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BOARD NOTICE • RAADSKENNISGEWING

NOTICE 143 OF 2001

THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL

NOTICE CONCERNING THE TARIFF OF FEES IN RESPECT OF WORK DONE BY DENTAL TECHNICIAN CONTRACTORS FOR DENTISTS

In terms of section 12 (4) of the Dental Technicians Act, 1979 (Act No. 19 of 1979), I, Johann Adam Swanepoel, Registrar of the South African Dental Technicians Council, hereby publish the tariff of fees set out in the Schedule hereto payable to a dental technician contractor by a dentist for work done as a dental technician, which the Council has determined in terms of section 12 (1) (b) of the said Act. The Council has determined in terms of section 12 (6) of the said Act that the said tariff of fees shall be binding with effect from 1 January 2002 on all dentists who send work to dental technician contractors, and all such dental technician contractors.

Board Notice 107 of 2000 published in Government Gazette No. 21895 dated 15 December 2000 is hereby repealed with effect from 1 January 2002.

SCHEDULE

1. GENERAL RULES

- 001 (a) A dental technician contractor may charge a higher fee than that provided for in this schedule. The higher tariff charged by a dental technician

KENNISGEWING 143 VAN 2001

DIE SUID-AFRIKAANSE RAAD VIR TANDTEGNICI

KENNISGEWING INSAKE GELDETARIEF TEN OPSIGTE VAN DIENSTE GELEWER DEUR TANDTEGNIKUS KONTRAKTEURS AAN TANDARTSE

Kragtens artikel 12 (4) van die Wet op Tandtegnici, 1979 (Wet No. 19 van 1979), publiseer ek, Johann Adam Swanepoel, Registrateur van die Suid-Afrikaanse Raad vir Tandtegnici, hierby die geldetarief in die Bylae hiervan uiteengesit, betaalbaar aan 'n tandtegnikus-kontrakteur deur 'n tandarts vir werk gedoen as 'n tandtegnikus soos deur die Raad bepaal kragtens artikel 12 (1) (b) van genoemde Wet. Die Raad het kragtens artikel 12 (6) van genoemde Wet bepaal dat die genoemde geldetarief met ingang van 1 Januarie 2002 bindend is op alle tandartse wat werk stuur aan tandtegnikus-kontrakteurs en op alle sodanige tandtegnikus- in kontrakteurs.

Raadskennisgewing 107 van 2000 soos gepubliseer in Staatskoerant No. 21895 gedateer 15 Desember 2000 word hiermee herroep met ingang 1 Januarie 2002.

BYLAE

1. ALGEMENE REELS

- 001 (a) 'n Tandtegnikus Kontrakteur mag 'n hoër tarief vra as die tarief in hierdie skedule. Die hoër tarief wat gevra word deur 'n Tandtegnikus

contractor must be by prior agreement between the parties concerned and must be clearly indicated on the invoice rendered to the patient.

Kontrakteur mag slegs gevra word na ooreengekom is met alle betrokke partye en moet duidelik uitgewys word op die faktuur aan die pasiënt.

(b) Except where otherwise

specifically provided for in this Schedule-

(b) Tensy anders bepaal in hierdie Bylae-

(i) no dental technician may offer or allow to accept from any dentist any amount which is less than that provided for in this Schedule; and

(i) mag geen tandtegnikus-kontrakteur 'n bedrag wat minder is as die tariewe soos voorgeskryf in die Bylae aan enige tandarts aanbied of toelaat of aanneem nie; en

(ii) no dentist may propose, offer, allow or accept any discount from any dental technician contractor on the tariff of fees provided for in the Schedule : Provided that the provision of this rule shall not be applicable to any work described in the Schedule which, for some reason or other, had to be remade.

(ii) mag geen tandarts enige afslag op die geldetarief soos bepaal in hierdie Bylae, aan 'n tandtegnikuskontrakteur voorgestel, toelaat of van hom aanneem nie: Met dien verstande dat die bepalings van hierdie reel nie van toepassing sal wees op enige werk, soos beskryf in hierdie Bylae, wat weens een of ander rede oorge- maak moet word nie.

