

Effective: April 2023				<b>GENERAL PRACTICE FEE SCHEDULE</b>		<b>Georgia</b>	
DIAGNOSTIC & PREVENTATIVE SERVICES		USUAL FEE	MEMBER'S FEE	ADA CODE	PROCEDURE	USUAL FEE	MEMBER'S FEE
	Office Visits	50.00	No Charge	<b>PERIODONTICS: (Gum Disease)</b>			
	Infection Control	12.00	No Charge	0180	Perio Exam	60.00	20.00
1330	Oral Hygiene Instruction	25.00	No Charge	4210	Gingivectomy Plasty (per quad)	677.00	319.00
0120	Periodic Oral Exam	55.00	16.00	4341	Scaling & Root Planing (per quad)	259.00	115.00
0140	Limited Oral Exam Problem Focused	75.00	21.00	4355	Full Mouth Debridement	139.00	65.00
0150	Comprehensive Oral Exam	80.00	21.00	4910	Periodontal Maintenance	129.00	70.00
0220	X-ray Single Film	24.00	12.00	4921	Medicinal Irrigation (per quad)	40.00	20.00
0230	Each Additional Film	20.00	7.00	<b>*PROSTHETICS: (Dentures &amp; Partials)</b>			
0270	Bitedwing X-ray Single Film	24.00	12.00	5110	Complete Upper Denture	1,755.00	699.00
0272	Bitewing X-ray, Two Films	40.00	15.00	5120	Complete Lower Denture	1,795.00	699.00
0274	Bitewing X-ray, Four Films	64.00	24.00	5130	Immediate Upper Denture	1,995.00	710.00
0330	Panoramic X-ray	118.00	47.00	5140	Immediate Lower Denture	1,995.00	710.00
0210	Full Mouth X-ray	140.00	47.00	5211-12	Partial Resin Base	1,547.00	699.00
<i>Dental office may require full mouth or panoramic X-rays on initial visit.</i>				5213-14	Partial Cast Metal w/ Resin Base	1,895.00	795.00
1110-20	Routine Cleaning (Prophylaxis)	124.00	37.00	5410-11	Denture Adjustment	89.00	45.00
1351	Sealants (per tooth)	58.00	24.00	5510	Denture Repair, No Teeth	190.00	65.00
1208	Flouride Treatment	60.00	30.00	5520	Replace Missing or Broken Teeth	175.00	60.00
<i>Routine Cleaning does not apply to patients with periodontal disease.</i>				5650	Add Tooth to Existing Partial	195.00	62.00
<b>RESTORATIVE</b>				5660	Add Clasp to Existing Partial	199.00	80.00
<b>Amalgam Fillings</b>				5730-41	Office Reline	296.00	147.00
2140	1 Surface	125.00	47.00	5750-51	Laboratory Reline	500.00	195.00
2150	2 Surfaces	145.00	65.00	<b>IMPLANTS SERVICES</b>			
2160	3 Surfaces	175.00	75.00	6000-6199			25% Discount
2161	4 Surfaces	225.00	95.00	<b>EXTRACTIONS:</b>			
<b>Composite Restoration</b>				7140	Single Tooth Extraction-Simple, Local	190.00	65.00
2330	Anterior 1 Surface	155.00	60.00	7210	Removal-Surgical/Erupted Tooth	290.00	155.00
2331	2 Surfaces	175.00	72.00	7220	Removal of Impacted Tooth/Soft Tissue	379.00	125.00
2332	3 Surfaces	225.00	90.00	7230	Removal of Impacted Tooth/Partial Bony	391.00	160.00
2335	4 Surfaces	255.00	116.00	7240	Removal of Impacted Tooth/Completely Bony	429.00	230.00
2391	Posterior 1 Surface	175.00	75.00	7310	Aveoloplasty (per quad) w/Extraction	295.00	105.00
2392	2 Surfaces	205.00	111.00	7320	Aveoloplasty (per quad) w/o Extraction	487.00	147.00
2393	3 Surfaces	256.00	140.00	<b>ORTHODONTIC SERVICES</b>			
2394	4 Surfaces	299.00	160.00				25% Discount
<b>*CROWNS &amp; BRIDGES:</b>				<p>There may be a <b>\$35.00</b> charge for cancellation of appointment without 24 hour notice</p> <p>Any procedure <i>not listed above</i> is available at a 25% reduction of the usual and customary price for the procedure.</p> <p><b>Payment is required at the time of service.</b></p> <p><b>*Fees do not include lab costs. Lab fees are to be paid directly to the dental office by the member.</b></p> <p><b>Fees subject to change periodically without notification.</b></p>			
2740	Porcelain Ceramic Substrate	1,375.00	610.00	<b>*SPECIALISTS*</b>			
2750	Porcelain Fused to High Noble Metal	1,297.00	597.00	<p>Any treatment provided by a participating <b>SPECIALIST</b> if available, in Endodontics, Periodontics, Oral Surgery Pedodontics (Pediatrics) or Orthodontics, will be charged at a 25% reduction of the Specialist's usual fees for that particular case.</p>			
2751	Porcelain Fused to Base Metal	1,097.00	500.00	<p>Present your membership ID upon check-in</p> <p>If you have any questions, please call our Customer Service Desk at (678) 714-9906 Mon-Fri 9:00am-4:00pm (EST)</p>			
2752	Porcelain Fused to Noble Metal	1,147.00	519.00				
2790	Full Cast High Noble Metal	1,177.00	539.00				
2791	Full Cast-Predominately Base Metal	1,047.00	489.00				
2930	PreFab Stainless Steel-Primary	287.00	99.00				
2931	PreFab Stainless Steel-Permanent	317.00	120.00				
2950	Core Build-up Including Pins	287.00	110.00				
2951	Pin Retention/Tooth Add. to Crown	77.00	38.00				
2952	Cast Post & Core Add. to Crown	387.00	169.00				
2954	PreFab Post & Core Add. to Crown	357.00	133.00				
2962	Labial Veneer (Porc. Laminate) Lab	1,157.00	597.00				
2920	Recement Crown	110.00	55.00				
<b>*ENDODONTICS: (Root Canals)</b>							
<b>(EXCLUDING FINAL RESTORATION)</b>							
3110-20	Pulp cap	87.00	49.00				
3220	Therapeutic Pulpotomy	199.00	95.00				
3310	Root canal Anterior	720.00	435.00				
3320	Root canal Bicuspid	857.00	515.00				
3330	Root canal Molar	1,057.00	625.00				

**\*\*Membership Verification Required\*\***

**Please Call (678) 714-9906**