Diam EA2 Foo Cabadula purpose of this schedule is to responsible for all charges at

• Dental procedure codes not listed on this schedule will be discounted at 20% off the General Dentist's normal fee at

Average Price

\$57

\$84

\$101

\$142

\$33

\$28

\$32

\$51

\$61

\$71

\$123

Average Price

\$99

\$75

\$61

\$334

\$400

Average Price

\$157

\$201

\$243

\$291

\$185

\$222

\$272

\$338

\$199

\$255

\$313

\$364

Average Price

\$1037

\$1127

\$1189

\$1118

\$1135

\$1248

\$1089

\$292

\$351

\$292

\$87

\$438

\$358

Average Price

\$92

\$92

\$230

\$801

\$918

\$1106

Average Price

\$674

\$276

\$146

Average Price

\$1904

\$1910

\$1988

\$2003

\$1495

\$1481

\$1944

\$1958

\$101

\$101

\$209

\$284

\$247

\$286

\$413

\$408

\$393

\$397

\$501

\$500

Average Price

\$7379

\$5298

\$1544

\$1593

\$1663

\$1174

\$1128

\$1130

\$1210

\$1101

\$1140

Average Price

\$209

\$307

\$348

\$434

\$532

\$334

\$343

\$484

\$268

Average Price

\$5096

\$5204

\$5301

Average Price

\$144

\$70

\$91

\$206

\$710

Back to Top

Savings

66% off

75% off

76% off

59% off

60% off

67% off

59% off

66% off

60% off

60% off

53% off

Back to Top

Savings

58% off

54% off

54% off

63% off

60% off

Back to Top

Savings

63% off

64% off

65% off

64% off

61% off

61% off

59% off

59% off

54% off

49% off

47% off

48% off

Back to Top

Savings

74% off

49% off

43% off

45% off

42% off

47% off

43% off

54% off

57% off

54% off

63% off

52% off

55% off

Back to Top

Savings

68% off

68% off

68% off

52% off

50% off

48% off

Back to Top

Savings

43% off

50% off

43% off

Back to Top

Savings

56% off

56% off

56% off

57% off

46% off

45% off

51% off

52% off

53% off

53% off

65% off

69% off

69% off

66% off

56% off

56% off

57% off

57% off

53% off

53% off

Back to Top

Savings

\$1475 off

\$1059 off

\$308 off

\$318 off

\$332 off

50% off

52% off

50% off

47% off

47% off

47% off

Back to Top

Savings

65% off

43% off

57% off

55% off

49% off

58% off

64% off

63% off

66% off

Back to Top

Savings

\$1019 off

\$1040 off

\$1060 off

Back to Top

Savings

67% off

75% off

64% off

68% off

62% off

You Pay

\$19

\$21

\$24

\$57

\$13

\$9

\$13

\$17

\$24

\$28

\$57

You Pay

\$41

\$34

\$28

\$122

\$160

You Pay

\$57

\$72

\$85

\$104

\$72

\$86

\$109

\$137

\$90

\$130

\$164

\$189

You Pay

\$268

\$569

\$674

\$613

\$657

\$659

\$613

\$132

\$149

\$132

\$32

\$207

\$161

You Pay

\$29

\$29

\$72

\$384

\$457

\$573

You Pay

\$383

\$136

\$82

You Pay

\$826

\$826

\$858

\$858

\$807

\$807

\$937

\$937

\$47

\$47

\$72

\$86

\$75

\$95

\$179

\$179

\$168

\$168

\$232

\$232

You Pay

20% Discount

20% Discount

20% Discount

20% Discount

20% Discount

\$578

\$534

\$558

\$632

\$576

\$600

You Pay

\$72

\$174

\$147

\$191

\$268

\$138

\$122

\$178

\$90

You Pay

20% Discount

20% Discount

20% Discount

You Pay

\$47

\$17

\$32

\$64

\$264

• Participating Specialists (Board Certified or Advanced Degree) do not charge according to a fee schedule. Participating

DIAGNOSTIC (Exams, X-Rays)

PREVENTIVE (Cleanings, etc.)

RESTORATIVE (Fillings)

RESTORATIVE (Crowns)

	Pian 503 Fee Schedule
•	This schedule applies to services provided by a participating Careington General Dentist. The
	establish the maximum fee that a General Dentist will charge for each procedure. Member is a
	the time of service. Fee schedules are subject to change without prior notification to members

Specialists will give a 20% discount off of their normal fees.

• Disclaimers outlined on last page of this document

Periodic Oral Exam

Full Mouth X-Ray

1 Bitewing X-Ray

2 Bitewing X-Rays

3 Bitewing X-Rays

4 Bitewing X-Rays

Panoramic X-Ray

Adult Cleaning (Prophylaxis)

Child Cleaning (Prophylaxis)

Space Maintainer (Fixed, One-Sided)

Silver (Amalgam) Filling - 1 Surface

Silver (Amalgam) Filling - 2 Surfaces

Silver (Amalgam) Filling - 3 Surfaces

Silver (Amalgam) Filling - 4 Surfaces

White (Resin) Filling - 1 Surface, Front Tooth

White (Resin) Filling - 2 Surfaces, Front Tooth

White (Resin) Filling - 3 Surfaces, Front Tooth

White (Resin) Filling - 4 Surfaces, Front Tooth

White (Resin) Filling - 1 Surface, Back Tooth

White (Resin) Filling - 2 Surfaces, Back Tooth

White (Resin) Filling - 3 Surfaces, Back Tooth

White (Resin) Filling - 4 Surfaces, Back Tooth

White (Resin) Crown - Temporary

White (Resin) + High Noble Metal Crown

Porcelain + High Noble Metal Crown

Porcelain + Base Metal Crown

Porcelain + Noble Metal Crown

Full Cast Base Metal Crown

Full Cast High Noble Metal Crown

Prefabricated Stainless Steel Crown (Baby Tooth)

