained as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Provider maintains qualified	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Contract Monitoring Tool

Provider Contract Requirements	Rating				Ratings Based Upon: I = Interview O = Observation D = Documentation (List Who and What)	Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)	
	Explain		Fully Met	Exceeded Requirements			Not Applicable
	Unacceptable	Conditionally Acceptable	3	4			N/A
professionals as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
c. Provider handles staffing changes as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
d. Provider complied with the subcontractor provisions in the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Provider does not subcontract	
<b>B.3. Service Location and Equipment</b>							
a. Services are provided at the locations specified and facility requirements have been met.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
b. Service times meet contract requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
c. Changes in location are appropriately handled as per contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
d. Provider equipment is available, safe, in good working order, and meets contract requirements (including procurement, if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>B.4. Deliverables</b>							
a. Service units are provided as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
b. Required reports are accurate, complete and submitted on time as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
c. Provider records and documentation are available, accurate and complete as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

**Contract Monitoring Tool**

Provider Contract Requirements	Rating					Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	Unacceptable	Conditionally Acceptable				
	1	2	3	4	N/A	
<b>B.5. Performance Specifications</b> a. Provider is meeting (or has met) the performance standards as defined by the contract (list and rate each outcome/output from Attachment I, paragraph B.5.a. - Satisfactory or better rating on at least 95% of all client satisfaction surveys - 100% of all new clients referred will receive a comprehensive oral health treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	majority reviewed showed clients have been very satisfied.
<b>B.6. Provider Responsibilities</b> a. Provider is performing provider unique activities as defined by the contract. b. Provider coordinates services integration both internally and externally with other entities as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C. Method of Payment</b> a. Invoices are accurate, complete and submitted on time as defined by the contract. b. Service delivery supporting documentation has been maintained and/or submitted as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Contract Monitoring Tool

Provider Contract Requirements	Rating					Notes (Explain Ratings 2 or Less: Attach Supportive Documentation)
	Explain		Fully Met Requirements	Exceeded Requirements	Not Applicable	
	1 Unacceptable	2 Conditionally Acceptable				
<b>D. Special Provisions</b> a. Provider has complied with special provisions as defined by the contract (list and rate each special provision where requirements were not fully met)					N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Future Contract Actions (Lessons Learned)</b>						

Ratings Based Upon:

- I = Interview
- O = Observation
- D = Documentation
- (List Who and What)

**Oral Health Services File Review Tool**

Reviewer: Bunny VanBourgondien, Michael Hodge Date of Review: December 16, 2011 Agency: RHN of Monroe Co. Contract # MRN06

Dates can and should be added where appropriate in the Y/N box. Additional comments and corrective action for files can be added in the comment box.

	Client #							
<b>HRSA Performance Measure, Oral Health Services</b>	NU0002	YO0002	TA0019	CL0022	SU0004	OL0002		Client #
	Y/N	Client #						
<b>Dental and Medical History</b>								
Record of dental and medical health history (initial or updated) at least once in the measurement year	Y	Y	Y	Y	Y	Y	Y	Y/N
<b>Dental Treatment Plan</b>								
Record of dental treatment plan developed and/or updated at least once in the measurement year	Y	Y	Y	Y	Y	Y	Y	Y/N
<b>Oral Health Education</b>								
Record of provision of oral health education at least once in the measurement year	Y	Y	Y	Y	Y	Y	Y	Y/N
<b>Periodontal Screening or Examination</b>								
Record of provision of a periodontal screen or examination at least once in the measurement year	Y	Y	Y	Y	Y	Y	Y	Y/N
<b>HRSA Performance Measure, Phase 1 Treatment Plan Completion</b>	Y/N							
Record of a Phase 1 treatment plan that is completed with 12 months.	Y	Y	Y	Y	Y	Y	Y	Y/N
<b>HMS</b>	Y/N							
Are all oral health services reported in HMS?	Y	Y	Y	Y	Y	Y	Y	Y/N