002 The fee for work done which is not listed in the tariff of fees shall be based on the fee in respect of a comparable service that is listed in this Schedule.

003 (a) Every dental technician contractor shall complete in triplicate a separate tax invoice in the form prescribed in Annexure A to this Schedule, in respect of each patient for all work completed for such patient as prescribed by a dentist on the workslip referred to in rule 004.

002 In gevalle waar 'n tarief vir werk gedoen, nie gelys is in hierdie Bylae nie sal die tarief bepaal word soos vir soortgelyke werk wat wel in die Bylae gelys is.

003 (a) 'n Tandtegnikus-kontrakteur voltooi in triplikaat 'n aparte belastingfaktuur in

- (b) "The original and one duplicate of the tax invoice shall accompany the completed work when such work is delivered."
- (c) Every dental technician contractor shall render a monthly statement, in the form prescribed in Annexure B hereto, of all the work done during the month concerned, to the dentists for whom he has performed such work.
- (d) Every monthly statement submitted by a dental technician contractor to a dentist in terms of (c) above shall be paid in full by the dentist not later than three months from the date of submission of such account.
- (e) A receipt shall be issued by the dental technician contractor to the dentist for all payments made and a duplicate copy of such receipt shall be retained by him for a period of not less than five years.
- 004 (a) Every dentist shall complete in duplicate a workslip as per specimen prescribed in Annexure C of this Schedule for all work sent by him to a dental technician contractor.
- (b) The workslip shall fully describe the type of work required by the dentist.
- (c) The original workslip shall accompany the work sent to the dental technician contractor by the dentist. After completion of the
- die vorm soos voorgeskryf in Aanhangsel A van hierdie Bylae, ten opsigte van elke pasiënt vir alle werk wat voltooi is vir sodanige pasiënt en soos voorgeskryf deur die tandarts op die werkstrokie waarna verwys word in reël 004.
- (b) Die oorspronklike en een duplikaat van die belastingfaktuur moet die voltooide werk vergesel wanneer sodanige werk gelewer word.
- (c) Elke tandtegnikus-kontraakteur moet maandeliks, vir daardie betrokke maand, 'n rekeningstaat in die vorm soos voorgeskryf in Aanhangsel B van hierdie Bylae, aan die tandarts stuur ten opsigte van alle werk wat gedurende daardie maand vir die betrokke tandarts voltooi is.
- (d) Elke rekeningstaat wat deur die tandtegnikus-kontraakteur gelewer is moet deur die betrokke tandarts ten volle betaal word binne drie maande na die datum waarop die rekeningstaat gelewer is.
- (e) 'n Tandtegnikus-kontraakteur moet 'n kwitansie aan 'n tandarts uitgereik vir alle bedrae wat die tandarts aan hom betaal en 'n duplikaatkopie van sodanige kwitansie moet deur hom gehou word vir 'n tydperk van minstens vyf jaar.

work, such original work-slip shall be endorsed with the invoice number relevant to the work, by the dental technician contractor, and shall be kept by him for a period of not less than five years.

(d) All workslips issued by a dentist to a dental technician contractor shall be numbered consecutively.

005 The cost of semi precious and non-precious metals, unmounted artificial teeth and prefabricated parts shall be shown as a separate item on the invoice submitted. The use of precious or semi-precious metals and preformed components shall be certified.

006 Where this Schedule refers to high Impact Acrylic, it shall mean "Lucitone" only. The use of this product shall be certified on the tax invoice.

007 For the adjustment of tariff items to certain circumstances referred to in the tariff of fees, it is necessary to show the following modification on the invoice:

004 (a) Elke tandarts moet 'n werkstrokie volgens die voorbeeld soos voorgeskryf in Aanhangel C van hierdie Bylae, in duplikaat voltooi vir alle werk wat hy aan 'n tandtegnikus-kontrakteur stuur.

(b) Die werkstrokie moet 'n volledige beskrywing bevat van die tipe van werk wat hy van die tandtegnikus-kontrakteur verlang.

