

**Effective: April 2023      GENERAL PRACTICE FEE SCHEDULE      401 of Series 400**

DIAGNOSTIC & PREVENTATIVE SERVICES	MEMBER'S FEE
ADA CODE      PROCEDURE	FEE
1330 Oral Hygiene Instruction	No Charge
0120 Periodic Oral Exam	16.00
0140 Limited Oral Exam Problem Focused	21.00
0150 Comprehensive Oral Exam	21.00
0220 X-ray Single Image	12.00
0230 Each Additional Image	7.00
0270 Bitewing X-ray Single Image	12.00
0272 Bitewing X-ray Two Images	15.00
0273 Bitewing X-ray. Three Images	18.00
0274 Bitewing X-ray, Four Images	24.00
0330 Panoramic X-ray	45.00
0210 Full Mouth X-ray	45.00
<b>Dental office may require full mouth or panoramic X-rays on initial visit.</b>	
1110 Prophylaxis Adult Cleaning	37.00
1120 Prophylaxis Child Cleaning	30.00
1351 Sealants (per tooth)	22.00
1203/1204 Fluoride Treatment	25.00
<b>Routine Cleaning does not apply to patients with periodontal disease.</b>	
<b>RESTORATIVE</b>	
<b>Amalgam Fillings</b>	
2140	1 Surface      42.00
2150	2 Surfaces      65.00
2160	3 Surfaces      75.00
2161	4 Surfaces      95.00
<b>Composite Restoration</b>	
2330 Anterior	1 Surface      60.00
2331	2 Surfaces      70.00
2332	3 Surfaces      95.00
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
<b>CROWNS &amp; BRIDGES:</b>	
2740 Porcelain Ceramic Substrate	610.00
2750 Porcelain Fused to High Noble Metal	555.00
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	99.00
2931 PreFab Stainless Steel-Permanent	120.00
2950 Core Build-up Including Pins	115.00
2951 Pin Retention/Tooth Add. to Crown	38.00
2952 Cast Post & Core Add. to Crown	169.00
2954 PreFab Post & Core Add. to Crown	133.00
2962 Labial Veneer (Porc. Laminate) Lab	597.00
<b>*ENDODONTICS: (Root Canals)</b>	
(EXCLUDING FINAL RESTORATION)	
3110-20 Pulp cap	45.00
3220 Therapeutic Pulpotomy	95.00
3310 Root canal Anterior	435.00
3320 Root canal Bicuspid	515.00
3330 Root canal Molar	625.00

ADA CODE      PROCEDURE	MEMBER'S FEE
0180 Perio Evaluation	20.00
4210 Gingivectomy Plasty (per quad)	319.00
4341 Scaling & Root Planing (per quad)	115.00
4355 Full Mouth Debridement	65.00
4910 Periodontal Maintenance	70.00
<b>*PROSTHETICS: (Dentures &amp; Partials)</b>	
5110 Complete Upper Denture	699.00
5120 Complete Lower Denture	699.00
5130 Immediate Upper Denture	710.00
5140 Immediate Lower Denture	710.00
5213-14 Partial U/L Acrylic w/Chrome	699.00
5410-11 Denture Adjustment	45.00
5510 Denture Repair, No Teeth	65.00
5520 Replace Missing or Broken Teeth	60.00
5650 Add Tooth to Existing Partial	60.00
5660 Add Clasp to Existing Partial	80.00
5730-41 Office Reline	147.00
5750-51 Laboratory Reline	190.00
<b>*ORAL SURGERY:</b>	
7140 Single Tooth Extraction-Simple, Local	65.00
7210 Removal-Surgical/Erupted Tooth	155.00
7220 Removal Impacted Tooth/Soft Tissue	120.00
7230 Removal Impacted Tooth/Partial Bony	160.00
7240 Removal Impacted Tooth/Total Bony	230.00
7250 Surgical Removal of Residual Roots	110.00
7310 Aveoloplasty (per quad) w/Extraction	105.00
7320 Aveoloplasty (per quad) w/o Extraction	135.00

**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 (Pediactrics) 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**