

EXTRAORDINARY



BUITENGEWONE

REPUBLIC OF SOUTH AFRICA

GOVERNMENT GAZETTE

STAATSKOERANT

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REGULATION GAZETTE No. 965

Registered at the Post Office as a Newspaper

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REGULASIEKOERANT No. 965

As 'n Nuusblad by die Poskantoor Geregistreer

VOL. 35.]

PRETORIA, 17 MAY 1968.
17 MEI

[No. 2078.]

GOVERNMENT NOTICE.

DEPARTMENT OF HEALTH.

No. R. 851. 17 May 1968.

The following notice is re-published for general information.

No. 319.] [8 March 1968.

MEDICAL SCHEMES ACT, 1967.

I, Albert Hertzog, Minister of Health, hereby publish the tariff of fees referred to in paragraph (b) of the definition of "tariff of fees" in section 1 (1) (xxiii) of the Medical Schemes Act, 1967 (Act No. 72 of 1967).

TARIFF OF FEES IN RESPECT OF DENTAL SERVICES.

General Rules Governing the Tariff.

001. Except in those cases where the fee is "by arrangement", the fee in respect of the rendering of a service which is not listed in the Tariff shall be based on the fee in respect of a comparable service in the Tariff.

002. Unless timely steps were taken to cancel an appointment made by a member of a scheme or a dependant of such member, the examination fee may be charged to the member for his own account.

003. In exceptional cases where the Tariff fee is disproportionately low in relation to the actual services rendered by a dental practitioner, such higher fee as may be agreed upon between the dental practitioner and the scheme may be charged. If the tariff is disproportionately high in relation to the actual services rendered, a lower fee proportionate to such services shall be charged.

004. Save in exceptional cases the services of a specialist shall only be available through the recommendation of the attending dental or medical practitioner. Referring practitioners shall indicate to the specialists whether the patient is a member of a medical scheme or a dependant of such member.

005. If the customary fee in an area is lower than the Tariff fee, such lower fee should be charged. Reduced fees should also be charged if the dental practitioner would have reduced his fee in private practice.

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GOEWERMENSKENNISGEWING.

DEPARTEMENT VAN GESONDHEID.

No. R. 851. 17 Mei 1968.

Die volgende kennisgewing word vir algemene inligting herpubliseer.

No. 319.] [8 Maart 1968.

WET OP MEDIESE SKEMAS, 1967.

Ek, Albert Hertzog, Minister van Gesondheid, kondig hierby af die geldetarief waarna in paragraaf (b) van die woordskrywing van „geldetarief” in artikel 1 (1) (iv) van die Wet op Mediese Skemas, 1967 (Wet No. 72 van 1967), verwys is.

GELDETARIEF TEN OPSIGTE VAN TANDHEELKUNDIGE DIENSTE.

Algemene Reëls wat ten Opsigte van die Tarief Geld.

001. Behalwe gevalle waar 'n bedrag „volgens ooreenkoms” geëis mag word, moet die bedrag wat geëis word ten opsigte van die lewering van 'n diens wat nie in die geldetarief ingesluit is nie, gebaseer wees op die bedrag ten opsigte van 'n vergelykbare diens in die geldetarief.

002. Tensy stappe vroegtydig gedoen is om 'n afspraak wat 'n lid van 'n skema of die afhanklike van sodanige lid gemaak het, te kanselleer, mag die tariefgelde ten opsigte van 'n ondersoek gehef word vir betaling deur sodanige lid.

003. In buitengewone gevalle waar die tariefgelde ongelukkig laag is in verhouding tot die dienste werklik deur 'n tandarts gelewer, mag sodanige hoër gelde gehef word waarop die tandarts en die skema mag ooreenkom. Indien tariefgelde ongelukkig hoog is in verhouding tot die dienste wat werklik gelewer is, moet gelde wat in verhouding tot sodanige dienste is, gehef word.

004. Behalwe in buitengewone gevalle sal die dienste van 'n spesialis slegs beskikbaar wees op die aanbeveling van die tandarts of algemene praktisyn wat oor die geval gaan. Praktisyne wat gevalle verwys, moet vir die spesialis aandui of die pasiënt 'n lid van 'n mediese skema of 'n afhanklike van sodanige lid is.