(c) Die oorspronklike werk vergesel wat die tandarts aan die tandtegnikus-kontrakteur stuur. Na voltooiing van die werk moet die tandtegnikus-kontrakteur die betrokke faktuurnommer ten opsigte van daardie werk op die oorspronklike werkstrokie aanbring en moet hy die werkstrokie hou vir 'n tydperk van minstens vyf jaar.

(d) Alle werkstrokies uitgereik deur 'n tandarts aan 'n tandtegnikus-kontrakteur moet agtereenvolgens genummer word.

005 Die koste van half edelmetale, onedelmetale ongemonteerde kunstande en voorafvervaardigde onderdele sal as 'n aparte item op die faktuur aangeteken word. Die gebruik van edelmetale of half-edelmetale en voorafvervaardigde komponente moet gesertifiseer word.

006 Waar die skedule verwys na Hoë Impak Akriel, sal dit alleenlik "Lucitone", beteken. Die gebruik van die produk sal op die belasting faktuur gesertifiseer word.

007 Ter aanpassing van spesifieke tarief items by sekere omstandighede is dit nodig om die onderstaande wysigings op die rekening aan te bring:

Example:

A full upper prosthesis finished to a metal base will be invoiced thus:

Code	R
15 per cent surcharge on acrylic work finished to a chrome cobalt or gold prosthesis.	
9451	259.39
9301 (Per model) ...	12.37
9333	305.26
9450 (15 per cent surcharge on item 9333) ...	45.79
TOTAL (EXCL. VAT)	622.81

Voorbeeld:

'n Vol-kunsgebit voltooiing op 'n metaalbasis:

Kode	R
15 persent oorbelading of voltooiing van akrielwerk op 'n kobaltchroom- of goudprothese.	
9451	259.39
9301 (Per model)	12.37
9333	305.26
9450 (15 persent oorbelading op item 9333) ...	45.79
TOTAAL (uitgesluit BTW)	622.81

TARIFF OF FEE STRUCTURE FOR THIRD PARTY REIMBURSEMENTS

1. This schedule provides for procedures performed by registered dental technician contractors.
2. Accounts rendered incorporating the Tariff of Fee Structure, shall reflect the words "Tariff of Fee", and the relevant T-code. Accounts, which reflect items (codes) in addition to those codes provided for in a procedure description, may not be rendered as a "Tariff of Fee" account. Such accounts will be subject to negotiation between the dentist, patient, dental technician contractor and third party involved.
3. The fees in this schedule shall be the maximum benefit that a specific procedure qualifies for. Dental technician contractors are obliged to charge in this manner when the words "Tariff of Fee" appears on the account.
4. Accounts shall reflect the following additional information:
 - BHF Practice number
 - Dental Laboratory registration number
 - Dentist's practice number
 - Medical scheme name and membership number
 - Surname and initials of member
 - First name of the patient and I.D. number
5. No surcharges or handling fees, other than provided for this schedule, shall be charged on any account rendered at the Tariff of fee.
6. In exceptional cases where the tariff of fee is disproportionately low in relation to the actual service rendered, such higher fee, mutually agreed upon by prior arrangement between the contractor, dentist and patient/medical scheme, may be charged. Rule 002 must be indicated.
7. Procedures or codes in this schedule shall not apply to computer-generated restorations.
8. When T-codes are used, the account rendered must also reflect the 9000 codes as per this Tariff of Fees.