**Comments:**

Attachment(s) P

Bunny VeenB

RETURN IN 5 DAYS TO:

MONROE COUNTY HEALTH DEPARTMENT

P.O. BOX 6193

KEY WEST, FL 33041-6193



Dan Smith  
 RHN  
 PO Box 500370  
 Marathon FL 33050

33050000370



S2701  
DATASET

HEALTH INSURANCE COVERAGE STATUS

2010 American Community Survey 1-Year Estimates

MONROE COUNTY  
PAGE 3

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, for 2010, the 2010 Census provides the official counts of the population and housing units for the nation, states, counties, cities and towns.

Subject	Florida					
	Total		Number Uninsured		Percent Uninsured	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Total civilian noninstitutionalized population	18,534,081	+/-4,456	3,941,060	+/-49,984	21.3%	+/-0.3
<b>AGE</b>						
Under 18 years	3,990,247	+/-4,584	506,934	+/-18,755	12.7%	+/-0.5
18 to 64 years	11,335,279	+/-6,532	3,388,214	+/-40,015	29.9%	+/-0.4
65 years and older	3,208,555	+/-3,802	45,912	+/-4,203	1.4%	+/-0.1
<b>SEX</b>						
Male	8,979,510	+/-7,602	2,087,193	+/-30,323	23.2%	+/-0.3
Female	9,554,571	+/-6,409	1,853,867	+/-25,167	19.4%	+/-0.3
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>						
<b>One Race</b>						
White alone	18,133,869	+/-16,106	3,863,432	+/-48,258	21.3%	+/-0.3
Black or African American alone	14,222,212	+/-32,761	2,766,855	+/-46,202	19.5%	+/-0.3
American Indian and Alaska Native alone	2,893,523	+/-15,792	759,287	+/-19,397	26.2%	+/-0.6
Asian alone	66,266	+/-6,917	22,906	+/-4,020	34.6%	+/-4.3
Native Hawaiian and Other Pacific Islander alone	450,561	+/-7,364	110,989	+/-7,285	24.6%	+/-1.6
Some other race alone	11,119	+/-2,186	2,291	+/-1,085	20.6%	+/-7.8
Two or more races	490,188	+/-25,453	201,104	+/-14,298	41.0%	+/-2.0
White alone, not Hispanic or Latino	400,212	+/-15,997	77,628	+/-7,137	19.4%	+/-1.6
Hispanic or Latino (of any race)	10,731,181	+/-12,218	1,594,953	+/-29,163	14.9%	+/-0.3
Hispanic or Latino (of any race)	4,206,942	+/-3,056	1,441,143	+/-28,584	34.3%	+/-0.7
<b>PLACE OF BIRTH AND U.S. CITIZENSHIP STATUS</b>						
Native born	14,905,762	+/-38,000	2,512,345	+/-41,633	16.9%	+/-0.3
Foreign born	3,628,319	+/-37,471	1,428,715	+/-27,648	39.4%	+/-0.6
Naturalized	1,761,025	+/-25,337	384,252	+/-13,799	21.8%	+/-0.7
Not a citizen	1,867,294	+/-31,864	1,044,463	+/-25,379	55.9%	+/-0.9
<b>EDUCATIONAL ATTAINMENT</b>						
Civilian noninstitutionalized population 25 years and older	12,830,807	+/-8,691	2,769,767	+/-34,229	21.6%	+/-0.3
Less than high school graduate	1,817,810	+/-24,352	632,991	+/-16,973	34.8%	+/-0.8
High school graduate, GED, or alternative	3,831,739	+/-29,572	999,905	+/-20,492	26.1%	+/-0.5
Some college or associate's degree	3,835,312	+/-30,224	764,488	+/-18,774	19.9%	+/-0.5
Bachelor's degree or higher	3,345,946	+/-27,573	372,383	+/-13,294	11.1%	+/-0.4
<b>EMPLOYMENT STATUS</b>						
Civilian noninstitutionalized population 18 years and older	14,543,834	+/-6,379	3,434,126	+/-39,806	23.6%	+/-0.3
In labor force	9,119,284	+/-26,927	2,613,516	+/-32,000	28.7%	+/-0.3
Employed	7,927,394	+/-26,522	1,954,192	+/-28,164	24.7%	+/-0.4
Unemployed	1,191,890	+/-16,932	659,324	+/-14,423	55.3%	+/-0.9

