

Effective: November 2014		<b>GENERAL PRACTICE FEE SCHEDULE</b>		<b>COLORADO 402</b>	
<b>DIAGNOSTIC &amp; PREVENTATIVE SERVICES</b>		<b>MEMBER'S</b>		<b>MEMBER'S</b>	
ADA CODE	PROCEDURE	FEE	FEE	ADA CODE	PROCEDURE
1330	Oral Hygiene Instruction	No Charge		<b>*PERIODONTICS: (Gum Disease)</b>	
0120	Periodic Oral Exam	15.00		0180	Perio Evaluation
0140	Limited Oral Exam Problem Focused	20.00		4210	Gingivectomy Plasty (per quad)
0150	Comprehensive Oral Exam	24.00		4220	Subgingival Curretage (per quad)
0220	X-ray Single Image	11.00		4341	Scaling & Root Planing (per quad)
0230	Each Additional Image	9.00		4355	Full Mouth Debridement
0270	Bitedwing X-ray Single Image	12.00		4910	Periodontal Maintenance
0272	Bitewing X-ray, Two Films	14.00			
0273	Bitewing X-ray, Three Images	20.00		<b>*PROSTHETICS: (Dentures &amp; Partials)</b>	
0274	Bitewing X-ray, Four Images	24.00		5110	Complete Upper Denture
0330	Panoramic X-ray	48.00		5120	Complete Lower Denture
0210	Full Mouth X-ray	48.00		5130	Immediate Upper Denture
<b>Dental office may require full mouth or panoramic X-rays on initial visit.</b>				5140	Immediate Lower Denture
1110	Prophylaxis - Adult Routine Cleaning (Once per year)	36.00		5211-12	Partial Denture Resin Base
1120	Prophylaxis - Child Routine Cleaning (Once per year)	24.00		5213-14	Partial Denture U/L Acrylic w/Chrome
1351	Sealants (per tooth)	24.00		5410-11	Denture Adjustment
1203/1204	Flouride Treatment	24.00		5510	Denture Repair, No Teeth
1110-20	Second Routine Cleaning	50.00		5520	Replace Missing or Broken Teeth
<b>Routine Cleaning does not apply to patients with periodontal disease.</b>				5650	Add Tooth to Existing Partial
<b>RESTORATIVE</b>				5660	Add Clasp to Existing Partial
<b>Amalgam Fillings</b>				5730-41	Office Reline
2140	1 Surface	78.00		5750-61	Laboratory Reline
2150	2 Surfaces	88.00			
2160	3 Surfaces	98.00		<b>*ORAL SURGERY:</b>	
2161	4 Surfaces	108.00		7140	Single Tooth Extraction-Simple, Local
<b>Composite Restoration</b>				7210	Removal-Surgical/Erupted Tooth
2330	Anterior 1 Surface	83.00		7220	Removal Impacted Tooth/Soft Tissue
2331	2 Surfaces	103.00		7230	Removal Impacted Tooth/Partial Bony
2332	3 Surfaces	123.00		7240	Removal Impacted Tooth/Total Bony
2335	4 Surfaces	143.00		7310	Aveoloplasty (per quad) w/Extraction
2391	Posterior 1 Surface	95.00		7320	Aveoloplasty (per quad) w/o Extraction
2392	2 Surfaces	120.00			
2393	3 Surfaces	165.00		<b>ALL OF THE ABOVE CHARGES ARE REDUCED FEES FOR SERVICES PERFORMED BY A PARTICIPATING *GENERAL DENTIST*</b>	
2394	4 Surfaces	200.00		Some providers may charge for missed appointments if no prior notice is given.	
<b>CROWNS &amp; BRIDGES:</b>				Any procedure not listed is available at a 20% reduction in the usual and customary price for the procedure.	
2740	Porcelain Ceramic Substrate	597.00		Payment is required at the time of service.	
2750	Porcelain Fused to High Noble Metal	567.00		*Fees <u>do not include lab costs</u> . Lab fees are to be paid directly to the dental office by the member.	
2751	Porcelain Fused to Base Metal	510.00		Fees subject to change periodically without notification.	
2752	Porcelain Fused to Noble Metal	525.00		<b>*SPECIALISTS*</b>	
2790	Full Cast High Noble Metal	545.00		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 that procedure.	
2791	Full Cast-Predominately Base Metal	510.00		<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>	
2930	PreFab Stainless Steel-Primary	110.00		<b>Membership ID Should be presented upon Check-In</b>	
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	190.00			
2954	PreFab Post & Core Add. to Crown	130.00			
2954	PreFab Post & Core Add. to Crown	580.00			
<b>*ENDODONTICS: (Root Canals)</b>					
<b>(EXCLUDING FINAL RESTORATION)</b>					
3110-20	Pulp cap	45.00			
3220	Therapeutic Pulpotomy	105.00			
3310	Root canal Anterior	350.00			
3320	Root canal Bicuspid	400.00			
3330	Root canal Molar	490.00			

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