005. Indien dit die gebruik in 'n gebied is om 'n laer bedrag te hef as dié in die geldetarief, behoort sodanige laer gelde gehef te word. Verminderde gelde behoort ook gehef te word indien die tandarts verminderde gelde in private praktyk sou gehef het.

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006. In so far as the rules of any scheme provide, accounts in accordance with the Tariff of fees shall be paid in full by such scheme. In the case of prolonged or costly dental service or procedure the dental practitioner should ascertain beforehand from the scheme whether it will accept financial responsibility in respect of such treatment.

007. Every dental practitioner shall render a monthly account in respect of any service rendered during the month, irrespective of whether the treatment is completed or not. If payment of an account is not received after 2 consecutive monthly accounts have been rendered to a member of a scheme, the third monthly account shall be sent directly to the scheme concerned, giving the full name and address (home and business if possible) of the member, together with the name of his employer, bearing the words, written prominently in red, "two months overdue, please investigate".

008. If a dental practitioner accepts payment from a medical scheme at Tariff rates, such payment shall be deemed to be in full settlement of the account.

009. As there is no compulsion on medical schemes to pay for those items enumerated in section 10, fees shall only apply where the prior approval of the medical scheme has been obtained and the scheme agrees to pay the Tariff fee, in full, direct to the dental practitioner.

010. "By arrangement" shall mean that the practitioner will advise his patient of the cost of the treatment or procedures and that patient, in his capacity as a member of a medical aid scheme, shall ascertain whether his scheme will meet the account of the practitioner in full. If the scheme agrees to make direct payment to the practitioner in full on the basis of this arranged fee, then payment of the account by the scheme shall be in full and final settlement of the treatment or procedures given to the member.

011. Where a general anaesthetic is administered by a dental practitioner, the fee charged shall be the fee applicable to a general practitioner as set out in section 14 of the medical tariff as published in *Government Gazette Extraordinary* No. 1834 dated 1 September, 1967.

1. Consultations.

R c

(a) At surgery (at request of registered practitioner)	2 00
(b) Domiciliary (at request of registered practitioner and including hospital visits)	4 00
(c) Plus double fee for emergency conservative treatment or extractions performed at hospitals or at house.	
(d) Examination only (where no treatment or procedure is necessary within a period of 3 months)	2 00

2. Preventive Dentistry.

(a) Topical application of fluorides—per visit (30 minutes)	4 00
(b) Prophylaxis—per visit (30 minutes)	4 00

3. Radiology.

(a) Intra-oral roentgenograms (where no other treatment is performed)—per film	2 00
Intra-oral roentgenograms (where other treatment is performed)—per film	1 50
Intra-oral roentgenograms—full mouth	10 00
(b) Occlusal roentgenograms—per film	2 50
(c) Extra-oral roentgenograms—per film	4 50

4. Treatment of Oral Diseases (Oral Medicine).

(a) Per visit (30 minutes)	4 00
(b) Paradontal treatment (per visit)	4 00

006. Vir sover die reëls van enige skema bepaal, sal rekenings ooreenkomstig die geldetarief ten volle deur sodanige skema betaal word. In die geval van langdurige of duur tandheelkundige dienste of prosedure moet die tandarts vooraf by die skema vasstel of die skema geldelike verantwoordelikheid ten opsigte van die behandeling sal aanvaar.

007. Elke tandarts moet maandeliks 'n rekening lewer ten opsigte van enige diens gedurende daardie maand gelewer, ongeag of die behandeling voltooi is al dan nie. Indien, nadat 'n rekening vir 2 agtereenvolgende maande aan 'n lid van 'n mediese skema gelewer is, betaling daarvan nie ontvang is nie word die derde maandelikse rekening direk aan die betrokke skema gestuur met verstrekking van die volle naam en adres (huis- en besigheidsadres indien moontlik) van die lid asook die naam van sy werkgever en met die woorde „twee maande uitstaande, ondersoek asseblief” duidelik in rooi daarop aangebring.