	Total		Number Uninsured		Percent Uninsured	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Not in labor force	5,424,550	+/-25,994	820,610	+/-20,553	15.1%	+/-0.4
<b>WORK EXPERIENCE</b>						
Civilian noninstitutionalized population 18 years and older	14,543,834	+/-6,379	3,434,126	+/-39,806	23.6%	+/-0.3
Worked full-time, year round in the past 12 months	5,519,810	+/-29,987	1,119,021	+/-18,709	20.3%	+/-0.3
Worked less than full-time, year round in the past 12 months	3,404,056	+/-31,513	1,253,897	+/-22,674	36.8%	+/-0.5
Did not work	5,619,968	+/-28,213	1,061,208	+/-22,051	18.9%	+/-0.4
<b>HOUSEHOLD INCOME (IN 2010 INFLATION ADJUSTED DOLLARS)</b>						
Civilian household population	18,382,694	+/-4,218	3,903,988	+/-50,665	21.2%	+/-0.3
Under \$25,000	3,939,515	+/-47,675	1,180,471	+/-33,135	30.0%	+/-0.6
\$25,000 to \$49,999	4,936,051	+/-58,209	1,342,877	+/-32,007	27.2%	+/-0.5
\$50,000 to \$74,999	3,659,788	+/-62,287	736,404	+/-25,094	20.1%	+/-0.6
\$75,000 to \$99,999	2,292,179	+/-53,652	323,613	+/-20,192	14.1%	+/-0.7
\$100,000 and over	3,555,161	+/-54,978	320,623	+/-16,568	9.0%	+/-0.4
<b>RATIO OF INCOME TO POVERTY LEVEL IN THE PAST 12 MONTHS</b>						
Civilian noninstitutionalized population for whom poverty status is determined	18,397,865	+/-7,023	3,922,275	+/-49,960	21.3%	+/-0.3
Under 1.00 of poverty threshold	3,047,100	+/-41,629	1,092,209	+/-28,571	35.8%	+/-0.7
1.00 to 1.99 of poverty threshold	3,879,326	+/-54,535	1,247,820	+/-32,003	32.2%	+/-0.7
2.00 of poverty threshold and over	11,471,439	+/-59,931	1,582,246	+/-30,497	13.8%	+/-0.2
<b>PERCENT IMPUTED</b>						
Health insurance coverage	12.2%	(X)	(X)	(X)	(X)	(X)
Private health insurance	11.7%	(X)	(X)	(X)	(X)	(X)
Employer-based health insurance	8.5%	(X)	(X)	(X)	(X)	(X)
Direct-purchase health insurance	8.9%	(X)	(X)	(X)	(X)	(X)
TRICARE/military health coverage	10.4%	(X)	(X)	(X)	(X)	(X)
Public coverage	11.6%	(X)	(X)	(X)	(X)	(X)
Medicare coverage	6.6%	(X)	(X)	(X)	(X)	(X)
Medicaid/means-tested public coverage	10.4%	(X)	(X)	(X)	(X)	(X)
VA Health Care	10.3%	(X)	(X)	(X)	(X)	(X)

