

	,	RAL PRA	
	STIC & PREVENTATIVE SERVICES		MEMBER'S
DA COD			FEE
1000	Office Visits		No Charge
1330	Oral Hygiene Instruction		No Charge
0120	Periodic Oral Exam Limited Oral Exam Problem Focused		18.00
0140 0150	Comprehensive Oral Exam		22.00
0220	X-ray Single Image		22.00 13.00
0230	Each Additional Image		7.0
0270	Bitedwing X-ray Single Image		13.0
0272	Bitewing X-ray, Two Images		17.0
0272	Bitewing X-ray, Two images Bitewing X-ray. Three Images		21.0
0274	Bitewing X-ray, Four Images		27.0
0330	Panoramic X-ray		55.0
0210	Full Mouth X-ray		55.0
	fice may require full mouth or panoramic	X-rays on in	
	Prophylaxis Adult Cleaning		40.0
	Prophylaxis Child Cleaning		33.0
1351 \$	Sealants (per tooth)		26.0
203/1204	Fluoride Treatment		18.0
coutine C	Cleaning does not apply to patients with p	eriodontai d	iisease.
ESTORA			
Amalg	am Fillings		
2140		1 Surface	52.0
2150		2 Surfaces	68.0
2160		3 Surfaces	80.0
2161		4 Surfaces	100.0
Compo	osite Restoration		
2330	Anterior	1 Surface	70.0
2331		2 Surfaces	84.0
2332		3 Surfaces	104.0
2335		4 Surfaces	130.0
2391	Posterior	1 Surface	90.0
2392		2 Surfaces	125.0
2393		3 Surfaces	170.0
2394		4 Surfaces	195.0
ROWNS	& BRIDGES:		
2750	Porcelain Fused to High Noble Metal		620.0
2751	Porcelain Fused to Base Metal		560.0
2752	Porcelain Fused to Noble Metal		590.0
2790	Full Cast High Noble Metal		598.0
2791	Full Cast-Predominately Base Metal		575.0
2930	PreFab Stainless Steel-Primary		128.0
2931	PreFab Stainless Steel-Permanent		145.0
2950	Core Build-up Including Pins		128.0
2951	Pin Retention/Tooth Add. to Crown		30.0
2952	Cast Post & Core Add. to Crown		200.0
2954	PreFab Post & Core Add. to Crown		155.0
FNDOD	ONTICS: (Root Canals)		
	<u> </u>		
	UDING FINAL RESTORATION)		00.0
,	Pulp cap direct		28.0
3110			~~ ~
3110 3120	Pulp cap indirect		
3110 3120 3220	Pulp cap indirect Therapeutic Pulpotomy		70.0
3110 3120	Pulp cap indirect		28.00 70.00 350.00 420.00

FEE SCH	HEDULE 405 of Series 400)		
		MEMBER'S		
ADA CODE	PROCEDURE	FEE		
*PERIODO	NTICS: (Gum Disease)			
0180	Perio Evaluation	24.00		
4210	Gingivectomy Plasty (per quad)	370.00		
4341	Scaling & Root Planing (per quad)	120.00		
4355	Full Mouth Debridement	93.00		
4910	Periodontal Maintenance	80.00		
*PROSTHE	ETICS: (Dentures & Partials)			
5110	Complete Upper Denture	795.00		
5120	Complete Lower Denture	795.00		
5130	Immediate Upper Denture	855.00		
5140	Immediate Lower Denture	855.00		
5213-14	Partial U/L Acrylic w/Chrome	900.00		
5410-11	Denture Adjustment	42.00		
5510	Denture Repair, No Teeth	68.00		
5520	Replace Missing or Broken Teeth	68.00		
5650	Add Tooth to Existing Partial	72.00		
5660	Add Clasp to Existing Partial	92.00		
5730-41	Office Reline	170.00		
5750-61	Laboratory Reline	218.00		
*ORAL SURGERY:				
7140	Single Tooth Extraction-Simple, Local	68.00		
7210	Removal-Surgical/Erupted Tooth	158.00		
7220	Removal Impacted Tooth/Soft Tissue	140.00		
7230	Removal Impacted Tooth/Partial Bony	185.00		
7240	Removal Impacted Tooth/Total Bony	245.00		
7250	Surgical Removal of Residual Roots	130.00		
7310	Aveoloplasty (per quad) w/Extraction	115.00		
7320	Aveoloplasty (per quad) w/o Extraction	170.00		

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