**SCALE OF BENEFITS FEE STRUCTURE
FOR THIRD PARTY REIMBURSEMENTS**
PROSTHETICS

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T002	Special tray	64.04	73.00	9301 Plaster model 12.37 9327 Infection control 3.60 9431 Special tray 48.07	
T003	Full upper and lower dentures	1,014.83	1,156.90	9327 x 4 Infection control 14.39 9301 x 4 Plaster model 49.47 9321 x 2 Occlusion block 83.68 9431 x 2 Special tray 96.14 9330 Delivery charge 12.11 9331 Full U & L dentures 502.02 9700 x 4 Denture teeth 1 x 6/8 257.02	8231
T004	Full upper or lower denture	581.32	662.70	9327 x 3 Infection control 10.79 9301 x 3 Plaster model 37.11 9431 Special tray 48.07 9321 Occlusion block 39.47 9330 Delivery charge 12.11 9333 F U/ or L. denture 305.26 9700 x 2 Denture teeth 1 x 6/8 128.52	8232
T005	Soft base to new denture	458.42	522.60	9419 Soft base 217.28 9720 Soft base material 241.14	8231 or 8232
T006	Metal base to full upper or lower denture	280.35	319.60	9327 Infection control 3.60 9303 Superhard model 16.14 9451 Basic charge which excl. models and any special trays which the Dentist may require 217.54 9742 Cobalt Chrome metal 43.07	8231 or 8232
T007	One tooth partial denture	200.09	228.10	9327 2 x Infection control 7.19 9301 x 2 Plaster model 24.74 9330 Delivery charge 12.11 9351 One tooth partial 135.18 9702 Denture tooth - Odd 20.88	8233
T008	Two tooth partial denture	232.10	264.60	9327 x 2 Infection control 7.19 9301 x 2 Plaster model 24.74 9330 Delivery charge 12.11 9352 Two tooth partial 146.32 9702 x 2 Denture teeth 41.75	8233
T009	Three tooth partial denture	268.42	306.00	9327 x 2 Infection control 7.19 9301 x 2 Plaster model 24.74 9330 Delivery charge 12.11 9353 Three tooth partial 160.09 9700 Denture teeth 1 x 6/8 64.30	8235
T010	Four tooth partial denture	279.30	318.40	9327 x 2 Infection control 7.19 9301 x 2 Plaster model 24.74 9330 Delivery charge 12.11 9354 Four tooth partial 170.96 9700 Denture teeth 1 x 6/8 64.30	8235

PROSTHETICS (Continued)

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T011	Five tooth partial denture	422.98	482.20	9301 x 3 Plaster model 37.11 9321 Occlusion block 41.84 9327 x 3 Infection control 10.79 9330 Delivery charge 12.11 9355 Five tooth partial 187.89 9431 Special tray 48.07 9700 Denture teeth 1 x 6/8 64.30 9702 Denture teeth - Odd 20.88	8235
T012	Six tooth partial denture	487.37	555.60	9301 x 3 Plaster model 37.11 9321 Occlusion block 41.84 9327 x 3 Infection control 10.79 9330 Delivery charge 12.11 9356 Six tooth partial 231.40 9431 Special tray 48.07 9700 Denture teeth 1 x 6/8 64.30 9702 x 2 Denture teeth - Odd 41.75	8238
T013	Seven tooth partial denture	525.26	598.80	9301 x 3 Plaster model 37.11 9321 Occlusion block 41.84 9327 x 3 Infection control 10.79 9330 Delivery charge 12.11 9357 Seven tooth partial 248.42 9431 Special tray 48.07 9700 Denture teeth 1 x 6/8 64.30 9702 x 3 Denture teeth - Odd 62.63	8238
T014	Eight tooth partial denture	545.71	622.10	9327 x 3 Infection control 10.79 9301 x 3 Plaster model 37.11 9321 Occlusion block 41.84 9330 Delivery charge 12.11 9431 Special tray 48.07 9358 Eight tooth partial 267.19 9700 x 2 Denture teeth 1 x 6/8 128.60	8238
T015	Nine or more tooth partial denture	583.78	665.50	9327 x 3 Infection control 10.79 9301 x 3 Plaster model 37.11 9321 Occlusion block 41.84 9330 Delivery charge 12.11 9431 Special tray 48.07 9359 Nine/more tooth partial 305.26 9700 x 2 Denture teeth 1 x 6/8 128.60	8238
T016	Lingual or palatal bar	123.24	140.50	9423 Lingual or palatal bar 64.82 9728 Cost of bar 58.42	8257 8233 -
T017	Mesh strengthener	48.07 + 9729	54.80	9427 Mesh Strengthener 48.07 9729 Cost of mesh	8233 - 8238
T018	Provision single arm clasp to denture including cost of clasp	24.56	28.00	9435 Single arm clasp 24.56	8255