	Total		Number Uninsured		Percent Uninsured	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Total civilian noninstitutionalized population	72,241	+/-496	23,101	+/-3,005	32.0%	+/-4.1
<b>AGE</b>						
Under 18 years	11,015	+/-5	3,212	+/-1,121	29.2%	+/-10.2
18 to 64 years	48,839	+/-642	19,728	+/-2,738	40.4%	+/-5.6
65 years and older	12,387	+/-380	161	+/-210	1.3%	+/-1.7
<b>SEX</b>						
Male	38,686	+/-800	13,366	+/-2,187	34.5%	+/-5.6
Female	33,555	+/-798	9,735	+/-1,677	29.0%	+/-4.8
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>						
One Race	N	N	N	N	N	N
White alone	65,703	+/-967	20,168	+/-3,074	30.7%	+/-4.6
Black or African American alone	4,943	+/-999	2,214	+/-827	44.8%	+/-10.6
American Indian and Alaska Native alone	N	N	N	N	N	N
Asian alone	N	N	N	N	N	N
Native Hawaiian and Other Pacific Islander alone	N	N	N	N	N	N
Some other race alone	N	N	N	N	N	N
Two or more races	N	N	N	N	N	N
White alone, not Hispanic or Latino	51,531	+/-399	13,670	+/-2,453	26.5%	+/-4.7
Hispanic or Latino (of any race)	14,957	+/-191	7,186	+/-1,877	48.0%	+/-12.5
<b>PLACE OF BIRTH AND U.S. CITIZENSHIP STATUS</b>						
Native born	60,892	+/-1,784	17,077	+/-2,718	28.0%	+/-4.3
Foreign born	11,349	+/-1,799	6,024	+/-1,758	53.1%	+/-10.6
Naturalized	5,081	+/-1,300	1,855	+/-1,140	36.5%	+/-16.8
Not a citizen	6,268	+/-1,873	4,169	+/-1,713	66.5%	+/-14.2
<b>EDUCATIONAL ATTAINMENT</b>						
Civilian noninstitutionalized population 25 years and older	56,241	+/-1,105	16,976	+/-2,795	30.2%	+/-4.8
Less than high school graduate	5,594	+/-1,528	2,881	+/-1,221	51.5%	+/-13.9
High school graduate, GED, or alternative	16,927	+/-1,970	6,463	+/-1,895	38.2%	+/-9.6
Some college or associate's degree	17,575	+/-1,893	4,251	+/-1,183	24.2%	+/-6.1
Bachelor's degree or higher	16,145	+/-1,665	3,381	+/-1,272	20.9%	+/-7.5
<b>EMPLOYMENT STATUS</b>						
Civilian noninstitutionalized population 18 years and older	61,226	+/-496	19,889	+/-2,736	32.5%	+/-4.4
In labor force	40,514	+/-1,933	16,594	+/-2,788	41.0%	+/-6.3
Employed	37,320	+/-2,178	14,412	+/-2,559	38.6%	+/-6.2
Unemployed	3,194	+/-1,123	2,182	+/-1,035	68.3%	+/-16.4
Not in labor force	20,712	+/-1,870	3,295	+/-1,137	15.9%	+/-4.8
<b>WORK EXPERIENCE</b>						
Civilian noninstitutionalized population 18 years and older	61,226	+/-496	19,889	+/-2,736	32.5%	+/-4.4
Worked full-time, year round in the past 12 months	25,203	+/-2,491	8,949	+/-2,192	35.5%	+/-7.2
Worked less than full-time, year round in the past 12 months	16,124	+/-2,160	7,125	+/-1,786	44.2%	+/-8.5
Did not work	19,899	+/-2,012	3,815	+/-1,332	19.2%	+/-5.9
<b>HOUSEHOLD INCOME (IN 2010 INFLATION ADJUSTED DOLLARS)</b>						
Civilian household population	72,241	+/-496	23,101	+/-3,005	32.0%	+/-4.1
Under \$25,000	10,460	+/-2,417	2,638	+/-1,081	25.2%	+/-8.3
\$25,000 to \$49,999	21,107	+/-3,514	10,094	+/-2,988	47.8%	+/-8.9
\$50,000 to \$74,999	14,647	+/-3,501	3,772	+/-1,960	25.8%	+/-9.4
\$75,000 to \$99,999	9,376	+/-2,834	2,549	+/-1,513	27.2%	+/-12.0
\$100,000 and over	16,651	+/-3,934	4,048	+/-2,754	24.3%	+/-13.2
<b>RATIO OF INCOME TO POVERTY LEVEL IN THE PAST 12 MONTHS</b>						
Civilian noninstitutionalized population for whom poverty status is determined	72,211	+/-499	23,071	+/-2,994	31.9%	+/-4.1
Under 1.00 of poverty threshold	8,119	+/-2,038	3,783	+/-1,720	46.6%	+/-15.1
1.00 to 1.99 of poverty threshold	15,141	+/-2,535	6,902	+/-2,290	45.6%	+/-10.7
2.00 of poverty threshold and over	48,951	+/-2,963	12,386	+/-2,988	25.3%	+/-5.4
<b>PERCENT IMPUTED</b>						

