

Dear Provider:

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

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

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

Provider Services  
Delta Dental of Kentucky, Inc.





## DELTA DENTAL PREMIER FEE COMPARISON

Name _____
Address _____
Tax ID # _____ Specialty _____

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

### ADDITIONAL CODES

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

**USE ADDITIONAL SHEET IF NEEDED**