Prefabricated Stainless Steel Crown (Permanent

Core Buildup (Prepares Tooth for Crown)

Custom-Made Post And Core to Hold Crown in

Prefabricated Post And Core to Hold Crown in

Pulp Removal (Therapeutic Pulpotomy)

Gingivectomy or Gingivoplasty (4+ teeth per

Deep Cleaning / Scaling And Root Planing (4+

ENDODONTICS (Root Canals, etc.)

PERIODONTICS (Scaling / Deep Cleaning / Root Planing, etc.)

PROSTHODONTICS (Dentures - Removable, Partials, etc.)

Additional Pins to Hold Crown in Place

Space Maintainer (Removable, One-Sided)

Sealant (Per Tooth)

Procedure

Procedure

Procedure

Tooth)

Place

Place

Procedure

Pulp Cap (Direct)

Pulp Cap (Indirect)

Root Canal - Molar

Procedure

quadrant)

Procedure

teeth per quadrant)

Periodontal Maintenance

Full Upper Denture (Standard)

Full Lower Denture (Standard)

Full Upper Denture (Immediate)

Full Lower Denture (Immediate)

Partial Upper Denture - Plastic Base

Partial Lower Denture - Plastic Base

Partial Upper Denture - Metal Base

Partial Lower Denture - Metal Base

Adjust Complete Upper Denture

Adjust Complete Lower Denture

Replace Missing or Broken Tooth on Full Denture

Repair or Replace Broken Clasp on Denture

Add Tooth to Existing Partial Denture

Add Clasp to Existing Partial Denture

Reline Full Upper Denture (In Office)

Reline Full Lower Denture (In Office)

Reline Partial Upper Denture - In Office

Reline Partial Lower Denture (In Office)

Implant, Surgical Placement (Eposteal)

Implant, Surgical Placement (Transosteal)

Porcelain Crown Supported by Implant

Metal Crown Supported by Implant

Porcelain/Metal Crown Supported by Implant

Bridge Replacement Tooth (Porcelain/High Noble

Bridge Replacement Tooth (Porcelain/Base

Bridge Replacement Tooth (Porcelain/Noble

Bridge Crown (Porcelain + High Noble Metal)

Bridge Crown (Porcelain + Base Metal)

Bridge Crown (Porcelain + Noble Metal)

Surgical Extraction of Impacted Tooth (Soft

Surgical Extraction of Impacted Tooth

Alveoplasty (Smoothing of Jawbone) with

Alveoplasty (Smoothing of Jawbone) without

Incision to Drain an Abscess (Soft Tissue)

Braces - Complete Treatment (Mix of Permanent

Braces - Complete Treatment (Adolescent)

Emergency (Palliative) Treatment for Pain

Bite Reshaping (Limited Occlusal Adjustment)

Bite Reshaping (Complete Occlusal Adjustment)

Nitrous Oxide ("Laughing Gas")

Braces - Complete Treatment (Adult)

Surgical Removal of Tooth Roots

Extraction (4+ teeth per quadrant)

Extraction (4+ teeth per quadrant)

Surgical Extraction of Impacted Tooth (Partially

PROSTHODONTICS - FIXED (Bridges, Dentures, etc.)

ORAL SURGERY (Tooth Extractions, etc.)

ORTHODONTICS (Braces - Children and Adults, etc.)

ADJUNCTIVE SERVICES (Anesthesia, Analgesia, etc.)

Reline Full Upper Denture (Lab)

Reline Full Lower Denture (Lab)

Procedure

Metal)

Metal)

Metal)

Procedure

Tissue)

Bony)

Simple Extraction

Surgical Extraction

(Completely Bony)

Procedure

Procedure

Local Anesthesia

And Baby Teeth)

Root Canal - Front Tooth

Root Canal - Bicuspid Tooth

Problem-Focused Oral Exam

Comprehensive Oral Exam

1 Periapical X-Ray Image

Each Additional Periapical X-Ray Image

Procedure

• Fee schedules are determined by the zip code of the participating provider.

the time of service.

ADA

code

0120

0140

0150

0210

0220

0230

0270

0272

0273

0274

0330

ADA

code

1110

1120

1351

1510

1520

ADA

code

2140

2150

2160

2161

2330

2331

2332

2335

2391

2392

2393

2394

ADA

code

2710

2720

2750

2751

2752

2790

2791

2930

2931

2950

2951

2952

2954

ADA

code

3110

3120

3220

3310

3320

3330

ADA

code

4210

4341

4910

code

5110

5120

5130

5140

5211

5212

5213

5214

5410

5411

5520

5630

5650

5660

5730

5731

5740

5741

5750

5751

ADA

code

6040

6050

6065

6066

6067

6240

6241

6242

6750

6751

6752

ADA

code

7140

7210

7220

7230

7240

7250

7310

7320

7510

ADA

code

8070

8080

8090

ADA

code

9110

9215

9230

9951

9952

Discount plans are not insurance.