← 20070 FP

	Total		Number Uninsured		Percent Uninsured	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Health insurance coverage	13.2%	(X)	(X)	(X)	(X)	(X)
Private health insurance	12.7%	(X)	(X)	(X)	(X)	(X)
Employer-based health insurance	8.9%	(X)	(X)	(X)	(X)	(X)
Direct-purchase health insurance	10.3%	(X)	(X)	(X)	(X)	(X)
TRICARE/military health coverage	12.0%	(X)	(X)	(X)	(X)	(X)
Public coverage	13.2%	(X)	(X)	(X)	(X)	(X)
Medicare coverage	8.6%	(X)	(X)	(X)	(X)	(X)
Medicaid/means-tested public coverage	12.1%	(X)	(X)	(X)	(X)	(X)
VA Health Care	11.5%	(X)	(X)	(X)	(X)	(X)

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

The health insurance coverage category names were modified in 2010. See ACS Health Insurance Definitions for a list of the insurance type definitions.

While the 2010 American Community Survey (ACS) data generally reflect the December 2009 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2010 American Community Survey

#### Explanation of Symbols:

1. An '\*\*\*' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '\*\*\*\*' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '\*\*\*\*\*' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

**Rural Health Network of Monroe County Florida, Inc. 2011**

<b>County Facts</b>			
Square Miles- land	997	>> land & water= 3,737 sq. miles	Patient Satisfaction Survey (minimum 10% random survey)
Percent of % Florida Land	1.9%		98% overall satisfaction rating on Clinic's environment, with excellent rating on practitioners, business/admin staff and services.
Total Population	72,241	>> based on 2010 US Census	
% of Florida Population	0.4%		
% of County Population at or below 200% FPL	29.2%	>> FI Dept of Health 2009	

Countywide today there are 72,241 residents. The average per capita income is \$ 36,086. 32% uninsured population. 29.2% children uninsured, or 3.5 times the national average.

**Bottom Line ROI of County Investment into RHNMC**

Total Direct Revenues Generated ( <i>Outside of BOCC County funds</i> )	\$	1,330,400.00
Total Indirect Funds Leveraged by the RHN for its Area	\$	175,000.00
Total Additional Returns (Value of Services/Cost Savings/Costs Avoided) as a result of RHN programs	\$	2,373,902.41
<b>TOTAL VALUE to determine RETURN ON INVESTMENT (ROI)</b>	\$	<b>3,879,302.41</b>
Amount of funding from County BOCC	\$	327,600.00
<b>TOTAL ROI (Return for each \$1 invested by Monroe BOCC funds):</b>	\$	<b>11.84</b>

