

Effective: April 2025			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	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	Bitewing X-ray Single Image	12.00	*PROSTHETICS: (Dentures & Partials)			
0272	Bitewing X-ray Two Images	16.00	5110	Complete Upper Denture	75.00	
0273	Bitewing X-ray. Three Images	20.00	5120	Complete Lower Denture	750.00	
0274	Bitewing X-ray, Four Images	24.00	5130	Immediate Upper Denture	800.00	
0330	Panoramic X-ray	47.00	5140	Immediate Lower Denture	800.00	
0210	Full Mouth X-ray	48.00	5213-14	Partial U/L Acrylic w/Chrome	780.00	
Dental office may require full mouth or panoramic X-rays on initial visit.			5410-11	Denture Adjustment	45.00	
1110	Prophylaxis Adult Cleaning	39.00	5510	Denture Repair, No Teeth	65.00	
1120	Prophylaxis Child Cleaning	30.00	5520	Replace Missing or Broken Teeth	75.00	
1351	Sealants (per tooth)	24.00	5650	Add Tooth to Existing Partial	95.00	
1203/1204	Fluoride Treatment	30.00	5660	Add Clasp to Existing Partial	100.00	
Routine Cleaning does not apply to patients with periodontal disease.			5730-41	Office Reline	160.00	
			5750-51	Laboratory Reline	215.00	
RESTORATIVE						
Amalgam Fillings			*ORAL SURGERY:			
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	
			7240	Removal Impacted Tooth/Total Bony	230.00	
Composite Restoration			7250	Surgical Removal of Residual Roots	115.00	
2330	Anterior 1 Surface	75.00	7310	Aveoloplasty (per quad) w/Extraction	120.00	
2331	2 Surfaces	88.00	7320	Aveoloplasty (per quad) w/o Extraction	180.00	
2332	3 Surfaces	110.00				
2335	4 Surfaces	130.00				
2391	Posterior 1 Surface	85.00				
2392	2 Surfaces	112.00				
2393	3 Surfaces	140.00				
2394	4 Surfaces	162.00				
CROWNS & BRIDGES:						
2740	Porcelain Ceramic Substrate	610.00				
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				
*ENDODONTICS: (Root Canals)						
(EXCLUDING FINAL RESTORATION)						
3110-20	Pulp cap	49.00				
3220	Therapeutic Pulpotomy	95.00				
3310	Root canal Anterior	435.00				
3320	Root canal Bicuspid	515.00				
3330	Root canal Molar	625.00				

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 (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