

Effective: April 1, 2012				GENERAL PRACTICE FEE SCHEDULE		Georgia	
DIAGNOSTIC & PREVENTATIVE SERVICES		USUAL	MEMBER'S			USUAL	MEMBER'S
ADA CODE	PROCEDURE	FEE	FEE	ADA CODE	PROCEDURE	FEE	FEE
	Office Visits	50.00	No Charge	*PERIODONTICS: (Gum Disease)			
	Infection Control	12.00	No Charge	4118	Perio Exam	60.00	20.00
	Fluoride Treatment (One Per Year)	50.00	No Charge	4210	Gingivectomy Plasty (per quad)	525.00	270.00
1330	Oral Hygiene Instruction	25.00	No Charge	4220	Subgingival Curretage (per quad)	140.00	85.00
0120	Periodic Oral Exam	50.00	14.00	4341	Scaling & Root Planing (per quad)	195.00	95.00
0140	Limited Oral Exam Problem Focused	75.00	18.00	4355	Full Mouth Debridement	130.00	65.00
0150	Comprehensive Oral Exam	80.00	18.00	4910	Periodontal Maintenance	95.00	60.00
0220	X-ray Single Film	20.00	9.00	9630	Medicinal Irrigation (per quad)	40.00	20.00
0230	Each Additional Film	18.00	6.00	*PROSTHETICS: (Dentures & Partials)			
0270	Bitedwing X-ray Single Film	20.00	9.00	5110	Complete Upper Denture	1,595.00	595.00
0272	Bitewing X-ray, Two Films	40.00	12.00	5120	Complete Lower Denture	1,595.00	595.00
0274	Bitewing X-ray, Four Films	60.00	20.00	5130	Immediate Upper Denture	1,695.00	619.00
0330	Panoramic X-ray	110.00	40.00	5140	Immediate Lower Denture	1,695.00	619.00
0210	Full Mouth X-ray	125.00	45.00	5213-14	Partial U/L Acrylic w/Chrome	1,675.00	675.00
<i>Dental office may require full mouth or panoramic X-rays on initial visit.</i>				5410-11	Denture Adjustment	70.00	45.00
1110-1120	Routine Cleaning (One Per Year)	90.00	29.00	5510	Denture Repair, No Teeth	130.00	60.00
1351	Sealants (per tooth)	48.00	20.00	5520	Replace Missing or Broken Teeth	95.00	50.00
1203/1204	2nd Fluoride Treatment	50.00	18.00	5650	Add Tooth to Existing Partial	95.00	50.00
1110-1120	2nd Routine Cleaning	90.00	35.00	5660	Add Clasp to Existing Partial	125.00	68.00
<i>Routine Cleaning does not apply to patients with periodontal disease.</i>				5730-41	Office Reline	225.00	120.00
RESTORATIVE				5750-61	Laboratory Reline	295.00	160.00
Amalgam Fillings				*ORAL SURGERY:			
2140	1 Surface	110.00	40.00	7140	Single Tooth Extraction-Simple, Local	170.00	50.00
2150	2 Surfaces	135.00	65.00	7210	Removal-Surgical/Erupted Tooth	270.00	130.00
2160	3 Surfaces	160.00	75.00	7220	Removal of Impacted Tooth/Soft Tissue	315.00	115.00
2161	4 Surfaces	175.00	95.00	7230	Removal of Impacted Tooth/Partial Bony	385.00	145.00
Composite Restoration				7240	Removal of Impacted Tooth/Completely Bony	415.00	195.00
2330	Anterior 1 Surface	125.00	60.00	7310	Aveoloplasty (per quad) w/Extraction	295.00	105.00
2331	2 Surfaces	150.00	65.00	7320	Aveoloplasty (per quad) w/o Extraction	450.00	125.00
2332	3 Surfaces	195.00	85.00	ALL OF THE ABOVE CHARGES ARE REDUCED FEES FOR SERVICES PERFORMED BY A PARTICIPATING *GENERAL DENTIST			
2335	4 Surfaces	235.00	110.00	There is a \$35.00 charge for cancellation of appointment without 24 hour notice			
2391	Posterior 1 Surface	140.00	65.00	Any procedure <u>not listed above</u> is available at a 25% reduction of the usual and customary price for the procedure.			
2392	2 Surfaces	225.00	94.00	Payment is required at the time of service.			
2393	3 Surfaces	265.00	118.00	*Fees do not include lab costs. Lab fees are to be paid directly to the dental office by the member.			
2394	4 Surfaces	285.00	136.00	Fees subject to change periodically without notification.			
CROWNS & BRIDGES:				*SPECIALISTS			
2750	Porcelain Fused to High Noble Metal	1,077.00	505.00	Any treatment provided by a participating SPECIALIST if available, in Endodontics, Periodontics, Oral Surgery			
2751	Porcelain Fused to Base Metal	977.00	475.00	Pedodontics (Pediatrics) or Orthodontics, will be charged at a 25% reduction of the Specialist's fees for that particular case.			
2752	Porcelain Fused to Noble Metal	999.00	495.00	Present your membership ID upon check-in			
2790	Full Cast High Noble Metal	1,057.00	500.00	If you have any questions, please call our Customer Service Desk at (678) 714-9906 Mon-Fri 9:00am-4:00pm (EST)			
2791	Full Cast-Predominately Base Metal	957.00	460.00				
2930	PreFab Stainless Steel-Primary	257.00	92.00				
2931	PreFab Stainless Steel-Permanent	277.00	105.00				
2950	Core Build-up Including Pins	237.00	100.00				
2951	Pin Retention/Tooth Add. to Crown	77.00	38.00				
2952	Cast Post & Core Add. to Crown	297.00	145.00				
2954	PreFab Post & Core Add. to Crown	337.00	130.00				
2962	Labial Veneer (Porc. Laminate) Lab	937.00	480.00				
*ENDODONTICS: (Root Canals)							
(EXCLUDING FINAL RESTORATION)							
3110-20	Pulp cap	65.00	25.00				
3220	Therapeutic Pulpotomy	175.00	70.00				
3310	Root canal Anterior	585.00	300.00				
3320	Root canal Bicuspid	695.00	350.00				
3330	Root canal Molar	850.00	450.00				

****Membership Verification Required****

Please Call (678) 714-9906

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