

If You Are Going to This Dentist, Please Print this Page and Take it to Your Appointment

The Basix Dental Savings Program for:

Duke University Student Health Plan

Information for the Dentist: The Basix Dental Savings Program is a discount plan. There are no covered benefits under our Program. The student simply pays you the amount owed, as determined by the fee schedule show below at the time of service.

If you would like to confirm eligibility, please call this number:

BlueCross and BlueShield of North Carolina - 1-800-579-8022

When calling for eligibility, simply ask if the student (or their covered dependent) is enrolled in the student health insurance plan. If you ask about dental benefits, it's likely the customer service person will reply there are none (because our program is a discount plan, there are no covered benefits). If the student is enrolled in the health plan, they have access to our Program.

We have your practice information as:

Samuel Lee DDS

General Dentistry

Fee Schedule: Best Savings - Washington DC

4115 Connecticut Ave., NW

Washington, DC 20008

202-966-0543 (tel)

Note: www.drdavoudian.me

Your administrative contact is particularly important, this is the person the student would ask to speak with if there are questions about the Program.

If any of this has changed, please forward the correct information to: webcontact@basixservices.com or fax to: 1-866-422-1247

If you have questions, please call Basix at:



888-274-9961

Information for the Student:

Remember, payment is due at the time of service, otherwise the dentist is owed their full charge. Also, discounts may not be combined with other offers or dental insurance, except at the discretion of the provider.

Occasionally, a staff person will not be aware of the Basix Dental Savings Program (they may be a new employee, or it may simply slip their mind since they have to keep track of dozens of plans). The administrative contact person coordinates with Basix to assure the Program operates smoothly. So, if there are questions, the quickest way to resolve them is to ask to speak with the administrative contact person, shown above, or to otherwise follow the instructions in the Administrative Contact area.

You may contact us using the email address: webcontact@basixservices.com or by telephone at: 888-274-9961.

The Fee Schedule for: Samuel Lee DDS

Code	Description	Fee
DIAGNOSTIC		
120	Periodic Oral Evaluation	\$34
140	Limited Oral Evaluation - Problem Focused (Emergency)	\$50
150	Comprehensive Oral Evaluation	\$76
210	X-Rays Intraoral Complete Series (Incl. Bitewings)	\$77
220	X-Rays Intraoral Periapical - First Film	\$18
230	X-Rays Intraoral Periapical - Each Additional Film	\$13
270	X-Rays - Bitewing - One Film	\$18
272	X-Rays - Bitewing - Two Films	\$35
274	X-Rays - Bitewing - Four Films	\$42
330	X-Ray Panoramic Film	\$75
PREVENTIVE		
1110	Prophylaxis (cleaning) Adult	\$76
1120	Prophylaxis (cleaning) Child	\$55
1208	Topical Application of Fluoride excl Varnish - Child	\$28
1351	Sealant - Per Tooth	\$42
RESTORATIVE		
2140	Amalgam - 1 Surface, Permanent	\$79
2150	Amalgam - 2 Surfaces, Permanent	\$101
2160	Amalgam - 3 Surfaces, Permanent	\$121
2161	Amalgam - 4 or more Surfaces, Permanent	\$145
2330	Resin - 1 Surface, Anterior	\$92
2331	Resin - 2 Surfaces, Anterior	\$119
2332	Resin - 3 Surfaces, Anterior	\$145
2335	Resin - 4 Surfaces or Involving Incisal Angle	\$176
2391	Resin Based Composite - 1 Surface	\$106
2392	Resin Based Composite - 2 Surface	\$141
2393	Resin Based Composite - 3 Surface	\$176
2394	Resin Based Composite - 4 Surface	\$207
2940	Sedative Filling	\$60
ENDODONTICS		
3110	Pulp Cap - Direct Excluding Final Restoration	\$47
3120	Pulp Cap - Indirect Excluding Final Restoration	\$39
3220	Therapeutic Pulpotomy Excluding Final Restoration	\$118
3310	Root Canal Anterior Excluding Final Restoration	\$475
3320	Root Canal Bicuspids Excluding Final Restoration	\$568
3330	Root Canal Molar Excluding Final Restoration	\$768
PERIODONTICS		
4210	Gingivectomy or Gingivoplasty - Per Quad	\$415
4211	Gingivectomy or Gingivoplasty - Per Tooth	\$175
4341	Periodontal Scaling & Root Planning - Per Quadrant	\$160
4355	Full Mouth Debridement	\$110
4910	Periodontal Maintenance Proc. (Following Active Therapy)	\$85
ORAL SURGERY		
7210	Surgical Removal of Erupted Tooth	\$200
7220	Surgical Extraction - Removal of Impacted Tooth - Soft Tissue	\$185
7230	Surgical Extraction - Removal of Impacted Tooth - Partially Bony	\$251
7240	Surgical Extraction - Removal of Impacted Tooth - Completely Bony	\$308
OTHER SERVICES		

Services not listed above shall be priced at 80% of the Providers usual and customary fee.