PROSTHETICS (Continued)

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T019	Provision single arm clasp with rest to partial denture including cost of clasp and rest	55.09	62.80	9439 Single arm clasp and rest 55.09	8255
T021	Provision double arm clasp with rest to partial denture including cost of clasp and rest	72.63	82.80	9441 Double arm clasp and rest 72.63	8255
T022	Provision of preformed clasp/ rest to partial denture including cost of clasp	39.74	45.30	9443 Performed clasp 39.74	8255
T023	Provision of rest only to partial denture including cost of rest	32.46	37.00	9445 Rest only 32.46	8255
T024	Provision of cast clasp to partial denture	100.61	114.70	9447 Cast clasp 100.61	8255
T025	Acrylic reline to single denture	218.16	248.70	9327 Infection control 3.60 9301 Plaster model 12.37 9330 Delivery charge 12.11 9413 Acrylic reline 190.09	8259
T026	Soft base reline to single denture	525.18	598.70	9327 Infection control 3.60 9303 Superhard model 16.14 9330 Delivery charge 12.11 9417 Soft base 252.19 9720 Soft base material 241.14	8267
T027	Re-model of single denture	343.51	391.60	9327 2 x Infection control 7.19 9301 2 x Plaster model 24.74 9330 Delivery charge 12.11 9415 Remodel denture 299.47	8261

ACRYLIC REPAIRS

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T028	Repair of first fracture/addition of clasp to denture	123.86	141.20	9327 Infection control 3.60 9301 Plaster model 12.37 9330 Delivery charge 12.11 9391 Repair first 95.79	8269
T029	Repair of first fracture/addition of clasp to denture	25.79	29.40	9393 Repair/second/subsequent 25.79	8269
T030	Repair: Addition first tooth to denture	160.70	183.20	9327 x 2 Infection control 7.19 9301 x 2 Plaster model 24.74 9330 Delivery charge 12.11 9391 Repair first 95.79 9702 Denture teeth odd 20.88	8269
T031	Repair: Addition of second/subsequent tooth to denture	46.67	53.20	9393 Repair second/subsequent 25.79 9702 Denture teeth odd 20.88	8269
T032	Repair: Additional fee for using wire strengthener	27.02	30.80	9395 Wire strengthener 27.02	8269
T033	Additional fee for using mesh strengthener	76.32	87.00	9398 Mesh strengthener 47.11 9729 Cost of strengthener 29.21	8231 8238
T034	Additional fee for using pre-formed strengthener	39.12	44.60	9397 Preformed strengthener 24.56 9738 Cost of mesh 14.56	8231 8238
T035	Cleaning and polishing of existing denture, per denture	42.98	49.00	9425 Cleaning of existing denture, per denture 30.88 9330 Delivery charge 12.11	None
T036	15 % surcharge on acrylic work finished to a cobalt chrome or gold prosthesis			9450 15 % surcharge on acrylic work finished to a chrome cobalt or gold prosthesis	8231 9233 9238
T037	Immediate dentures, per tooth socketed	8.07	9.20	9345 Immediate dentures, per tooth socketed 8.07	

ACRYL REPAIRS (Continued)

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T038	Immediate dentures, per tooth not socketed	3.33	3.80	9346 Immediate dentures, per tooth not socketed	3.33
T039	Infection control per denture, try in or repair (T032, T035)	3.60	4.10	9327 x X Infection control per denture, t in or repair	3.60

NOTE: T028 and T030 may not be charged together for the same denture. The second procedure should be charged by using T029 or T031

METAL FRAME TO PARTIAL DENTURES

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T041	Partial denture metal framework	680.09	775.30	9327 x 2 Infection control 9301 Plaster model 9303 Hard model 9431 Special tray 9453 -- 9493 (Average of) 9741 Casting alloy	7.19 12.37 16.14 48.07 550.96 45.36 8281

