

D S O

Dental Services Organization, Inc

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Prepaid Group Dental Plan Plan A

PROCEDURE

PATIENT COST

DIAGNOSTIC

Charting history, oral examination, periodic recall examination (every six months), emergency treatment

No Charge

RADIOGRAPHIC

Complete intraoral series, periapical and bitewing films

No Charge

Intraoral periapical

No Charge

Each additional single film (periapical or bitewing)

No Charge

Occlusal view x-ray

No Charge

Lateral jaw x-ray, each

No Charge

Four bitewing x-ray films

No Charge

Antero-posterior x-ray of head and jaw

No Charge

Cephalometric radiograph

No Charge

Panoramic (panography) including bitewings

No Charge

PREVENTIVE

Oral prophylaxis (every six months)

No Charge

Topical fluoride treatment following prophylaxis

No Charge

Space maintainers – unilateral

\$ 5.00

Space maintainers – bilateral

\$ 10.00

OPERATIVE (RESTORATIVE) SERVICES

Primary Silver amalgam – 1 surface

No Charge

Primary Silver amalgam – 2 surfaces

No Charge

Primary Silver amalgam – 3 surfaces or more

No Charge

Permanent Silver amalgam – 1 surface

No Charge

Permanent Silver amalgam – 2 surfaces

No Charge

Permanent Silver amalgam – 3 surfaces or more

No Charge

Silver amalgam reinforcement pins – 1st

No Charge

Each additional pin

No Charge

Composite filling (for front teeth)

No Charge

Composite Class III	No Charge	
Composite Class IV	No Charge	
Core build-up (including any pins)		
\$ 15.00		
PERIODONTIA		
Root scaling and root planing (per quadrant)	\$ 50.00	
Prophylaxis, medication and minor bite correction	\$ 20.00	
Gingivectomy, Gingivoplasty (per quadrant)		\$
120.00		
Occlusal adjustment (and/or equilibration)	\$ 10.00	
Bite guard	\$ 25.00	
Osseous surgery (per quadrant)	\$ 140.00	
ENDODONTICS (INCLUDING RADIOGRAPHS)		
Single root canal, filling	\$ 50.00	
Double root canal, filling	\$ 85.00	
Triple or more root canal, filling	\$ 125.00	
Apicoectomy (per root)	\$ 55.00	
SIMPLE EXTRACTIONS (INCLUDING LOCAL ANESTHESIA)		
Single tooth	\$ 10.00	
Each additional tooth	\$ 10.00	
ORAL SURGERY EXTRACTIONS (INCLUDING LOCAL ANESTHESIA)		
Surgical extraction	\$ 20.00	
Extraction of tooth (soft tissue impaction)	\$ 50.00	
Extraction of tooth (partial bony impaction)	\$ 75.00	
Extraction of tooth (complete bony impaction)	\$ 90.00	
Alveoplasty/Alveolectomy (per jaw maximum) per quadrant in conjunction with extraction	\$ 55.00	
Alveoplasty, including ridge extension, arch		No
Charge		
Excision of benign tumor, lesion diameter up to 2.5 cm	\$ 15.00	
Removal of cyst up to 2.5 cm diameter	\$ 50.00	
PROSTHETICS (INCLUDING ADJUSTMENTS AND RELINES FOR 6 MONTHS FOLLOWING INSTALLATION) REMOVABLE		
Full upper denture	\$ 175.00	
Full lower denture	\$ 175.00	
Partial upper or lower denture without clasps, acrylic base	\$ 150.00	

Partial upper or lower denture with two chrome clasps with rests, acrylic base	\$ 175.00	
Partial upper or lower with chrome lingual or palatal bar with two clasps and rests, acrylic base	\$ 175.00	
Repair broken full or partial denture, no teeth damaged		No
Charge		
Repair broken full or partial denture, replace broken tooth		\$
10.00		
Each additional tooth	\$ 10.00	
Replace broken tooth on denture, no other repairs	\$ 10.00	
Each additional tooth	\$ 10.00	
Adding tooth to partial denture to replace extracted tooth	\$ 20.00	
Each additional tooth	\$ 20.00	
Reattaching clasp on denture, clasp intact	\$ 35.00	
Replacing broken clasp with new clasp on denture	\$ 55.00	
Relining upper or lower full or partial denture (office) once every three years	\$ 20.00	
Relining upper or lower full or partial denture (lab) once every three years	\$ 35.00	
Jump case, complete denture (duplicate of denture) once every three years	\$ 90.00	
CROWNS		
Two surface gold inlay	\$ 175.00	
Three or more surfaces gold inlay	\$ 175.00	
Acrylic jacket		
No Charge		
Acrylic with metal (semi-precious)	\$ 150.00	
Porcelain jacket	\$ 175.00	
Porcelain fused to metal (semi-precious)		\$
175.00		
¾ cast	\$ 150.00	
Full cast	\$ 150.00	
BRIDGES – PONTICS & ABUTMENTS (FIXED)*		
Cast	\$ 150.00 each	
Maryland bridge	\$ 175.00 each	
Porcelain fused to metal (semi-precious)	\$ 175.00 each	
Plastic processed to metal (semi-precious)	\$ 175.00 each	
ORTHODONTIC		
Maximum, 24 months (to age 19)	\$ 1,300.00	

