

Exhibit D

VISIT FEES

Kudo Care Dental Membership Plan

	Activation	Monthly	Yearly Total	Upfront Fee 1 Month FREE!!!	Renewal Fee *After 1 Year Enrollment!
Adult	\$50	\$10	\$170	\$160	\$120
Additional Adult	\$50	\$10	\$170	\$160	\$120
Child (1-12 years old)	\$25	\$5	\$85	\$80	\$60
Infant (0-1 year)	Free	Free	Free	Free	Free

*Child discount only with enrollment of an Adult.

Preventive Care

Service	Kudo Plan	Regular Fees
Examination <ul style="list-style-type: none"> ● Comprehensive Exam ● Limited Exam (2x1CY) ● Peroidic Exam (2x1CY) limited 4 total exams per 1yr	No Charge **If exam exceed limited amount - \$10 per additional*	Comprehensive - \$75 Limited/Periodic - \$50
X-Rays <ul style="list-style-type: none"> ● Full Mouth Digital ● Bitewings (2-4) ● Panoramic Radiographic Image ● 3D CT Scan 	No Charge-Unlimited 2D X-Rays ** 3D CT Scan - \$100	2D X-Rays Range - \$25.00 - \$130.00 Panoramic - \$25 3D CT Scan - \$150
Cleanings <ul style="list-style-type: none"> ● Adult (2xCY) ● Child (2xCY) ● Each Additional Cleaning (3rd Cleaning) 	No Charge for 2 Cleanings per Calendar Year **Additional Adult Cleaning:\$50 each **Additional Child: \$40 each	\$75
Fluoride Varnish Treatment for under 16 yrs	\$10 each	\$30 each

Sealants for Permanent Teeth, under 16 yrs	\$15 per tooth	\$25 per tooth
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Fillings

Services	Kudo Plan	Regular Fees
1 Surface	\$110	\$130
2 Surfaces	\$120	\$150
3 Surfaces	\$130	\$170
4 Surfaces	\$140	\$190

Periodontics

Full Mouth Debridement	\$75	\$125
Scaling & Root Planning	\$150 Per Quad \$600 Full Mouth	\$175 Per Quad \$700 Full Mouth
Gingivectomy	\$100 Per Tooth \$250 Per Quad	\$150 Per Tooth \$300 Per Quad
Chlorhexidine MouthRinse	\$10	\$20

Oral Surgery

Services	Co-Payment	Regular Fees
Simple Extraction	\$100	\$150
Primary Teeth Extraction	\$50	\$80
Removal of Erupted Tooth	\$150	\$180
Surgical Extraction	\$200	\$250
Incision/Drainage of an Abscess	\$80	\$120
Bone Graft	\$400	\$600

Endodontics

Services	Kudo Plan	Regular Fees
Therapeutic Pulpotomy	\$200	\$250
Anterior Root Canal	\$550	\$650
Bicuspid Root Canal	\$650	\$800
Molar Root Canal	\$750	\$900
Post and Core with Build-Up	\$200	\$250

Crown

Porcelain Crown	Anterior: \$900 Posterior: \$850	Anterior: \$1100 Posterior: \$1000
Veneer	\$900	\$1,100
KID Stainless Steel Crown	\$300	\$360
Re-Cement Crown	\$80	\$100
Crown/Bridge Cutting	\$80	\$100

Dentures/Partial Dentures

Upper or lower flipper resin base	Start at \$300 Additional Tooth - \$50	Start at \$350 Additional Tooth - \$75
Upper or lower metal frame partial denture	\$1200	\$1300
Upper or lower full denture	\$1200	\$1300
Complete Denture Reline	\$250 Per Arch Additional Tooth - \$50	\$300 Per Arch Additional Tooth - \$75

Bridge

Services	Kudo Plan	Regular Fees
3 Unit Bridge	\$2,550	\$3,060
4 Unit Bridge	\$3,400	\$4,080
5 Unit Bridge	\$4,250	\$5,100

Implant

Implant Consultation <small>*Includes 3D, CT Scan, and sending to lab</small>	\$200	\$350
Surgical Placement of Implant	\$1,500	\$1,800
Implant Crown-Porcelain <small>*Includes abutment</small>	\$1,500	\$1,800

*Must make a \$500 deposit to start Implant.

**\$500 deposit will go towards treatment.

Cosmetic Dentistry/Other

Zoom Cosmetic Whitening	\$400	\$480
Whitening Take Home Tray and Gel	\$150	\$240
Whitening Gel Kit	\$50	\$80
Occlusal Guard	\$250 Per Arch	\$300 Per Arch
Retainers	\$250 Per Arch	\$300 Per Arch

Orthodontics

Adult Orthodontics	\$2000	\$5000
Adolescent Orthodontics	\$2000	\$5000
Invisalign	\$4000	\$5000

*Patient is required to have a consultation prior to treatment.

