

Contact Us

Business Hours: 7 a.m. - 7 p.m. CST Monday - Friday
Customer Service: (800) 290-0523

Mail: Careington International Corp
 PO Box 2568 Frisco, TX 75034

Schedule of Services

- This sample schedule is an abbreviated list taken from the full Careington Care POS fee schedule and applies to services provided by a participating general dentist. The purpose of this schedule is to establish the maximum fee that a general dentist will charge for each listed procedure. Participant is responsible for full payment of all charges at the time of service.
- Your participating provider will have a complete fee schedule, or you may request one by calling (800) 290-0523.
- Participating Specialists (Board Certified or Advanced Degree) do not charge according to a fee schedule. Participating Specialists will give a 20% discount off of their normal fees.
- **Discount plans are not insurance.**

Diagnostic Services	Member Pays
D0120 Periodic oral evaluation - established patient	\$30
D0150 Comprehensive oral evaluation - new or established patient	\$53
D0270 Bitewing - single radiographic image	\$16
D0272 Bitewings - two radiographic images	\$26
D0273 Bitewings - three radiographic images	\$32
D0274 Bitewings - four radiographic images	\$37
Preventive Services	Member Pays
D1110 Prophylaxis - adult	\$58
D1120 Prophylaxis - child	\$42
Restorative Services	Member Pays
D2330 Resin-based composite - one surface, anterior	\$91
D2391 Resin-based composite - one surface, posterior	\$103
D2750 Crown - porcelain fused to high noble metal	\$638
D2790 Crown - full cast high noble metal	\$627
Endodontic Services	Member Pays
D3310 Endodontic therapy, anterior tooth (excluding final restoration)	\$421
D3330 Endodontic therapy, molar tooth (excluding final restoration)	\$623
Periodontic Services	Member Pays
D4341 Periodontal scaling and root planing - four or more teeth per quadrant	\$138
D4910 Periodontal maintenance	\$80
Prosthodontic Services (removable)	Member Pays
D5110 Complete denture - maxillary	\$963
D5120 Complete denture - mandibular	\$966
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$1,034
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$1,034
D5750 Reline complete maxillary denture (indirect)	\$277
D5751 Reline complete mandibular denture (indirect)	\$278
Oral Surgery Services	Member Pays
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$107
Adjunctive Services	Member Pays
D9215 Local anesthesia in conjunction with operative or surgical procedures	\$28
D9230 Inhalation of nitrous oxide/analgesia, anxiolysis	\$48

Exclusions & Limitations

1. Fees subject to change.
2. The dollar amount specified adjacent to each procedure may not be the only cost incurred for a given treatment - many treatments may require more than one dental procedure. Please consult your Careington provider for a detailed treatment plan prior to beginning any work.
3. Careington can not guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating Careington provider. Not all types of dentists may be available in your area.
4. It is the Member's responsibility to verify that the dentist is a participating Provider before seeking any treatment. Any dental procedures performed by a non-participating dentist are not discounted and are charged at the dentist's normal fees.
5. While all participating Careington providers are professionally licensed in the state in which they practice, Careington does not guarantee the quality of service of the providers. Any quality of care concerns involving any participating Careington provider should be directed in writing to: **Careington International, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034**. Please call **800-290-0523** if you have any further questions.