CHROME COBALT REPAIRS

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T042	Basic fee incorporating new fabricated section inclusive materials and soldering	212.72	242.50	9327 x 2 Infection control 9301 Plaster model 9303 Hard model 9330 Delivery charge 9497 Cobalt chrome section 9741 Casting alloy 9481 Additional charge for soldering retention	7.19 12.37 16.14 12.11 80.79 45.36 38.77 8269 8270 8271

METAL INLAYS, ONLAYS, CROWNS

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T080	First CLASS IV, MO, DO inlay/onlay in dental arch	314.65	358.70	9327 x 2 Infection control 9301 Plaster model 9315 Model & die 9320 Pindex 9330 Delivery charge 9525 Inlay/onlay 9748 Non precious metal	7.19 12.37 43.86 12.19 12.11 176.58 50.35 8361 8362
T081	Second and subsequent CLASS IV, MO, DO inlays/onlays in same arch	251.49	286.70	9319 Extra die 9320 Pindex 9525 Inlay/onlay 9748 Non precious metal	12.37 12.19 176.58 50.35 8361 8362

CERAMIC INLAYS, ONLAYS CROWNS (Continued)

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T082	First full metal crown, MOD inlay/ onlay, three quarter crown in dental arch	362.98	413.80	9327 x 2 Infection control 7.19 9301 Plaster model 12.37 9315 Crown & bridge model 43.86 9319 Extra die 12.37 9320 Pindex 12.19 9330 Delivery charge 12.11 9521 Crown/MOD/ 3/4 crown 212.54 9748 Non precious metal 50.35	8363 8364 8401 8403
T083	Second and subsequent MOD inlay/onlay, three quarter crown, full metal crown in same arch	287.46	327.70	9319 Extra die 12.37 9320 Pindex 12.19 9521 Crown/MOD/ 3/4 crown 212.54 9748 Non precious metal 50.35	8363 8364 8401 8403

NOTE: After a first unit has been charged for, per T080, T082, T084- only second units may be charged for in the same dental arch, T081, T083, T085.

NOTE: In case of precious metals being used the provision 9248 (R35,00) is to be deducted from the total cost of the precious metal - per T080, T081, T082, T083, only.

CERAMIC INLAYS, ONLAYS, CROWNS

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T084	First ceramic inlay/onlay/veneer in dental arch	500.61	570.70	9327 x 2 Infection control 7.19 9301 Plaster model 12.37 9315 Crown & bridge model 43.86 9319 Extra die 12.37 9320 Pindex 12.19 9314 Refractory model 50.26 9330 Delivery charge 12.11 9512 Inlay/Veneer 350.26	8371 8374
T085	Second and subsequent ceramic inlays/onlays/veneer in same arch as T084	425.09	484.60	9319 Extra die 12.37 9314 Refractory model 50.26 9512 Inlay/Veneer 350.26 9320 Pindex 12.19	8371 8374

NOTE: T084 and T085 do not apply to computer generated inlays.

CERAMIC INLAYS, ONLAYS CROWNS (Continued)

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T082	First full metal crown, MOD inlay/ onlay, three quarter crown in dental arch	362.98	413.80	9327 x 2 Infection control	7.19 8363
				9301 Plaster model	12.37 8364
				9315 Crown & bridge model	43.86 8401
				9319 Extra die	12.37 8403
				9320 Pindex	12.19
				9330 Delivery charge	12.11
				9521 Crown/MOD/ 3/4 crown	212.54
				9748 Non precious metal	50.35
T083	Second and subsequent MOD inlay/onlay, three quarter crown, full metal crown in same arch	287.46	327.70	9319 Extra die	12.37 8363
				9320 Pindex	12.19 8364
				9521 Crown/MOD/ 3/4 crown	212.54 8401
				9748 Non precious metal	50.35 8403

NOTE: After a first unit has been charged for, per T080, T082, T084- only second units may be charged for in the same dental arch, T081, T083, T085.

NOTE: In case of precious metals being used the provision 9248 (R35 00) is to be deducted from the total cost of the precious metal - per T080, T081, T082, T083, only.