Kudo Care Vision Membership Plan

	Activation	Monthly	Yearly Total	Upfront Fee
Adult	\$50	\$10	\$170	\$158
Additional Adult	\$50	\$10	\$170	\$158
Child (1-12 years old)	\$25	\$5	\$85	\$79
Infant (0-1 year)	Free	Free	Free	Free with Parent enrollment or bundled with medical

Services	Co-Payment	Regular Fees
Routine Vision Exam (excludes medical exam, contact lenses exam fees, boxes and materials)	Free 2 times/year	\$79
*if subsequent routine vision exams needed throughout the year	50% off U&C (usual and customary charge)	\$79
Refraction Check	Free if performed within 30 days of initial exam	\$40
Additional Testing	10% off	\$19-75 Visual Field \$30-120 OCT \$30-120 Photos
Medical examination/Office	20% off procedure	Foreign Body Removal \$200 Punctal Plug insertion \$150 per plug Concretion Removal/Chalazion expression \$100
Contact Lenses	10% off year supply of contact lens boxes	Varies depending on brand
Lenses and Frames *including coatings, material, design	20-40% off complete 1st pair 50% off complete 2nd pair, same day purchase	Varies depending on brand
Supplies/Materials	30% off *free 1 time replace nose pads, pair *free adjustments	\$2 screws, each \$4 nose pads, pair \$4 replacement temple, each \$50 optician services per visit

Kudo Care Medical Membership Plan

	Activation	Monthly	Yearly Total	Upfront Fee
Adult	\$50	\$55	\$710	\$644
Additional Adult	\$50	\$55	\$710	\$644
Child (1-12 years old)	\$50	\$55	\$710	\$644
Infant (0-1 year)	\$50	\$55	\$710	\$644

Preventive Care (1 time / year)	Free include 1 full preventive lab panel
Office Visit	\$5
X-Ray	\$15 per X-Ray
Labs (CBC,CMP,TSH,A1C,UA, Strep,Flu,RSV, Mononucleosis)	See lab
Special Labs	Special labs 30% discount
Procedures	\$75
Vaccination / Contraceptive Injection	At cost
Equipment (Sling/Cast/Braces) EKG, IV Fluid per bag	\$25 each
Medication Injection	\$5
Nebulizer Breathing Treatment	\$5

KUDO CARE TWO PLAN WITH MEDICAL PACKAGE

	Activation	Monthly	Yearly Total	Upfront Fee
Adult	\$100	\$65	\$880	\$802
Additional Adult	\$100	\$65	\$880	\$802
Child (1-12 years old)	\$75	\$60	\$795	\$723
Infant (0-1 year)	\$50	\$55	\$710	\$644

KUDO CARE PREMIUM CONCIERGE MEMBERSHIP
(MEDICAL, DENTAL, VISION)

	Activation	Monthly	Yearly Total	Upfront Fee
Adult	\$150	\$75	\$1,050	\$960
Additional Adult	\$150	\$65	\$930	\$852
Child (1-12 years old)	\$100	\$50	\$700	\$640
Infant (0-1 year)	\$50	\$25	\$350	\$320

***NOTE: PREMIUM MEMBERSHIP FOR CHILDREN CAN ONLY PURCHASE WITH ADULT MEMBERSHIP**

Lab

Urine Preg	\$5.00	ABO GRP and RH Type	\$10.00
UA dip	\$5.00	FOLATE, SERUM	\$13.00
RAPID STREP	\$5.00	VITAMIN B12	\$13.00
MONONUCLEOSIS	\$5.00	FLU A&B	\$17.00
Hb	\$5.00	RSV	\$17.00
GLUCOSE	\$5.00	HCG TOTAL QUANT	\$17.00
ESR	\$5.00	URINE MICRO ALBUMN	\$17.00
LIPID PANEL*	\$10.00	PROGESTERONE	\$17.00
CBC (DIFF/PLT)	\$10.00	PSA, TOTAL	\$17.00
COMP METAB PNL	\$10.00	DRUG SCREEN 14 PANEL	\$17.00
TSH W/REFL FT4	\$10.00	GC/CHLAMYDIA	\$40.00
FREE T4	\$10.00	VIT D 25 OH	\$40.00
RPR (DX) REFL FTA	\$10.00	PSA FREE AND TOTAL	\$40.00
URINE CREATINE RAND	\$10.00	THIN PREP PAPS	\$50.00
IRON, TOTAL, & IBC	\$10.00	PATHOLOG G&M	\$50.00
HEMOGLOBIN A1C	\$10.00	HIV ½ AB SCR W/RFLS	\$20.00
UA, COMPLETE	\$10.00	HEP C	\$25.00
URIC ACID	\$10.00	HEP B SURF AG W CONF	\$25.00
SED RATE BY MOD WEST	\$10.00	HEP B CORE IGM	\$25.00
BASIC METAB PNL	\$8.00	HEP A	\$25.00
URINE CULTURE	\$25.00	HEP PNL ACUTE W./REF	\$70.00

Kudo Care is excited to present new changes to the Kudo Care Concierge Membership. For Medical, each office visit will now be \$5 instead of the previous \$25! Please take a look at the chart below for newly updated service fees:

Service	Fee
Office visit	\$5
Annual Wellness Exam	Free
EKG	Free
Pulse Oximetry	Free
Spirometry	Free
Peak Flows	Free
Nebulizer Treatments	Free
Joint Injections	Free
Small Lesion/Wart Removal	Free
PAP Smear	Free Test (\$50-\$75 Pathology Lab Fee)
Suturing Simple Laceration	Free
Trigger Joint Injection	Free
Cauterization Nose Bleed	Free

ADHD Treatment	Additional Fee May Apply due to Extensive Nature of Screen/Diagnosis. Availability only upon request
Ear Irrigation	Free
In-Office Oral Medications	Free
Antibiotic Intravascular Injection	Free
**Depo shot, botox, vaccines	**please ask staff for exclusive member special!