

Effective: April 2025			GENERAL PRACTICE FEE SCHEDULE		402 of Series 400	
DIAGNOSTIC & PREVENTATIVE SERVICES				MEMBER'S		
ADA CODE		PROCEDURE		FEE		
1330	Oral Hygiene Instruction		No Charge			
0120	Periodic Oral Exam		21.00			
0140	Limited Oral Exam Problem Focused		30.00			
0150	Comprehensive Oral Exam		35.00			
0220	X-ray Single Image		11.00			
0230	Each Additional Image		12.00			
0270	Bitedwing X-ray Single Image		12.00			
0272	Bitewing X-ray. Two Images		18.00			
0273	Bitewing X-ray. Three Images		22.00			
0274	Bitewing X-ray. Four Images		25.00			
0330	Panoramic X-ray		48.00			
0210	Full Mouth X-ray		54.00			
Dental office may require full mouth or panoramic X-rays on initial visit.						
1110	Prophylaxis Adult Cleaning		39.00			
1120	Prophylaxis Child Cleaning		29.00			
1351	Sealants (per tooth)		26.00			
1203/1204	Fluoride Treatment		30.00			
Routine Cleaning does not apply to patients with periodontal disease.						
RESTORATIVE						
Amalgam Fillings						
2140	1 Surface		60.00			
2150	2 Surfaces		75.00			
2160	3 Surfaces		95.00			
2161	4 Surfaces		110.00			
Composite Restoration						
2330	Anterior	1 Surface	80.00			
2331		2 Surfaces	95.00			
2332		3 Surfaces	115.00			
2335		4 Surfaces	140.00			
2391	Posterior	1 Surface	90.00			
2392		2 Surfaces	120.00			
2393		3 Surfaces	152.00			
2394		4 Surfaces	175.00			
CROWNS & BRIDGES:						
2740	Porcelain Ceramic Substrate		615.00			
2750	Porcelain Fused to High Noble Metal		597.00			
2751	Porcelain Fused to Base Metal		547.00			
2752	Porcelain Fused to Noble Metal		568.00			
2790	Full Cast High Noble Metal		584.00			
2791	Full Cast-Predominately Base Metal		533.00			
2930	PreFab Stainless Steel-Primary		145.00			
2931	PreFab Stainless Steel-Permanent		169.00			
2950	Core Build-up Including Pins		141.00			
2951	Pin Retention/Tooth Add. to Crown		40.00			
2952	Cast Post & Core Add. to Crown		220.00			
2954	PreFab Post & Core Add. to Crown		165.00			
2962	Labial Veneer (Porc. Laminate) Lab		615.00			
*ENDODONTICS: (Root Canals)						
(EXCLUDING FINAL RESTORATION)						
3110-20	Pulp cap		49.00			
3220	Therapeutic Pulpotomy		105.00			
3310	Root canal Anterior		435.00			
3320	Root canal Bicuspid		515.00			
3330	Root canal Molar		625.00			

ADA CODE		PROCEDURE		MEMBER'S	
				FEE	
*PERIODONTICS: (Gum Disease)					
0180	Perio Evaluation		30.00		
4210	Gingivectomy Plasty (per quad)		365.00		
4220	Subgingival Curretage (per quad)		115.00		
4341	Scaling & Root Planing (per quad)		130.00		
4355	Full Mouth Debridement		75.00		
4910	Periodontal Maintenance		70.00		
9630	Medicinal Irrigation (per quad)		25.00		
*PROSTHETICS: (Dentures & Partials)					
5110	Complete Upper Denture		799.00		
5120	Complete Lower Denture		799.00		
5130	Immediate Upper Denture		825.00		
5140	Immediate Lower Denture		825.00		
5213-14	Partial U/L Acrylic w/Chrome		875.00		
5410-11	Denture Adjustment		45.00		
5510	Denture Repair, No Teeth		75.00		
5520	Replace Missing or Broken Teeth		75.00		
5650	Add Tooth to Existing Partial		110.00		
5660	Add Clasp to Existing Partial		150.00		
5730-41	Office Reline		175.00		
5750-61	Laboratory Reline		230.00		
*ORAL SURGERY:					
7140	Single Tooth Extraction-Simple, Local		75.00		
7210	Removal-Surgical/Erupted Tooth		165.00		
7220	Removal Impacted Tooth/Soft Tissue		140.00		
7230	Removal Impacted Tooth/Partial Bony		175.00		
7240	Removal Impacted Tooth/Total Bony		230.00		
7310	Aveoloplasty (per quad) w/Extraction		135.00		
7320	Aveoloplasty (per quad) w/o Extraction		175.00		

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 that 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