CERAMIC INLAYS, ONLAYS, CROWNS

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T084	First ceramic inlay/onlay/veneer in dental arch	500.61	570.70	9327 x 2 Infection control	7.19 8371
				9301 Plaster model	12.37 8374
				9315 Crown & bridge model	43.86
				9319 Extra die	12.37
				9320 Pindex	12.19
				9314 Refractory model	50.26
				9330 Delivery charge	12.11
				9512 Inlay/Veneer	350.26
T085	Second and subsequent ceramic inlays/onlays/veneer in same arch as T084	425.09	484.60	9319 Extra die	12.37 8371
				9314 Refractory model	50.26 8374
				9512 Inlay/Veneer	350.26
				9320 Pindex	12.19

NOTE: T084 and T085 do not apply to computer generated inlays.

CERAMIC/PORCELAIN FINEER CROWNS

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T100	First porcelain veneer crown in dental arch	577.10	657.90	9327 x 2 Infection control 7.19 9301 Plaster model 12.37 9315 Crown & bridge model 43.86 9319 Extra die 12.37 9320 Pindex 12.19 9330 Delivery charge 12.11 9505 Crown 426.67 9748 Non precious metal 50.35	8411
T101	Porcelain veneer crown or pontic, second or subsequent crowns in arch	501.58	571.80	9319 Extra die 12.37 9320 Pindex 12.19 9505 Crown/pontic 426.67 9748 Non precious metal 50.35	8411 8422 8424
T102	First ceramic jacket crown per dental arch including metal substitute coping and material	715.79	816.00	9327 x 2 Infection control 7.19 9301 Plaster model 12.37 9314 Refractory model 50.26 9315 Crown & bridge model 43.86 9319 Extra die 12.37 9320 Pindex 12.19 9330 Delivery charge 12.11 9501 Ceramic jacket crown/Ceromer crown 350.26 9502 Metal substitute 215.18	8409
T103	Second or subsequent ceramic jacket crown in same arch	640.26	729.90	9319 Extra die 12.37 9320 Pindex 12.19 9314 Refractory model, per unit 50.26 9501 Ceramic jacket crown/Ceromer crown 350.26 9502 Metal substitute 215.18	8409
T104	Facing replacement	310.35	353.80	9327 x 2 Infection control 7.19 9301 Plaster model 12.37 9315 Crown & bridge model 43.86 9319 Extra die 12.37 9320 Pindex 12.19 9330 Delivery charge 12.11 9566 Porcelain facing 210.26	8413
T105	Positioning precision attachment, per attachment including soldering	213.86 +cost of attachment		9782 Precision attachment 213.86 9724 Cost of attachment Neg	8599
T106	Positioning burnout precision attachment	213.86 +cost of attachment		9780 Precision attachment 213.86 9724 Cost of attachment Neg	8599
T107	Temporary acrylic crown in dental arch	140.70	160.40	9327 x 2 Infection control 7.19 9301 Plaster model 12.37 9303 Superhard model 16.14 9330 Delivery charge 12.11 9563 Temporary crown 92.89	8401 8403 8409 8411

CERAMIC/PORCELAIN VINEER CROWNS (Continued)

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T108	Additional temporary crown/ pontic per unit in same arch	92.89	105.90	9563 Temporary crown 92.89	8401 8403 8409 8411 8420 8424
T109	Porcelain shoulder, maxillary crowns 1 - 6, mandibular crowns 1 - 4 only	66.40	75.70	9515 Porcelain shoulder 66.40	8411

BRIDGES AND PONTICS

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T110	Maryland bridge retainer, first retainer	327.02	372.80	9327 x 2 Infection control 7.19 9301 Plaster model 12.37 9315 Crown & bridge model 43.86 9319 Extra die 12.37 9320 Pindex 12.19 9330 Delivery charge 12.11 9525 Inlay/onlay 176.58 9748 Cost of metal 50.35	8356
T111	Second or subsequent retainer	251.49	286.70	9319 Extra die 12.37 9320 Pindex 12.19 9525 Inlay/onlay 176.58 9748 Cost of metal 50.35	8356
T112	Pre-solder invested joint - per joint	57.19 + cost of solder		9543 Pre-solder invested 57.19 9524 Cost per solder	
T113	Post-solder invested joint - per joint	86.75 + cost of solder		9507 Post solder invested joint 86.75 9524 Cost of solder	
T114	Full metal pontic	200.53	228.60	9533 Full metal pontic 150.18 9748 Cost of metal 50.35	

