

**Effective: February 2013      GENERAL PRACTICE FEE SCHEDULE      404 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	17.00
0140	Limited Oral Exam Problem Focused	21.00
0150	Comprehensive Oral Exam	21.00
0220	X-ray Single Film	12.00
0230	Each Additional Film	6.00
0270	Bitewing X-ray Single Film	12.00
0272	Bitewing X-ray, Two Films	16.00
0273	Bitewing X-ray, Three Films	20.00
0274	Bitewing X-ray, Four Films	26.00
0330	Panoramic X-ray	50.00
0210	Full Mouth X-ray	50.00
<b>Dental office may require full mouth or panoramic X-rays on initial visit.</b>		
1110	Prophylaxis Adult Cleaning	37.00
1120	Prophylaxis Child Cleaning	30.00
1351	Sealants (per tooth)	25.00
1203/1204	Fluoride Treatment	18.00
<b>Routine Cleaning does not apply to patients with periodontal disease.</b>		
<b>RESTORATIVE</b>		
<b>Amalgam Fillings</b>		
2140	1 Surface	48.00
2150	2 Surfaces	65.00
2160	3 Surfaces	77.00
2161	4 Surfaces	95.00
<b>Composite Restoration</b>		
2330	Anterior 1 Surface	68.00
2331	2 Surfaces	80.00
2332	3 Surfaces	100.00
2335	4 Surfaces	125.00
2391	Posterior 1 Surface	85.00
2392	2 Surfaces	120.00
2393	3 Surfaces	155.00
2394	4 Surfaces	175.00
<b>CROWNS &amp; BRIDGES:</b>		
2750	Porcelain Fused to High Noble Metal	575.00
2751	Porcelain Fused to Base Metal	525.00
2752	Porcelain Fused to Noble Metal	560.00
2790	Full Cast High Noble Metal	575.00
2791	Full Cast-Predominately Base Metal	540.00
2930	PreFab Stainless Steel-Primary	120.00
2931	PreFab Stainless Steel-Permanent	140.00
2950	Core Build-up Including Pins	120.00
2951	Pin Retention/Tooth Add. to Crown	28.00
2952	Cast Post & Core Add. to Crown	190.00
2954	PreFab Post & Core Add. to Crown	145.00
<b>*ENDODONTICS: (Root Canals)</b>		
<b>(EXCLUDING FINAL RESTORATION)</b>		
3110	Pulp cap direct	28.00
3120	Pulp cap indirect	28.00
3220	Therapeutic Pulpotomy	68.00
3310	Root canal Anterior	330.00
3320	Root canal Bicuspid	395.00
3330	Root canal Molar	500.00

ADA CODE	PROCEDURE	MEMBER'S
		FEE
<b>*PERIODONTICS: (Gum Disease)</b>		
0180	Perio Evaluation	22.00
4210	Gingivectomy Plasty (per quad)	335.00
4341	Scaling & Root Planing (per quad)	115.00
4355	Full Mouth Debridement	95.00
4910	Periodontal Maintenance	70.00
<b>*PROSTHETICS: (Dentures &amp; Partials)</b>		
5110	Complete Upper Denture	735.00
5120	Complete Lower Denture	735.00
5130	Immediate Upper Denture	785.00
5140	Immediate Lower Denture	785.00
5213-14	Partial U/L Acrylic w/Chrome	835.00
5410-11	Denture Adjustment	38.00
5510	Denture Repair, No Teeth	65.00
5520	Replace Missing or Broken Teeth	65.00
5650	Add Tooth to Existing Partial	75.00
5660	Add Clasp to Existing Partial	85.00
5730-41	Office Reline	160.00
5750-61	Laboratory Reline	210.00
<b>*ORAL SURGERY:</b>		
7140	Single Tooth Extraction-Simple, Local	65.00
7210	Removal-Surgical/Erupted Tooth	150.00
7220	Removal Impacted Tooth/Soft Tissue	130.00
7230	Removal Impacted Tooth/Partial Bony	175.00
7240	Removal Impacted Tooth/Total Bony	225.00
7250	Surgical Removal of Residual Roots	120.00
7310	Aveoloplasty (per quad) w/Extraction	110.00
7320	Aveoloplasty (per quad) w/o Extraction	160.00

**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**