

**Effective: February 2013      GENERAL PRACTICE FEE SCHEDULE      403 of Series 400**

| DIAGNOSTIC & PREVENTATIVE SERVICES  |                                     | MEMBER'S  |
|---|-------------------------------------|-----------|
| ADA CODE  | PROCEDURE                           | FEE       |
|   | Office Visits                       | No Charge |
| 1330  | Oral Hygiene Instruction            | No Charge |
| 0120  | Periodic Oral Exam                  | 16.00     |
| 0140  | Limited Oral Exam Problem Focused   | 18.00     |
| 0150  | Comprehensive Oral Exam             | 20.00     |
| 0220  | X-ray Single Film                   | 11.00     |
| 0230  | Each Additional Film                | 7.00      |
| 0270  | Bitewing X-ray Single Film          | 11.00     |
| 0272  | Bitewing X-ray, Two Films           | 15.00     |
| 0273  | Bitewing X-ray, Three Films         | 19.00     |
| 0274  | Bitewing X-ray, Four Films          | 24.00     |
| 0330  | Panoramic X-ray                     | 48.00     |
| 0210  | Full Mouth X-ray                    | 48.00     |
| <b>Dental office may require full mouth or panoramic X-rays on initial visit.</b> |                                     |           |
| 1110  | Prophylaxis Adult Cleaning          | 35.00     |
| 1120  | Prophylaxis Child Cleaning          | 29.00     |
| 1351  | Sealants (per tooth)                | 24.00     |
| 1203/1204   | Fluoride Treatment                  | 17.00     |
| <b>Routine Cleaning does not apply to patients with periodontal disease.</b>      |                                     |           |
| <b>RESTORATIVE</b>  |                                     |           |
| <b>Amalgam Fillings</b>   |                                     |           |
| 2140  | 1 Surface                           | 47.00     |
| 2150  | 2 Surfaces                          | 60.00     |
| 2160  | 3 Surfaces                          | 71.00     |
| 2161  | 4 Surfaces                          | 87.00     |
| <b>Composite Restoration</b>  |                                     |           |
| 2330  | Anterior 1 Surface                  | 62.00     |
| 2331  | 2 Surfaces                          | 74.00     |
| 2332  | 3 Surfaces                          | 94.00     |
| 2335  | 4 Surfaces                          | 118.00    |
| 2391  | Posterior 1 Surface                 | 76.00     |
| 2392  | 2 Surfaces                          | 109.00    |
| 2393  | 3 Surfaces                          | 138.00    |
| 2394  | 4 Surfaces                          | 159.00    |
| <b>CROWNS &amp; BRIDGES:</b>  |                                     |           |
| 2750  | Porcelain Fused to High Noble Metal | 573.00    |
| 2751  | Porcelain Fused to Base Metal       | 521.00    |
| 2752  | Porcelain Fused to Noble Metal      | 559.00    |
| 2790  | Full Cast High Noble Metal          | 528.00    |
| 2791  | Full Cast-Predominately Base Metal  | 520.00    |
| 2930  | PreFab Stainless Steel-Primary      | 106.00    |
| 2931  | PreFab Stainless Steel-Permanent    | 126.00    |
| 2950  | Core Build-up Including Pins        | 110.00    |
| 2951  | Pin Retention/Tooth Add. to Crown   | 25.00     |
| 2952  | Cast Post & Core Add. to Crown      | 175.00    |
| 2954  | PreFab Post & Core Add. to Crown    | 135.00    |
| <b>*ENDODONTICS: (Root Canals)</b>  |                                     |           |
| (EXCLUDING FINAL RESTORATION)   |                                     |           |
| 3110  | Pulp Cap direct                     | 25.00     |
| 3120  | Pulp cap indirect                   | 25.00     |
| 3220  | Therapeutic Pulpotomy               | 59.00     |
| 3310  | Root canal Anterior                 | 325.00    |
| 3320  | Root canal Bicuspid                 | 386.00    |
| 3330  | Root canal Molar                    | 485.00    |

| MEMBER'S                                       |  | FEE    |
|--|--|--------|
| <b>*PERIODONTICS: (Gum Disease)</b>            |  |        |
| 0180   | Perio Evaluation                       | 21.00  |
| 4210   | Gingivectomy Plasty (per quad)         | 307.00 |
| 4341   | Scaling & Root Planing (per quad)      | 115.00 |
| 4355   | Full Mouth Debridement                 | 93.00  |
| 4910   | Periodontal Maintenance                | 68.00  |
| <b>*PROSTHETICS: (Dentures &amp; Partials)</b> |  |        |
| 5110   | Complete Upper Denture                 | 701.00 |
| 5120   | Complete Lower Denture                 | 701.00 |
| 5130   | Immediate Upper Denture                | 727.00 |
| 5140   | Immediate Lower Denture                | 727.00 |
| 5213-14  | Partial U/L Acrylic w/Chrome           | 795.00 |
| 5410-11  | Denture Adjustment                     | 38.00  |
| 5510   | Denture Repair, No Teeth               | 64.00  |
| 5520   | Replace Missing or Broken Teeth        | 60.00  |
| 5650   | Add Tooth to Existing Partial          | 64.00  |
| 5660   | Add Clasp to Existing Partial          | 80.00  |
| 5730-41  | Office Reline                          | 151.00 |
| 5750-61  | Laboratory Reline                      | 198.00 |
| <b>*ORAL SURGERY:</b>                          |  |        |
| 7140   | Single Tooth Extraction-Simple, Local  | 62.00  |
| 7210   | Removal-Surgical/Erupted Tooth         | 140.00 |
| 7220   | Removal Impacted Tooth/Soft Tissue     | 125.00 |
| 7230   | Removal Impacted Tooth/Partial Bony    | 162.00 |
| 7240   | Removal Impacted Tooth/Total Bony      | 215.00 |
| 7250   | Surgical Removal of Residual Roots     | 116.00 |
| 7310   | Aveoloplasty (per quad) w/Extraction   | 100.00 |
| 7320   | Aveoloplasty (per quad) w/o Extraction | 140.00 |

**ALL OF THE ABOVE CHARGES ARE REDUCED FEES FOR SERVICES PERFORMED BY A PARTICIPATING \*GENERAL DENTIST\***

Some providers may charge for missed appointments if no prior notice is given.

Any procedure not listed is available at a 20% reduction in the usual and customary price for the procedure.

Payment is required at the time of service.

\*Fees do not include lab costs. Lab fees are to be paid directly to the dental office by the member.

Fees subject to change periodically without notification.

**\*SPECIALISTS\***

Any treatment provided by a participating Specialist, if available, in Endodontics, Periodontics, Oral Surgery, Orthodontics, or Pedodontics (Pediactrics) will be charged at 20% off the Specialist's normal fee for the procedure.

While all participating providers are professionally licensed in the state in which they practice, Dental Care Rx does not guarantee the quality of service of any provider.

**\*\*Membership Verification Required\*\***

**Please Call (877) 579-9696**

**Membership ID Should be presented upon Check-In**