008. Indien 'n tandarts betaling deur 'n mediese skema teen die geldetarief aanvaar, word sodanige betaling geag ten volle vereffening van die rekening te wees.

009. Aangesien geen verpligting op mediese skemas rus om ten opsigte van die items in afdeling 10 genoem, te betaal nie, sal gelde slegs van toepassing wees waar vooraangaande goedkeuring van 'n mediese skema verkry is en die skema toestem om die tariefgelde ten volle en direk aan die tandarts te betaal.

010. „Volgens ooreenkoms” beteken dat die praktisyn sy pasiënt sal verwittig aangaande die koste van die behandeling of prosedure en dat die pasiënt, in sy hoedanigheid as 'n lid van 'n mediese hulpskema, sal vasstel of die skema waarvan hy 'n lid is die rekening van die praktisyn ten volle sal vereffen. Indien die skema toestem om betaling direk aan die praktisyn en ten volle op die grondslag van die ooreengekome gelde te maak, sal betaling van die rekening deur die skema ten volle en finale vereffening wees ten opsigte van die behandeling of prosedures wat aan die lid gelewer is.

011. Waar 'n algemene narkose deur 'n tandarts toegedien word, sal die gelde wat gehef word die gelde wees wat van toepassing is op 'n algemene praktisyn soos uiteengesit in afdeling 14 van die geldetarief ten opsigte van mediese dienste soos gepubliseer in Buitengewone Staatskoerant No. 1834 van 1 September 1967.

1. Konsultasie.

R c

(a) In spreekkamer (op versoek van geregistreerde praktisyn)	2 00
(b) Tuis (op versoek van geregistreerde praktisyn en insluitende hospitaalbesoeke)	4 00
(c) Plus dubbelfooi vir noodkonserverende behandeling of ekstraksies uitgevoer by hospitale of tuis.	
(d) Alleenlik ondersoek (waar geen behandeling of prosedure binne 'n tydperk van 3 maande nodig is nie)	2 00

2. Voorkomende Tandheelkunde.

(a) Oppervlakte aanwending van fluor—per besoek (30 minute)	4 00
(b) Profilakse—per besoek (30 minute)	4 00

3. Radiologie.

(a) Binnemondse röntgenfotos (waar geen ander behandeling uitgevoer word nie)—per film	2 00
Binnemondse röntgenfotos (waar ander behandeling uitgevoer word)—per film	1 50
Binnemondse röntgenfotos—volmonds	10 00
(b) Okklusale röntgenfotos—per film	2 50
(c) Buitemondse röntgenfotos—per film	4 50

4. Behandeling van Mondsiektes (Mondgeneeskunde).

(a) Per besoek (30 minute)	4 00
(b) Paradontale behandeling (per besoek)	4 00

5. *Exodontics.*

R c

- (a) Extractions under local anaesthesia:—
 (i) Per single extraction ... 2 50
 (ii) Multiple extractions at the same session—
 per tooth ... 1 50
 up to a maximum of ... 27 00
 (b) Extractions under General Anaesthesia:—
 Additional fee ... 4 00

Note.—A lower fee will apply for extraction of exfoliating deciduous teeth. This fee to be at the discretion of the dentist.

6. *Injection therapy.*

- Per injection (excluding cost of materials) ... 2 00

7. *General Anaesthetics.*

See "Tariff of Fees in respect of Medical Services" *Government Gazette Extraordinary* No. 1834 (Regulation Gazette No. 835) of 1 September 1967—Section 14—015 to 018.

