Dental CareRx™
Savings and a Smile

Effective: September 2017

GENERAL PRACTICE FEE SCHEDULE

Georgia

DIAGNOSTIC & PREVENTATIVE SERVICES			USUAL	MEMBER'S
ADA CODE	PROCEDURE		FEE	FEE
	Office Visits		50.00	No Charge
	Infection Control		12.00	No Charge
	Fluoride Treatment (One Per Year)		50.00	No Charge
1330	Oral Hygiene Instruction		25.00	No Charge
0120	Periodic Oral Exam		54.00	15.00
0140	Limited Oral Exam Problem Focused		75.00	18.00
0150	Comprehensive Oral Exam		80.00	18.00
0220	X-ray Single Film		24.00	10.00
0230	Each Additional Film		20.00	6.00
0270	Bitedwing X-ray Single Film		24.00	10.00
0272	Bitewing X-ray, Two Films		40.00	13.00
0274	Bitewing X-ray, Four Films		64.00	21.00
0330	Panoramic X-ray		118.00	42.00
0210	Full Mouth X-ray		140.00	45.00
Dental office may require full mouth or panoramic X-rays on initial visit.				
1110-20	Routine Cleaning (Prophylaxis)		100.00	30.00
1351	Sealants (per tooth)		58.00	20.00
Routine Cleaning does not apply to patients with periodontal disease.				
RESTORATIVE				
Amalgam Fillings				
2140		1 Surface	125.00	40.00
2150		2 Surfaces	145.00	65.00
2160		3 Surfaces	175.00	75.00
2161		4 Surfaces	225.00	95.00
Composite Restoration				
2330	Anterior	1 Surface	155.00	60.00
2331		2 Surfaces	175.00	65.00
2332		3 Surfaces	225.00	85.00
2335		4 Surfaces	255.00	110.00
2391	Posterior	1 Surface	175.00	69.00
2392		2 Surfaces	205.00	102.00
2393		3 Surfaces	256.00	128.00
2394		4 Surfaces	299.00	148.00
***CROWNS & BRIDGES:**				
2740	Porcelain Ceramic Substrate		1,277.00	597.00
2750	Porcelain Fused to High Noble Metal		1,197.00	510.00
2751	Porcelain Fused to Base Metal		1,097.00	475.00
2752	Porcelain Fused to Noble Metal		1,147.00	495.00
2790	Full Cast High Noble Metal		1,177.00	500.00
2791	Full Cast-Predominately Base Metal		1,047.00	460.00
2930	PreFab Stainless Steel-Primary		287.00	97.00
2931	PreFab Stainless Steel-Permanent		317.00	112.00
2950	Core Build-up Including Pins		277.00	100.00
2951	Pin Retention/Tooth Add. to Crown		77.00	38.00
2952	Cast Post & Core Add. to Crown		387.00	155.00
2954	PreFab Post & Core Add. to Crown		357.00	130.00
2962	Labial Veneer (Porc. Laminate) Lab		1,157.00	597.00
2920	Recement Crown		110.00	55.00
***ENDODONTICS: (Root Canals)**				
(EXCLUDING FINAL RESTORATION)				
3110-20	Pulp cap		87.00	25.00
3220	Therapeutic Pulpotomy		199.00	70.00
3310	Root canal	Anterior	720.00	300.00
3320	Root canal	Bicuspid	857.00	350.00
3330	Root canal	Molar	1,057.00	450.00

ADA CODE	PROCEDURE	USUAL FEE	MEMBER'S FEE
PERIODONTICS: (Gum Disease)			
0180	Perio Exam	60.00	20.00
4210	Gingivectomy Plasty (per quad)	647.00	299.00
4341	Scaling & Root Planing (per quad)	249.00	100.00
4355	Full Mouth Debridement	139.00	65.00
4910	Periodontal Maintenance	129.00	64.00
4921	Medicinal Irrigation (per quad)	40.00	20.00
***PROSTHETICS: (Dentures & Partials)**			
5110	Complete Upper Denture	1,755.00	622.00
5120	Complete Lower Denture	1,795.00	622.00
5130	Immediate Upper Denture	1,995.00	642.00
5140	Immediate Lower Denture	1,995.00	642.00
5211-12	Partial Resin Base	1,497.00	595.00
5213-14	Partial Cast Metal w/ Resin Base	1,895.00	695.00
5410-11	Denture Adjustment	89.00	45.00
5510	Denture Repair, No Teeth	190.00	60.00
5520	Replace Missing or Broken Teeth	175.00	55.00
5650	Add Tooth to Existing Partial	195.00	55.00
5660	Add Clasp to Existing Partial	199.00	72.00
5730-41	Office Reline	296.00	135.00
5750-51	Laboratory Reline	500.00	175.00
EXTRACTIONS:			
7140	Single Tooth Extraction-Simple, Local	190.00	55.00
7210	Removal-Surgical/Erupted Tooth	290.00	135.00
7220	Removal of Impacted Tooth/Soft Tissue	379.00	115.00
7230	Removal of Impacted Tooth/Partial Bony	391.00	145.00
7240	Removal of Impacted Tooth/Completely Bony	429.00	210.00
7310	Aveoloplasty (per quad) w/Extraction	295.00	105.00
7320	Aveoloplasty (per quad) w/o Extraction	487.00	135.00

ALL OF THE ABOVE CHARGES ARE REDUCED FEES FOR SERVICES PERFORMED BY A PARTICIPATING

GENERAL DENTIST

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

Dental Care Rx is a Fee for Services Dental Plan - **NOT Insurance**