

Effective: April 2015		GENERAL PRACTICE FEE SCHEDULE		402 of Series 400			
DIAGNOSTIC & PREVENTATIVE SERVICES			MEMBER'S	ADA CODE PROCEDURE			MEMBER'S
ADA CODE PROCEDURE		FEE		ADA CODE PROCEDURE		FEE	
1330	Oral Hygiene Instruction	No Charge		*PERIODONTICS: (Gum Disease)			
0120	Periodic Oral Exam	15.00		0180	Perio Evaluation	25.00	
0140	Limited Oral Exam Problem Focused	19.00		4210	Gingivectomy Plasty (per quad)	320.00	
0150	Comprehensive Oral Exam	22.00		4220	Subgingival Curretage (per quad)	95.00	
0220	X-ray Single Image	10.00		4341	Scaling & Root Planing (per quad)	110.00	
0230	Each Additional Image	7.00		4355	Full Mouth Debridement	75.00	
0270	Bitewing X-ray Single Image	10.00		4910	Periodontal Maintenance	70.00	
0272	Bitewing X-ray. Two Images	13.00		9630	Medicinal Irrigation (per quad)	20.00	
0273	Bitewing X-ray. Three Images	19.00		*PROSTHETICS: (Dentures & Partial)			
0274	Bitewing X-ray. Four Images	22.00		5110	Complete Upper Denture	674.00	
0330	Panoramic X-ray	45.00		5120	Complete Lower Denture	674.00	
0210	Full Mouth X-ray	45.00		5130	Immediate Upper Denture	694.00	
Dental office may require full mouth or panoramic X-rays on initial visit.				5140	Immediate Lower Denture	694.00	
1110	Prophylaxis Adult Cleaning	33.00		5213-14	Partial U/L Acrylic w/Chrome	779.00	
1120	Prophylaxis Child Cleaning	23.00		5410-11	Denture Adjustment	38.00	
1351	Sealants (per tooth)	22.00		5510	Denture Repair, No Teeth	65.00	
1203/1204	Fluoride Treatment	18.00		5520	Replace Missing or Broken Teeth	60.00	
Routine Cleaning does not apply to patients with periodontal disease.				5650	Add Tooth to Existing Partial	65.00	
RESTORATIVE				5660	Add Clasp to Existing Partial	75.00	
Amalgam Fillings				5730-41	Office Reline	145.00	
2140		1 Surface	44.00	5750-61	Laboratory Reline	195.00	
2150		2 Surfaces	55.00	*ORAL SURGERY:			
2160		3 Surfaces	67.00	7140	Single Tooth Extraction-Simple, Local	55.00	
2161		4 Surfaces	79.00	7210	Removal-Surgical/Erupted Tooth	140.00	
Composite Restoration				7220	Removal Impacted Tooth/Soft Tissue	120.00	
2330	Anterior	1 Surface	55.00	7230	Removal Impacted Tooth/Partial Bony	160.00	
2331		2 Surfaces	68.00	7240	Removal Impacted Tooth/Total Bony	220.00	
2332		3 Surfaces	86.00	7310	Aveoloplasty (per quad) w/Extraction	105.00	
2335		4 Surfaces	105.00	7320	Aveoloplasty (per quad) w/o Extraction	140.00	
2391	Posterior	1 Surface	74.00	ALL OF THE ABOVE CHARGES ARE REDUCED FEES FOR SERVICES PERFORMED BY A PARTICIPATING *GENERAL DENTIST*			
2392		2 Surfaces	108.00	Some providers may charge for missed appointments if no prior notice is given.			
2393		3 Surfaces	133.00	Any procedure not listed is available at a 20% reduction in the usual and customary price for the procedure.			
2394		4 Surfaces	153.00	Payment is required at the time of service.			
CROWNS & BRIDGES:				*Fees do not include lab costs. Lab fees are to be paid directly to the dental office by the member.			
2740	Porcelain Ceramic Substrate	597.00		Fees subject to change periodically without notification.			
2750	Porcelain Fused to High Noble Metal	567.00		*SPECIALISTS*			
2751	Porcelain Fused to Base Metal	510.00		Any treatment provided by a participating Specialist, if available, in Endodontics, Periodontics, Oral Surgery, Orthodontics, or Pedodontics (Pediatics) will be charged at 20% off the Specialist's normal fee for that procedure.			
2752	Porcelain Fused to Noble Metal	525.00		<small>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.</small>			
2790	Full Cast High Noble Metal	545.00					
2791	Full Cast-Predominately Base Metal	510.00					
2930	PreFab Stainless Steel-Primary	110.00					
2931	PreFab Stainless Steel-Permanent	125.00					
2950	Core Build-up Including Pins	120.00					
2951	Pin Retention/Tooth Add. to Crown	34.00					
2952	Cast Post & Core Add. to Crown	170.00					
2954	PreFab Post & Core Add. to Crown	130.00					
2962	Labial Veneer (Porc. Laminate) Lab	580.00					
*ENDODONTICS: (Root Canals)							
(EXCLUDING FINAL RESTORATION)							
3110-20	Pulp cap	25.00					
3220	Therapeutic Pulpotomy	60.00					
3310	Root canal Anterior	330.00					
3320	Root canal Bicuspid	390.00					
3330	Root canal Molar	490.00					

****Membership Verification Required****
Please Call (877) 579-9696

Membership ID Should be presented upon Check-In