

**Effective: January 2021      GENERAL PRACTICE FEE SCHEDULE      404 of Series 400**

DIAGNOSTIC & PREVENTATIVE SERVICES		MEMBER'S FEE
ADA CODE	PROCEDURE	
	Office Visits	No Charge
1330	Oral Hygiene Instruction	No Charge
0120	Periodic Oral Exam	18.00
0140	Limited Oral Exam Problem Focused	23.00
0150	Comprehensive Oral Exam	23.00
0220	X-ray Single Film	12.00
0230	Each Additional Film	8.00
0270	Bitewing X-ray Single Film	12.00
0272	Bitewing X-ray, Two Films	16.00
0273	Bitewing X-ray, Three Films	20.00
0274	Bitewing X-ray, Four Films	28.00
0330	Panoramic X-ray	57.00
0210	Full Mouth X-ray	55.00
<b>Dental office may require full mouth or panoramic X-rays on initial visit.</b>		
1110	Prophylaxis Adult Cleaning	40.00
1120	Prophylaxis Child Cleaning	35.00
1351	Sealants (per tooth)	25.00
1203/1204	Fluoride Treatment	18.00
<b>Routine Cleaning does not apply to patients with periodontal disease.</b>		
<b>RESTORATIVE</b>		
<b>Amalgam Fillings</b>		
2140	1 Surface	55.00
2150	2 Surfaces	70.00
2160	3 Surfaces	85.00
2161	4 Surfaces	105.00
<b>Composite Restoration</b>		
2330	Anterior 1 Surface	72.00
2331	2 Surfaces	85.00
2332	3 Surfaces	110.00
2335	4 Surfaces	135.00
2391	Posterior 1 Surface	91.00
2392	2 Surfaces	128.00
2393	3 Surfaces	170.00
2394	4 Surfaces	195.00
<b>CROWNS &amp; BRIDGES:</b>		
2750	Porcelain Fused to High Noble Metal	640.00
2751	Porcelain Fused to Base Metal	565.00
2752	Porcelain Fused to Noble Metal	560.00
2790	Full Cast High Noble Metal	620.00
2791	Full Cast-Predominately Base Metal	585.00
2930	PreFab Stainless Steel-Primary	130.00
2931	PreFab Stainless Steel-Permanent	150.00
2950	Core Build-up Including Pins	145.00
2951	Pin Retention/Tooth Add. to Crown	30.00
2952	Cast Post & Core Add. to Crown	205.00
2954	PreFab Post & Core Add. to Crown	155.00
<b>*ENDODONTICS: (Root Canals)</b>		
(EXCLUDING FINAL RESTORATION)		
3110	Pulp cap direct	28.00
3120	Pulp cap indirect	28.00
3220	Therapeutic Pulpotomy	68.00
3310	Root canal Anterior	330.00
3320	Root canal Bicuspid	395.00
3330	Root canal Molar	500.00

MEMBER'S FEE		ADA CODE	PROCEDURE	MEMBER'S FEE
<b>*PERIODONTICS: (Gum Disease)</b>				
	25.00	0180	Perio Evaluation	
	380.00	4210	Gingivectomy Plasty (per quad)	
	125.00	4341	Scaling & Root Planing (per quad)	
	105.00	4355	Full Mouth Debridement	
	75.00	4910	Periodontal Maintenance	
<b>*PROSTHETICS: (Dentures &amp; Partials)</b>				
	800.00	5110	Complete Upper Denture	
	800.00	5120	Complete Lower Denture	
	825.00	5130	Immediate Upper Denture	
	870.00	5140	Immediate Lower Denture	
	905.00	5213-14	Partial U/L Acrylic w/Chrome	
	40.00	5410-11	Denture Adjustment	
	75.00	5510	Denture Repair, No Teeth	
	70.00	5520	Replace Missing or Broken Teeth	
	75.00	5650	Add Tooth to Existing Partial	
	95.00	5660	Add Clasp to Existing Partial	
	175.00	5730-41	Office Reline	
	235.00	5750-61	Laboratory Reline	
<b>*ORAL SURGERY:</b>				
	70.00	7140	Single Tooth Extraction-Simple, Local	
	165.00	7210	Removal-Surgical/Erupted Tooth	
	150.00	7220	Removal Impacted Tooth/Soft Tissue	
	190.00	7230	Removal Impacted Tooth/Partial Bony	
	250.00	7240	Removal Impacted Tooth/Total Bony	
	130.00	7250	Surgical Removal of Residual Roots	
	120.00	7310	Aveoloplasty (per quad) w/Extraction	
	170.00	7320	Aveoloplasty (per quad) w/o Extraction	

**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**