FUNDING SOURCE	AMOUNT	FTE's Created	Est. Pop. Impact
<b>DIRECT REVENUES</b> <i>(Funds that your RHN receives to run programs)</i>			
<b>Federal &amp; State FUNDING</b>			
HRSA - Dental Sealant Outreach Grant, yr 3/3 (grades 2 & 7)	\$100,000.00	3	1,218
DJJ - Department of Juvenile Justice	\$46,080.00	0.7	50
<b>Total Federal &amp; State Direct</b>	<b>\$146,080.00</b>	<b>3.7</b>	<b>1,268</b>
<b>Foundation Funding &amp; Fundraising/Donations</b>			
HFSF - oral health restoration	\$70,000.00	3	700
Fundraising & Donations	\$6,700.00	0	
<b>Total Foundation, fundraising &amp; donations Direct</b>	<b>\$76,700.00</b>	<b>3</b>	<b>700</b>
<b>LOCAL FUNDING (PLEASE SPECIFY)</b>			
SAFF - Sheriff's Shared Asset Forfeiture Fund	\$7,946.00	0.25	
DOH- Office of Rural Health	\$63,555.00	2	
Member Dues - three hospitals	\$15,000.00	0.5	
City of Marathon	\$5,800.00	0.25	
Patient Revenues on	\$1,015,319.00	5	11,963
<b>Total Local Direct</b>	<b>\$1,107,620.00</b>	<b>8</b>	<b>11,963</b>
<b>TOTAL DIRECT REVENUES (FEDERAL, STATE, AND LOCAL minus BOCC)</b>	<b>\$1,330,400.00</b>	<b>14.7</b>	<b>13,931</b>

BOCC- Monroe County Board of County Commissioners 19.76% of total revenues	\$327,600.00	5	
<b>GRAND Totals for 2011</b>	<b>\$1,658,000.00</b>	<b>19.7</b>	<b>13,931</b>
Immediate Return on Investment (ROI)*	\$4.06	2.94	

\*The RHN generates this amount in additional revenues from other sources for every \$1 invested by the State Office of Rural Health. ROI on FTE's indicates the number of jobs that can be created for every DOH funded FTE.

<b>INDIRECT REVENUES (LEVERAGED FUNDS) -</b> <i>(Funds you help to secure to provide health care services in your area, such as grants to other organizations that would not have been possible without involvement/participation/assistance from the RHN)</i>			
<b>INDIRECT/LEVERAGED FUNDING</b>			
products donated by vendors - Schein	\$25,000.00		
Prescription Assistance Program (PAP)	\$150,000.00		
<b>Total Indirect/Leveraged Funds</b>	<b>\$175,000.00</b>	<b>0</b>	<b>-</b>

<b>INDIVIDUAL PROGRAM RETURNS BEYOND DIRECT REVENUES -</b> <i>(Calculations of Estimated Value of services provided, Direct Cost Savings, and Costs Avoided within programs that you RHN operates. One example may be the estimated value of prescription medications obtained for clients through the completion of assistance applications.)</i>			
<b>Project Turning Point - Chronic Disease Management and Education -</b>			
Calculated savings generated by discounted healthcare, based on minimum of 40.79% savings.	\$1,508,346.17	Allows 11,963 individuals access to discounted oral health care	
Est. calculated savings to area hospitals as a result of emergency room diversion through improved access to primary/dental care, based on consultation with LKMC for one year (\$88,000,000 x .003835% = \$337,480)	\$337,480.00	Proactive ER Diversion by effective management of disease	\$88,000,000 spent on ER oral Health in FL,
Calculated savings generated by dental sealant program, based on CDC "Seals" program calculations, costs per cavity averted in one year	\$478,076.24	Education of children on proper oral health and prevention of caries	.003835 Monroe's % of FL pop
Estimated primary care savings as a result of enrolled clients achieving specific clinical goals (detailed calculations on separate sheet)	\$50,000.00	Improved quality of life	
<b>TOTAL ADDITIONAL RETURNS</b>	<b>\$2,373,902.41</b>		