

GENERAL PRACTICE FEE SCHEDULE			402 of Series 400
DIAGNOSTIC & PREVENTATIVE SERVICES		MEMBER'S FEE	MEMBER'S FEE
ADA CODE	PROCEDURE		
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	80.00	
2331	2 Surfaces	95.00	
2332	3 Surfaces	115.00	
2335	4 Surfaces	140.00	
2391	Posterior	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	
*PERIODONTICS: (Gum Disease)			
0180	Perio Evaluation	30.00	
4210	Gingivectomy Plasty (per quad)	365.00	
4220	Subgingival Curettage (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 (Pediatrics) 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