PROVIDER OFFICES

EASTERN DENTAL® OF BURLINGTON
PEP BOYS PLAZA
202 ROUTE 130 NORTH
CINNAMINSON, NEW JERSEY 08077-3304
(856) 303-0600

EASTERN DENTAL® OF EATONTOWN
1802 ROUTE 35 SOUTH
OAKHURST, NEW JERSEY 07755-2912
(732) 660-0500

EASTERN DENTAL® OF EWING
1330 PARKWAY AVENUE
EWING, NEW JERSEY 08628-3091
(609) 883-0801

EASTERN DENTAL® OF FLEMINGTON
433 US HIGHWAY 202
FLEMINGTON, NEW JERSEY 08822-6041
(908) 237-2100

EASTERN DENTAL® OF HAMILTON
2103 WHITEHORSE-MERCERVILLE ROAD
HAMILTON, NEW JERSEY 08619-2694
(609) 587-0600

EASTERN DENTAL® OF HOWELL
2346 ROUTE 9 SOUTH
HOWELL, NJ 07731-4017
(732) 683-1130

EASTERN DENTAL® OF LACEY
131 SOUTH MAIN STREET (ROUTE 9)
FORKED RIVER, NEW JERSEY 08731-3635
(609) 693-6066

EASTERN DENTAL® OF LAUREL SPRINGS
3 KELLY DRIVERS ROAD
LAUREL SPRINGS, NEW JERSEY 08021-4823
(856) 784-5100

EASTERN DENTAL® OF LAWRENCEVILLE
520 LAWRENCE SQUARE BOULEVARD SOUTH
LAWRENCEVILLE, NEW JERSEY 08648-2674
(609) 587-6300

EASTERN DENTAL® OF MANAHAWKIN
733 ROUTE 72 EAST
MANAHAWKIN, NEW JERSEY 08050-2864
(609) 489-0030

EASTERN DENTAL® OF MARLTON
951 ROUTE 73 NORTH
SUITE A
MARLTON, NEW JERSEY 08053-3211
(856) 983-5400

EASTERN DENTAL® OF NORTHFIELD
1634 NEW ROAD (ROUTE 9)
NORTHFIELD, NEW JERSEY 08225-1108
(609) 677-1589

EASTERN DENTAL® OF OCEAN/MONMOUTH
KENNEDY PLAZA
2770 HOOPER AVENUE, UNIT 4
BRICK, NEW JERSEY 08723-4108
(732) 477-9200

EASTERN DENTAL® OF OLD BRIDGE
SAYREVILLE PLAZA
960 ROUTE 9 SOUTH
SOUTH AMBOY, NEW JERSEY 08879-3310
(732) 727-3399

EASTERN DENTAL® OF PARSIPPANY
POWDER MILL PLAZA WEST
2936 ROUTE 10 WEST
MORRIS PLAINS, NEW JERSEY 07950-1244
(973) 292-2550

EASTERN DENTAL® OF PASSAIC/ESSEX
251 CLIFTON AVENUE
CLIFTON, NEW JERSEY 07011-1915
(973) 478-9300

EASTERN DENTAL® OF TOMS RIVER
1228 ROUTE 37 WEST
TOMS RIVER, NEW JERSEY 08755-4922
(732) 286-7020

EASTERN DENTAL® OF UNION
2115 ROUTE 22 WEST
UNION, NEW JERSEY 07083-8403
(908) 964-5406

EASTERN DENTAL® OF VINELAND
1145 EAST CHESTNUT AVENUE
VINELAND, NEW JERSEY 08360-5001
(856) 692-5400

EASTERN DENTAL® OF WOODBRIDGE
1030 ST. GEORGES AVENUE
AVENEL, NEW JERSEY 07001-1327
(732) 750-3600

EASTERN DENTAL® OF WOODBURY HEIGHTS
1006B MANTUA PIKE
SUITE 1
WOODBURY HEIGHTS, NEW JERSEY 08097-1228
(856) 845-7775



Male	<input type="checkbox"/>	Married	<input type="checkbox"/>
Female	<input type="checkbox"/>	Single	<input type="checkbox"/>
Date of Birth	Month	Day	Year
Social Security Number			
SPONSORED DEPENDENT (Separate Application Necessary)			
Name			
Date of Birth	Month	Day	Year

GROUP USE ONLY

(Please Print)

Last Name of Applicant

First Name

Middle Initial

Phone No.

Street Address

City

State & ZIP

Name of Employer

Date of Employment

Effective Date

Name

Group Number

Date of Birth

DEPENDENT INFORMATION — List Spouse and Unmarried Children

Name of Dependent	Relationship	Date of Birth	Name of Dependent	Relationship	Date of Birth

FROM THE LIST OF PARTICIPATING PROVIDERS, SELECT A DENTAL OFFICE TO BE YOUR PRIMARY DENTAL CARE PROVIDER AND ENTER THE NAME BELOW.

Name of Provider Office

I hereby represent to you that all information furnished by me on this application is true and complete to the best of my knowledge.

Signature of Applicant

Date Signed