

Effective: April 2025

## GENERAL PRACTICE FEE SCHEDULE

401 of Series 400

DIAGNOSTIC & PREVENTATIVE SERVICES		MEMBER'S FEE	ADA CODE	PROCEDURE	MEMBER'S FEE
1330	Oral Hygiene Instruction	No Charge	0180	Perio Evaluation	20.00
0120	Periodic Oral Exam	18.00	4210	Gingivectomy Plasty (per quad)	330.00
0140	Limited Oral Exam Problem Focused	28.00	4341	Scaling & Root Planing (per quad)	120.00
0150	Comprehensive Oral Exam	30.00	4355	Full Mouth Debridement	65.00
0220	X-ray Single Image	12.00	4910	Periodontal Maintenance	70.00
0230	Each Additional Image	10.00			
0270	Bitedwing X-ray Single Image	12.00			
0272	Bitedwing X-ray Two Images	16.00			
0273	Bitewing X-ray, Three Images	20.00			
0274	Bitewing X-ray, Four Images	24.00			
0330	Panoramic X-ray	47.00			
0210	Full Mouth X-ray	48.00			
<b>Dental office may require full mouth or panoramic X-rays on initial visit.</b>					
1110	Prophylaxis Adult Cleaning	39.00	5110	Complete Upper Denture	75.00
1120	Prophylaxis Child Cleaning	30.00	5120	Complete Lower Denture	750.00
1351	Sealants (per tooth)	24.00	5130	Immediate Upper Denture	800.00
1203/1204	Fluoride Treatment	30.00	5140	Immediate Lower Denture	800.00
<b>Routine Cleaning does not apply to patients with periodontal disease.</b>					
<b>RESTORATIVE</b>					
<b>Amalgam Fillings</b>					
2140	1 Surface	50.00	7140	Single Tooth Extraction-Simple, Local	70.00
2150	2 Surfaces	70.00	7210	Removal-Surgical/Erupted Tooth	155.00
2160	3 Surfaces	80.00	7220	Removal Impacted Tooth/Soft Tissue	130.00
2161	4 Surfaces	100.00	7230	Removal Impacted Tooth/Partial Bony	165.00
<b>Composite Restoration</b>					
2330	Anterior	75.00	7240	Removal Impacted Tooth/Total Bony	230.00
2331	2 Surfaces	88.00	7250	Surgical Removal of Residual Roots	115.00
2332	3 Surfaces	110.00	7310	Aveoloplasty (per quad) w/Extraction	120.00
2335	4 Surfaces	130.00	7320	Aveoloplasty (per quad) w/o Extraction	180.00
2391	Posterior	85.00			
2392	2 Surfaces	112.00			
2393	3 Surfaces	140.00			
2394	4 Surfaces	162.00			
<b>CROWNS &amp; BRIDGES:</b>					
2740	Porcelain Ceramic Substrate	610.00	<b>ALL OF THE ABOVE CHARGES ARE REDUCED FEES FOR SERVICES PERFORMED BY A PARTICIPATING GENERAL DENTIST*</b>		
2750	Porcelain Fused to High Noble Metal	597.00			
2751	Porcelain Fused to Base Metal	500.00			
2752	Porcelain Fused to Noble Metal	519.00			
2790	Full Cast High Noble Metal	539.00			
2791	Full Cast-Predominately Base Metal	489.00			
2930	PreFab Stainless Steel-Primary	129.00			
2931	PreFab Stainless Steel-Permanent	150.00			
2950	Core Build-up Including Pins	125.00			
2951	Pin Retention/Tooth Add. to Crown	38.00			
2952	Cast Post & Core Add. to Crown	185.00			
2954	PreFab Post & Core Add. to Crown	150.00			
2962	Labial Veneer (Porc. Laminate) Lab	610.00			
<b>*ENDODONTICS: (Root Canals)</b>					
(EXCLUDING FINAL RESTORATION)					
3110-20	Pulp cap	49.00	<b>Payment is required at the time of service.</b>		
3220	Therapeutic Pulpotomy	95.00			
3310	Root canal Anterior	435.00			
3320	Root canal Bicuspid	515.00			
3330	Root canal Molar	625.00			
<b>*SPECIALISTS*</b>					
Any treatment provided by a participating Specialist, if available, in Endodontics, Periodontics, Oral Surgery, Orthodontics, or Pedodontics (Pediatrics) 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