

Effective: January 2021
GENERAL PRACTICE FEE SCHEDULE
404 of Series 400

DIAGNOSTIC & PREVENTATIVE SERVICES		MEMBER'S FEE	MEMBER'S FEE
ADA CODE	PROCEDURE		
	Office Visits	No Charge	
1330	Oral Hygiene Instruction	No Charge	
0120	Periodic Oral Exam	18.00	
0140	Limited Oral Exam Problem Focused	23.00	
0150	Comprehensive Oral Exam	23.00	
0220	X-ray Single Film	12.00	
0230	Each Additional Film	8.00	
0270	Bitedwing X-ray Single Film	12.00	
0272	Bitewing X-ray, Two Films	16.00	
0273	Bitewing X-ray, Three Films	20.00	
0274	Bitewing X-ray, Four Films	28.00	
0330	Panoramic X-ray	57.00	
0210	Full Mouth X-ray	55.00	
Dental office may require full mouth or panoramic X-rays on initial visit.			
1110	Prophylaxis Adult Cleaning	40.00	
1120	Prophylaxis Child Cleaning	35.00	
1351	Sealants (per tooth)	25.00	
1203/1204	Fluoride Treatment	18.00	
Routine Cleaning does not apply to patients with periodontal disease.			
RESTORATIVE			
Amalgam Fillings			
2140	1 Surface	55.00	
2150	2 Surfaces	70.00	
2160	3 Surfaces	85.00	
2161	4 Surfaces	105.00	
Composite Restoration			
2330	Anterior	72.00	
2331	2 Surfaces	85.00	
2332	3 Surfaces	110.00	
2335	4 Surfaces	135.00	
2391	Posterior	91.00	
2392	2 Surfaces	128.00	
2393	3 Surfaces	170.00	
2394	4 Surfaces	195.00	
CROWNS & BRIDGES:			
2750	Porcelain Fused to High Noble Metal	640.00	
2751	Porcelain Fused to Base Metal	565.00	
2752	Porcelain Fused to Noble Metal	560.00	
2790	Full Cast High Noble Metal	620.00	
2791	Full Cast-Predominately Base Metal	585.00	
2930	PreFab Stainless Steel-Primary	130.00	
2931	PreFab Stainless Steel-Permanent	150.00	
2950	Core Build-up Including Pins	145.00	
2951	Pin Retention/Tooth Add. to Crown	30.00	
2952	Cast Post & Core Add. to Crown	205.00	
2954	PreFab Post & Core Add. to Crown	155.00	
*ENDODONTICS: (Root Canals)			
(EXCLUDING FINAL RESTORATION)			
3110	Pulp cap direct	28.00	
3120	Pulp cap indirect	28.00	
3220	Therapeutic Pulpotomy	68.00	
3310	Root canal Anterior	330.00	
3320	Root canal Bicuspid	395.00	
3330	Root canal Molar	500.00	
*PERIODONTICS: (Gum Disease)			
0180	Perio Evaluation	25.00	
4210	Gingivectomy Plasty (per quad)	380.00	
4341	Scaling & Root Planing (per quad)	125.00	
4355	Full Mouth Debridement	105.00	
4910	Periodontal Maintenance	75.00	
*PROSTHETICS: (Dentures & Partials)			
5110	Complete Upper Denture	800.00	
5120	Complete Lower Denture	800.00	
5130	Immediate Upper Denture	825.00	
5140	Immediate Lower Denture	870.00	
5213-14	Partial U/L Acrylic w/Chrome	905.00	
5410-11	Denture Adjustment	40.00	
5510	Denture Repair, No Teeth	75.00	
5520	Replace Missing or Broken Teeth	70.00	
5650	Add Tooth to Existing Partial	75.00	
5660	Add Clasp to Existing Partial	95.00	
5730-41	Office Reline	175.00	
5750-61	Laboratory Reline	235.00	
*ORAL SURGERY:			
7140	Single Tooth Extraction-Simple, Local	70.00	
7210	Removal-Surgical/Erupted Tooth	165.00	
7220	Removal Impacted Tooth/Soft Tissue	150.00	
7230	Removal Impacted Tooth/Partial Bony	190.00	
7240	Removal Impacted Tooth/Total Bony	250.00	
7250	Surgical Removal of Residual Roots	130.00	
7310	Aveoloplasty (per quad) w/Extraction	120.00	
7320	Aveoloplasty (per quad) w/o Extraction	170.00	
ALL OF THE ABOVE CHARGES ARE REDUCED FEES FOR SERVICES PERFORMED BY A PARTICIPATING *GENERAL DENTIST*			
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.			
SPECIALISTS			
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