8. *Prosthetic Dentistry.*

- (a) *Full dentures:*—
 (i) Full upper and lower dentures ... 63 00
 (ii) Full upper or lower dentures ... 31 50
 (b) *Partial dentures:*—
 (i) One tooth ... 13 50
 (ii) Thereafter—
 per tooth ... 2 25
 up to a maximum of ... 31 50
 (c) *Clasps:*—
 (i) Cast gold ... 5 40
 (ii) Wrought gold wire ... 2 70
 (iii) Stainless steel wire ... 2 25
 (d) Lingual bar or palatal bar (stainless steel) 5 40
 (e) Rebase—per denture ... 10 80
 (f) Remodel—per denture ... 16 20
 (g) Self-cure relining—per denture ... 5 85
 (h) Soft base relining—per denture ... 7 20
 [In addition to the fee under 8 (e) i.e. a total charge of R18.]
 (i) Bite plate ... 13 50
 (j) *Repairs:*—
 (i) Fracture or crack ... 3 35
 (ii) Reset tooth ... 3 35
 (iii) Replace with new tooth ... 3 80
 (iv) Per additional item ... 1 45

Plus R1.90 where a repair requires the taking of an impression.

9. *Conservative Dentistry.*

Note.—Conservation under general Anaesthesia—additional fee ... 4 00

A. *Endodontics:*—

- (i) Direct pulp capping ... 2 00
 (ii) Vital amputation of pulp (pulpotomy) ... 4 00
 (iii) Mortal amputation of pulp (mummification) 2 50
 (iv) Vital root canal therapy ... 8 00
 (v) Each additional canal ... 4 00
 (vi) Non vital root canal therapy—
 per visit ... 2 50
 up to a maximum ... 10 00
 (vii) Each additional canal ... 5 00
 (viii) Bacteriological examination—per sample
 per canal where done by dentist ... 1 45

5. *Ekstraksies (of Verwyderings).*

R c

- (a) Ekstraksies met plaaslike verdowing:—
 (i) Per enkele ekstraksie ... 2 50
 (ii) Veeltallige ekstraksies by dieselfde sessie—
 per tand ... 1 50
 tot 'n maksimum van ... 27 00
 (b) Ekstraksies onder algemene narkose:—
 Bykomstige fooi ... 4 00

Nota.—'n Laer fooi sal van toepassing wees ten opsigte van die ekstraksie van afskilferende kindertande. Hierdie fooi sal volgens die tandarts se diskresie wees.

6. *Inspuitingsterapie.*

- Per inspuiting (uitsluitende koste van materiale) 2 00

7. *Algemene Verdowingsmiddels.*

Verwys na „Geldetarief ten opsigte van Mediese Dienste" *Buitengewone Staatskoerant* No. 1834 (Regulasiekoerant No. 835) van 1 September 1967—Deel 14—015 tot 018.

8. *Protetika.*

- (a) *Volle Kunsgebitte:*—
 (i) Volle bo en onder kunsgebitte ... 63 00
 (ii) Volle bo of onder kunsgebitte ... 31 50
 (b) *Gedeeltelike Kunsgebitte:*—
 (i) Een tand ... 13 50
 (ii) Daarna—
 per tand ... 2 25
 tot 'n maksimum van ... 31 50
 (c) *Klammers:*—
 (i) Gegote goud ... 5 40
 (ii) Gevormde goue draad ... 2 70
 (iii) Vlekvrye staaldraad ... 2 25
 (d) Linguale stang of palatale stang (vlekvrye staal) ... 5 40
 (e) Herbasering—per kunsgebit ... 10 80
 (f) Hermodelleer—per kunsgebit ... 16 20
 (g) Selfverhardende akriel opvulling—per kunsgebit ... 5 85
 (h) Sagte basis opvulling—per kunsgebit ... 7 20
 [Addisioneel tot die fooi onder 8 (e) d.w.s. 'n totale fooi van R18.00.]
 (i) Bytplaat ... 13 50
 (j) *Reparasies:*—
 (i) Gebreek of gekraak ... 3 35
 (ii) Hermontering van tand ... 3 35
 (iii) Vervang met nuwe tand ... 3 80
 (iv) Per bykomstige item ... 1 45
 Plus R1.90 waar 'n afdruk benodig word.

