

Effective: April 2025

GENERAL PRACTICE FEE SCHEDULE

Georgia

DIAGNOSTIC & PREVENTATIVE SERVICES		USUAL FEE	MEMBER'S FEE
ADA CODE	PROCEDURE		
	Office Visits	50.00	No Charge
	Infection Control	12.00	No Charge
1330	Oral Hygiene Instruction	25.00	No Charge
0120	Periodic Oral Exam	55.00	18.00
0140	Limited Oral Exam Problem Focused	75.00	28.00
0150	Comprehensive Oral Exam	80.00	30.00
0220	X-ray Single Film	24.00	12.00
0230	Each Additional Film	20.00	10.00
0270	Bitedwing X-ray Single Film	24.00	12.00
0272	Bitewing X-ray, Two Films	40.00	16.00
0274	Bitewing X-ray, Four Films	64.00	24.00
0330	Panoramic X-ray	118.00	48.00
0210	Full Mouth X-ray	140.00	48.00

Dental office may require full mouth or panoramic X-rays on initial visit.

1110-20	Routine Cleaning (Prophylaxis)	128.00	38.00
1351	Sealants (per tooth)	58.00	24.00
1208	Flouride Treatment	60.00	30.00

Routine Cleaning does not apply to patients with periodontal disease.

RESTORATIVE		USUAL FEE	MEMBER'S FEE
Amalgam Fillings			
2140	1 Surface	125.00	50.00
2150	2 Surfaces	145.00	70.00
2160	3 Surfaces	175.00	80.00
2161	4 Surfaces	225.00	100.00

Composite Restoration		USUAL FEE	MEMBER'S FEE
2330	Anterior 1 Surface	155.00	75.00
2331	2 Surfaces	175.00	88.00
2332	3 Surfaces	225.00	110.00
2335	4 Surfaces	255.00	130.00
2391	Posterior 1 Surface	175.00	85.00
2392	2 Surfaces	205.00	112.00
2393	3 Surfaces	256.00	140.00
2394	4 Surfaces	299.00	162.00

*CROWNS & BRIDGES:		USUAL FEE	MEMBER'S FEE
2740	Porcelain Ceramic Substrate	1,375.00	610.00
2750	Porcelain Fused to High Noble Metal	1,297.00	597.00
2751	Porcelain Fused to Base Metal	1,097.00	500.00
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	129.00
2931	PreFab Stainless Steel-Permanent	317.00	150.00
2950	Core Build-up Including Pins	287.00	125.00
2951	Pin Retention/Tooth Add. to Crown	77.00	38.00
2952	Cast Post & Core Add. to Crown	387.00	185.00
2954	PreFab Post & Core Add. to Crown	357.00	150.00
2962	Labial Veneer (Porc. Laminate) Lab	1,157.00	610.00
2920	Recement Crown	110.00	55.00

*ENDODONTICS: (Root Canals)		USUAL FEE	MEMBER'S FEE
(EXCLUDING FINAL RESTORATION)			
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

ADA CODE	PROCEDURE	USUAL FEE	MEMBER'S FEE
PERIODONTICS: (Gum Disease)			
0180	Perio Exam	60.00	20.00
4210	Gingivectomy Plasty (per quad)	677.00	330.00
4341	Scaling & Root Planing (per quad)	259.00	120.00
4355	Full Mouth Debridement	139.00	65.00
4910	Periodontal Maintenance	129.00	70.00
4921	Medicinal Irrigation (per quad)	40.00	20.00

*PROSTHETICS: (Dentures & Partials)		USUAL FEE	MEMBER'S FEE
5110	Complete Upper Denture	1,755.00	750.00
5120	Complete Lower Denture	1,795.00	750.00
5130	Immediate Upper Denture	1,995.00	800.00
5140	Immediate Lower Denture	1,995.00	800.00
5211-12	Partial Resin Base	1,547.00	700.00
5213-14	Partial Cast Metal w/ Resin Base	1,895.00	800.00
5410-11	Denture Adjustment	89.00	45.00
5510	Denture Repair, No Teeth	190.00	65.00
5520	Replace Missing or Broken Teeth	175.00	75.00
5650	Add Tooth to Existing Partial	195.00	90.00
5660	Add Clasp to Existing Partial	199.00	100.00
5730-41	Office Reline	296.00	160.00
5750-51	Laboratory Reline	500.00	215.00

IMPLANTS SERVICES		USUAL FEE	MEMBER'S FEE
6000-6199			25% Discount

EXTRACTIONS:		USUAL FEE	MEMBER'S FEE
7140	Single Tooth Extraction-Simple, Local	190.00	70.00
7210	Removal-Surgical/Erupted Tooth	290.00	155.00
7220	Removal of Impacted Tooth/Soft Tissue	379.00	130.00
7230	Removal of Impacted Tooth/Partial Bony	391.00	165.00
7240	Removal of Impacted Tooth/Completely Bony	429.00	230.00
7310	Aveoloplasty (per quad) w/Extraction	295.00	120.00
7320	Aveoloplasty (per quad) w/o Extraction	487.00	180.00

ORTHODONTIC SERVICES		USUAL FEE	MEMBER'S FEE
			25% Discount

There may be a \$35.00 charge for cancellation of appointment without 24 hour notice

Any procedure not listed above is available at a 25% reduction of 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 Pedodontics (Pediatrics) or Orthodontics, will be charged at a 25% reduction of the Specialist's usual fees for that particular case.

Present your membership ID upon check-in
If you have any questions, please call our Customer Service Desk at (678) 714-9906 Mon-Fri 9:00am-4:00pm (EST)

****Membership Verification Required****

Please Call (678) 714-9906