

Effective: February 2016

## GENERAL PRACTICE FEE SCHEDULE

405 of Series 400

DIAGNOSTIC & PREVENTATIVE SERVICES		MEMBER'S FEE	ADA CODE	PROCEDURE	MEMBER'S FEE
	Office Visits	No Charge			
1330	Oral Hygiene Instruction	No Charge			
0120	Periodic Oral Exam	18.00			
0140	Limited Oral Exam Problem Focused	22.00			
0150	Comprehensive Oral Exam	22.00			
0220	X-ray Single Image	13.00			
0230	Each Additional Image	7.00			
0270	Bitedwing X-ray Single Image	13.00			
0272	Bitewing X-ray, Two Images	17.00			
0273	Bitewing X-ray, Three Images	21.00			
0274	Bitewing X-ray, Four Images	27.00			
0330	Panoramic X-ray	55.00			
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	33.00			
1351	Sealants (per tooth)	26.00			
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	52.00			
2150	2 Surfaces	68.00			
2160	3 Surfaces	80.00			
2161	4 Surfaces	100.00			
<b>Composite Restoration</b>					
2330	Anterior	1 Surface	70.00		
2331		2 Surfaces	84.00		
2332		3 Surfaces	104.00		
2335		4 Surfaces	130.00		
2391	Posterior	1 Surface	90.00		
2392		2 Surfaces	125.00		
2393		3 Surfaces	170.00		
2394		4 Surfaces	195.00		
<b>CROWNS &amp; BRIDGES:</b>					
2750	Porcelain Fused to High Noble Metal	620.00			
2751	Porcelain Fused to Base Metal	560.00			
2752	Porcelain Fused to Noble Metal	590.00			
2790	Full Cast High Noble Metal	598.00			
2791	Full Cast-Predominately Base Metal	575.00			
2930	PreFab Stainless Steel-Primary	128.00			
2931	PreFab Stainless Steel-Permanent	145.00			
2950	Core Build-up Including Pins	128.00			
2951	Pin Retention/Tooth Add. to Crown	30.00			
2952	Cast Post & Core Add. to Crown	200.00			
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	70.00			
3310	Root canal Anterior	350.00			
3320	Root canal Bicuspid	420.00			
3330	Root canal Molar	530.00			
<b>*PERIODONTICS: (Gum Disease)</b>					
0180	Perio Evaluation	24.00			
4210	Gingivectomy Plasty (per quad)	370.00			
4341	Scaling & Root Planing (per quad)	120.00			
4355	Full Mouth Debridement	93.00			
4910	Periodontal Maintenance	80.00			
<b>*PROSTHETICS: (Dentures &amp; Partials)</b>					
5110	Complete Upper Denture	795.00			
5120	Complete Lower Denture	795.00			
5130	Immediate Upper Denture	855.00			
5140	Immediate Lower Denture	855.00			
5213-14	Partial U/L Acrylic w/Chrome	900.00			
5410-11	Denture Adjustment	42.00			
5510	Denture Repair, No Teeth	68.00			
5520	Replace Missing or Broken Teeth	68.00			
5650	Add Tooth to Existing Partial	72.00			
5660	Add Clasp to Existing Partial	92.00			
5730-41	Office Reline	170.00			
5750-61	Laboratory Reline	218.00			
<b>*ORAL SURGERY:</b>					
7140	Single Tooth Extraction-Simple, Local	68.00			
7210	Removal-Surgical/Erupted Tooth	158.00			
7220	Removal Impacted Tooth/Soft Tissue	140.00			
7230	Removal Impacted Tooth/Partial Bony	185.00			
7240	Removal Impacted Tooth/Total Bony	245.00			
7250	Surgical Removal of Residual Roots	130.00			
7310	Aveoloplasty (per quad) w/Extraction	115.00			
7320	Aveoloplasty (per quad) w/o Extraction	170.00			
<b>ALL OF THE ABOVE CHARGES ARE REDUCED FEES FOR SERVICES PERFORMED BY A PARTICIPATING *GENERAL DENTIST*</b>					
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.					
<b>*SPECIALISTS*</b>					
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