9. *Konserverende Tandheelkunde.*

Nota.—Behandeling onder algemene narkose—bykomstige fooi ... 4 00

A. *Endodonsie:*—

- (i) Direkte pulpa-oorkapping ... 2 00
 (ii) Amputasie van vitale pulpa (pulpotomie) ... 4 00
 (iii) Mummifikasie ... 2 50
 (iv) Vitale wortelkanaalbehandeling ... 8 00
 (v) Elke bykomstige kanaal ... 4 00
 (vi) Nonvitale wortelkanaalbehandeling—
 per besoek ... 2 50
 tot 'n maksimum van ... 10 00
 (vii) Elke bykomstige kanaal ... 5 00
 (viii) Bakteriologiese ondersoek—per monster
 per kanaal waar deur tandarts uitgevoer ... 1 45

B. Restorations:—

(a) Plastic:—	R c
(i) One surface	2 75
(ii) Two surfaces	3 60
(iii) Three surfaces	4 50
(b) Gold Inlays:—	
One surface	8 50

10. Conservative Dentistry.

This Section (Except in an Emergency) shall be "by Prior Approval" in Terms of 009 of General Rules Governing the Tariff.

R c

A. Restorations:—

(i) Gold Inlays:—	
(a) Two surfaces	14 00
(b) Three surfaces	18 00
(ii) Other metal inlays:—	
Four-fifths (4/5) of the fee for similar gold inlays.	
(iii) Three-quarter gold crown	18 00
(iv) Gold foils (or porcelain inlays):—	
(a) One surface	11 00
(b) Two surfaces	16 00

B. Crowns:—

(i) Porcelain jacket crown	32 50
(ii) Porcelain jacket fused to metal	39 50
(iii) Porcelain jacket on gold post	36 00
(iv) Acrylic jacket crown	22 50
(v) Acrylic post crown	24 50
(vi) Acrylic veneered gold crown	36 00
(vii) Full cast gold crown	34 00
(viii) Facing and backing crown	31 00
(ix) Facing replacement	5 50

C. Bridgework:—

(i) Per pontic	22 50
(ii) Retainers (As 10 B and C above).	

The Fees in Respect of the Following Sections shall be "By Arrangement" in Terms of 010 of General Rules Governing the Tariff

11. Orthodontics.**12. Maxillo-Facial and Oral Surgery.****13. Prosthetics.**

Metal base dentures.

B. Herstellings:—

(a) Plasties:—	R c
(i) Een-vlak	2 75
(ii) Twee-vlak	3 60
(iii) Drie-vlak	4 50
(b) Goud-inlegsels:—	
Een-vlak	8 50

10. Konserverende Tandheelkunde.

"Vooraf Goedkeuring" moet Verkry word vir Behandeling onder hierdie Afdeling (Behalwe in Noodgevalle) Ingevolge 009 van die Algemene Reëls wat ten Opsigte van die Tarief Geld.

A. Herstellings:—

(i) Goud-inlegsels:—	R c
(a) Twee-vlak	14 00
(b) Drie-vlak	18 00
(ii) Ander metaal-inlegsels:—	
Vier-vyfdes (4/5) van ooreenstemmende goud-inlegselsfooi.	
(iii) Goue drie-kwart ($\frac{3}{4}$) kroon	18 00
(iv) Goud-folie (of porselein-inlegsels):	
(a) Een-vlak	11 00
(b) Twee-vlak	16 00

B. Krone:—

(i) Porselein dopkroon	32 50
(ii) Porselein fineer metaalkroon	39 50
(iii) Porselein dopkroon op goue stif	36 00
(iv) Akriel dopkroon	22 50
(v) Akriel stifkroon	24 50
(vi) Akriel fineer goue kroon	36 00
(vii) Volle gegote goue kroon	34 00
(viii) Gesigs- en rugstuk kroon	31 00
(ix) Vervanging van gesigstuk	5 50

C. Brugwerk:—

(i) Per foptand	22 50
(ii) Ankers (Soos 10 B en C hierbo).	

Die Fooie ten Opsigte van die Volgende Dele sal „Volgens Ooreenkoms" wees Ingevolge 010 van die Algemene Reëls wat ten Opsigte van die Tarief Geld.

11. Ortodonsie.**12. Kaak-, Gesigs- en Mondchirurgie.****13. Protetika.**

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