

Effective: July 2018		GENERAL PRACTICE FEE SCHEDULE		402 of Series 400	
DIAGNOSTIC & PREVENTATIVE SERVICES		MEMBER'S		MEMBER'S	
ADA CODE	PROCEDURE	FEE		ADA CODE	PROCEDURE
				FEE	
1330	Oral Hygiene Instruction	No Charge		*PERIODONTICS: (Gum Disease)	
0120	Periodic Oral Exam	16.00		0180	Perio Evaluation
0140	Limited Oral Exam Problem Focused	21.00		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	8.00		4355	Full Mouth Debridement
0270	Bitewing X-ray Single Image	11.00		4910	Periodontal Maintenance
0272	Bitewing X-ray. Two Images	14.00		9630	Medicinal Irrigation (per quad)
0273	Bitewing X-ray. Three Images	20.00		*PROSTHETICS: (Dentures & Partials)	
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
Dental office may require full mouth or panoramic X-rays on initial visit.					
1110	Prophylaxis Adult Cleaning	35.00		5140	Immediate Lower Denture
1120	Prophylaxis Child Cleaning	25.00		5213-14	Partial U/L Acrylic w/Chrome
1351	Sealants (per tooth)	24.00		5410-11	Denture Adjustment
1203/1204	Fluoride Treatment	20.00		5510	Denture Repair, No Teeth
Routine Cleaning does not apply to patients with periodontal disease.					
RESTORATIVE					
Amalgam Fillings					
2140		1 Surface	48.00	5520	Replace Missing or Broken Teeth
2150		2 Surfaces	60.00	5650	Add Tooth to Existing Partial
2160		3 Surfaces	74.00	5660	Add Clasp to Existing Partial
2161		4 Surfaces	88.00	5730-41	Office Reline
Composite Restoration					
2330	Anterior	1 Surface	58.00	5750-61	Laboratory Reline
2331		2 Surfaces	74.00	*ORAL SURGERY:	
2332		3 Surfaces	93.00	7140	Single Tooth Extraction-Simple, Local
2335		4 Surfaces	110.00	7210	Removal-Surgical/Erupted Tooth
2391	Posterior	1 Surface	79.00	7220	Removal Impacted Tooth/Soft Tissue
2392		2 Surfaces	113.00	7230	Removal Impacted Tooth/Partial Bony
2393		3 Surfaces	144.00	7240	Removal Impacted Tooth/Total Bony
2394		4 Surfaces	163.00	7310	Aveoloplasty (per quad) w/Extraction
CROWNS & BRIDGES:					
2740	Porcelain Ceramic Substrate	610.00		7320	Aveoloplasty (per quad) w/o Extraction
2750	Porcelain Fused to High Noble Metal	575.00		ALL OF THE ABOVE CHARGES ARE REDUCED FEES FOR SERVICES PERFORMED BY A PARTICIPATING *GENERAL DENTIST*	
2751	Porcelain Fused to Base Metal	515.00		Some providers may charge for missed appointments if no prior notice is given.	
2752	Porcelain Fused to Noble Metal	535.00		Any procedure not listed is available at a 20% reduction in the usual and customary price for the procedure.	
2790	Full Cast High Noble Metal	555.00		Payment is required at the time of service.	
2791	Full Cast-Predominately Base Metal	520.00		*Fees do not include lab costs. Lab fees are to be paid directly to the dental office by the member.	
2930	PreFab Stainless Steel-Primary	112.00		Fees subject to change periodically without notification.	
2931	PreFab Stainless Steel-Permanent	128.00		*SPECIALISTS*	
2950	Core Build-up Including Pins	120.00		Any treatment provided by a participating Specialist, if available, in Endodontics, Periodontics, Oral Surgery, Orthodontics, or Pedodontics (Pediatics) will be charged at 20% off the Specialist's normal fee for that procedure.	
2951	Pin Retention/Tooth Add. to Crown	35.00		<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>	
2952	Cast Post & Core Add. to Crown	170.00			
2954	PreFab Post & Core Add. to Crown	135.00			
2962	Labial Veneer (Porc. Laminate) Lab	595.00			
*ENDODONTICS: (Root Canals)					
(EXCLUDING FINAL RESTORATION)					
3110-20	Pulp cap	25.00			
3220	Therapeutic Pulpotomy	60.00			
3310	Root canal Anterior	335.00			
3320	Root canal Bicuspid	395.00			
3330	Root canal Molar	495.00			

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

Membership ID Should be presented upon Check-In