

General Dentist - Sample Member Prices

Direct Access & Direct Access Silver



This schedule applies to General Dentists ONLY. Specialist's fees vary by location and specialty

Some contracted dentists in your state may utilize a different fee schedule. Please contact your dentist or call Dentist Direct at 1-866-696-6527 to obtain a specific estimate of possible charges or discounts.

REGION 1

Code	Description	MEMBER PRICE
120	PERIODIC ORAL EVAL	27
140	LTD ORAL EVAL-PROBLEM FOCUSED	48
150	COMP ORAL EVAL	48
210	INTRAORAL-COMPLT SERIES (INCL BITEWINGS)	82
220	INTRAORAL-PERIAPICAL FIRST FILM	16
230	INTRAORAL-PERIAPICAL EA ADD FILM	9
270	BITEWING-SINGLE FILM	16
272	BITEWINGS-2 FILMS	25
274	BITEWINGS-4 FILMS	35
330	PANORAMIC FILM	76
1110	PROPHYLAXIS-ADULT	53
1120	PROPHYLAXIS-CHILD	39
1206	TOPICAL FLUORIDE VARNISH - THERAPEUTIC APPLICATION FOR MOD. TO HIGH CARIES RISK PATIENTS	30
1208	TOPICAL APPLICATION OF FLUORIDE	25
1351	SEALANT-PER TOOTH	30
2140	AMALGAM-1 SURFACE PERM	64
2150	AMALGAM-2 SURFACES PERM	85
2160	AMALGAM-3 SURFACES PERM	102
2161	AMALGAM-4/MORE SURFACES PERM	126
2330	RESIN-BASED COMPOSITE-1 SURFACE ANT	79
2331	RESIN-BASED COMPOSITE-2 SURFACES ANT	102
2332	RESIN-BASED COMPOSITE-3 SURFACES ANT	124
2335	RESIN-BASED COMPOSITE-4/MORE SURF-INCISAL ANGLE	145
2391	RESIN-BASED COMPOSITE - 1 SURFACE POSTERIOR	90
2392	RESIN-BASED COMPOSITE - 2 SURFACES POSTERIOR	122
2393	RESIN-BASED COMPOSITE - 3 SURFACES POSTERIOR	151
2394	RESIN-BASED COMPOSITE - 4 OR MORE SURFACES POSTERIOR	180
2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	657
2750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	639
2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METL	604
2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	614
2950	CORE BUILDUP INCL ANY PINS	179
2954	PREFAB POST & CORE IN ADD TO CROWN	226
3120	PULP CAP-INDIRECT (EXCLD FINAL RESTORATION)	34
3220	THERAP PULPOTOMY-REMOV PULP & APPLIC MEDS	102
3310	ANT (EXCLD FINAL RESTORATION) (ROOT CANAL)	424
3320	BICUSPID (EXCLD FINAL RESTORATION) (ROOT CANAL)	511
3330	MOLAR (EXCLD FINAL RESTORATION) (ROOT CANAL)	657
4341	PERIODONTAL SCALING & ROOT PLANING PER QUADRANT	159
4355	FULL MOUTH DEBRID-ENABLE PERIODONTAL EVAL & DX	110
4381	LOCALIZ DELIV CHEMO-CREVICULAR TISS PER TOOTH BR	63
4910	PERIODONTAL MAINT PROC (FOLLOWING ACTIVE THERAP)	99
6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	1772
6056	PREFABRICATED ABUTMENT - INCLUDES PLACEMENT	368
6057	CUSTOM ABUTMENT - INCLUDES PLACEMENT	455
6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	1143
6240	PONTIC-PORCELAIN FUSED TO HI NOBLE METAL	620
6750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	651
7111	CORONAL REMNANTS - DECIDIOUS TEETH	64
7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	84
7210	REMOVE ERUPT TTH-W/MUCOPERIOSTL FLP-REMOV BNE/TTH	156
7230	REMOVE IMPACTED TOOTH-PART BONY	258
8050	INTERCEPTIVE ORTHODONTIC TX PRIM DENTITION	2048
8080	COMP ORTHODONTIC TX ADOLESCENT DENTITION	4097
8090	COMP ORTHODONTIC TX ADULT DENTITION	4097
9110	PALLIATIVE (ER) TX DENTAL PAIN-MINOR PROC	64
9972	EXTERNAL BLEACHING - PER ARCH	350
9973	EXTERNAL BLEACHING - PER TOOTH	56
9974	INTERNAL BLEACHING - PER TOOTH	274

This schedule is not meant to be a comprehensive listing of all possible dental charges or discounts. This fee schedule is for illustrative purposes only and is subject to change January 1st of each year or at the discretion of Dentist Direct, LLC. **Some contracted dentists in your state may utilize a different fee schedule. Please contact your dentist or call Dentist Direct at 1-866-696-6527** to obtain an estimate of possible charges or discounts.

This schedule applies to General Dentists. Specialist's fees vary by location and specialty but members typically average a 15% discount or more. Please call 1-866-696-6527 for an estimate of possible charges. Any procedure not listed is available on a fee-for-service basis.

This schedule of fees applies **ONLY** at participating Network Providers.