

Effective: January 2021		GENERAL PRACTICE FEE SCHEDULE		401 of Series 400	
DIAGNOSTIC & PREVENTATIVE SERVICES		MEMBER'S			MEMBER'S
ADA CODE	PROCEDURE	FEE	ADA CODE	PROCEDURE	FEE
1330	Oral Hygiene Instruction	No Charge	0180	Perio Evaluation	20.00
0120	Periodic Oral Exam	15.00	4210	Gingivectomy Plasty (per quad)	299.00
0140	Limited Oral Exam Problem Focused	19.00	4341	Scaling & Root Planing (per quad)	105.00
0150	Comprehensive Oral Exam	19.00	4355	Full Mouth Debridement	65.00
0220	X-ray Single Image	10.00	4910	Periodontal Maintenance	64.00
0230	Each Additional Image	6.00			
0270	Bitewing X-ray Single Image	10.00	*PROSTHETICS: (Dentures & Partials)		
0272	Bitewing X-ray Two Images	13.00	5110	Complete Upper Denture	622.00
0273	Bitewing X-ray. Three Images	18.00	5120	Complete Lower Denture	622.00
0274	Bitewing X-ray, Four Images	22.00	5130	Immediate Upper Denture	642.00
0330	Panoramic X-ray	42.00	5140	Immediate Lower Denture	642.00
0210	Full Mouth X-ray	45.00	5213-14	Partial U/L Acrylic w/Chrome	695.00
Dental office may require full mouth or panoramic X-rays on initial visit.			5410-11	Denture Adjustment	45.00
1110	Prophylaxis Adult Cleaning	37.00	5510	Denture Repair, No Teeth	60.00
1120	Prophylaxis Child Cleaning	30.00	5520	Replace Missing or Broken Teeth	55.00
1351	Sealants (per tooth)	22.00	5650	Add Tooth to Existing Partial	55.00
1203/1204	Fluoride Treatment	22.00	5660	Add Clasp to Existing Partial	72.00
Routine Cleaning does not apply to patients with periodontal disease.			5730-41	Office Reline	135.00
			5750-51	Laboratory Reline	180.00
RESTORATIVE			*ORAL SURGERY:		
Amalgam Fillings			7140	Single Tooth Extraction-Simple, Local	55.00
2140	1 Surface	42.00	7210	Removal-Surgical/Erupted Tooth	135.00
2150	2 Surfaces	65.00	7220	Removal Impacted Tooth/Soft Tissue	115.00
2160	3 Surfaces	75.00	7230	Removal Impacted Tooth/Partial Bony	145.00
2161	4 Surfaces	95.00	7240	Removal Impacted Tooth/Total Bony	210.00
			7250	Surgical Removal of Residual Roots	110.00
Composite Restoration			7310	Aveoloplasty (per quad) w/Extraction	105.00
2330	Anterior 1 Surface	60.00	7320	Aveoloplasty (per quad) w/o Extraction	135.00
2331	2 Surfaces	70.00			
2332	3 Surfaces	95.00	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.		
2335	4 Surfaces	120.00			
2391	Posterior 1 Surface	69.00			
2392	2 Surfaces	102.00			
2393	3 Surfaces	129.00			
2394	4 Surfaces	148.00			
CROWNS & BRIDGES:			*SPECIALISTS*		
2740	Porcelain Ceramic Substrate	597.00	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 the procedure. <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>		
2750	Porcelain Fused to High Noble Metal	510.00			
2751	Porcelain Fused to Base Metal	475.00			
2752	Porcelain Fused to Noble Metal	480.00			
2790	Full Cast High Noble Metal	495.00			
2791	Full Cast-Predominately Base Metal	445.00			
2930	PreFab Stainless Steel-Primary	97.00			
2931	PreFab Stainless Steel-Permanent	112.00			
2950	Core Build-up Including Pins	115.00			
2951	Pin Retention/Tooth Add. to Crown	38.00			
2952	Cast Post & Core Add. to Crown	155.00			
2954	PreFab Post & Core Add. to Crown	130.00			
2962	Labial Veneer (Porc. Laminate) Lab	597.00			
*ENDODONTICS: (Root Canals)					
(EXCLUDING FINAL RESTORATION)					
3110-20	Pulp cap	25.00			
3220	Therapeutic Pulpotomy	70.00			
3310	Root canal Anterior	300.00			
3320	Root canal Bicuspid	350.00			
3330	Root canal Molar	450.00			

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

Membership ID Should be presented upon Check-In