IMPLANTS

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T120	Super structures on implants, for edentulous cases per section cast, including placing of pre formed parts	1,363.16 + metal and components		9746/ Metal 9736 Implant components 9788 Super structure Neg Neg 1,363.16	8193
T121	Crown and bridge implant abutment, per abutment (inclusive of abutment preparation)	100.44 + metal and components		9786 Wax & finish abutment 9746/ Metal 9734 Implant components 100.44 Neg Neg	8193

ORTHODONTICS

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T140	Basic charge which includes acrylic base and models	206.58	235.50	9327 x 2 Infection control 9301 x 2 Plaster model 9330 Delivery charge 9571 Basic charge 7.19 24.74 12.11 162.54	8862 8863
T141	Basic charge for appliance not containing acrylic	117.02	133.40	9327 x 2 Infection control 9301 x 2 Plaster model 9330 Delivery charge 9572 Basic charge 7.19 24.74 12.11 72.98	8862 8863
T142	Additional fee for fitting expansion screw	30.61 + cost of screw		9573 Expansion screw 9766 Cost of screw 30.61 Neg	8862 8863
T143	Additional fee for fitting subsequent expansion screws excluding cost of screw	25.44 + cost of screw		9575 Expansion screw 9766 Cost of screw 25.44 Neg	8862 8863
T144	Additional fee for bite plate	30.61	34.90	9577 Bite plate 30.61	8862 8863
T145	Additional fee for fitting fongue guard	35.88	40.90	9579 Tongue guard 35.88	8862 8864
T146	Additional fee for flat or inclined plane	21.40	24.40	9581 Inclined plane 21.40	8862 8863
T147	Additional fee for Adams Crib	25.44	29.00	9583 Adams crib 25.44	8862 - 8863
T148	Additional fee for Jackson Crib	25.44	29.00	9585 Jackson Crib 25.44	8862 - 8863

ORTHODONTICS (Continued)

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T149	Additional fee for ball clasp including cost of material	25.61	29.20	9587 Ball clasp 25.61	8862 - 8863
T150	Additional fee for single arm clasp	23.33	26.60	9589 Single arm clasp 23.33	8862 - 8863
T151	Additional fee for double arm clasp	41.84	47.70	9591 Double arm clasp 41.84	8862 - 8863
T152	Additional fee for fabricating and fitting single loop finger spring	18.42	21.00	9593 Single loop finger spring 18.42	8862 - 8863
T153	Additional fee for fabricating and fitting double loop finger spring	20.44	23.30	9595 Double loop finger spring 20.44	8862 - 8863
T154	Additional fee for fabricating and fitting buccal loop finger spring	15.44	17.60	9597 Buccal loop spring 15.44	8862 - 8863
T155	Additional fee for fabricating and fitting apron spring	46.75	53.30	9599 Apron spring 46.75	8862 - 8863
T156	Additional fee for fabricating and fitting multiloop spring	46.75	53.30	9601 Multi loop spring 46.75	8862 - 8863
T157	Additional fee for fabricating and fitting "coffin" spring	43.86	50.00	9603 Coffin spring 43.86	8862 - 8863
T158	Additional fee for fabricating and fitting helicoil or bazooka spring	46.75	53.30	9605 Helicoil/Bazooka 46.75	8862 - 8863

ORTHODONTICS (Continued)

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T159	Additional fee for fabricating and fitting flapper or "T"-spring	35.88	40.90	9607 Flapper / T-spring 35.88	8862 - 8863
T160	Additional fee for fabricating and fitting all springs with tubing	20.44	23.30	9609 Tubing 20.44	8862 - 8863
T161	Additional fee for fabricating and fitting labial arch	18.42	21.00	9611 Labial arch 18.42	8862 8863
T162	Additional fee for fabricating and fitting Buccal arch	23.33	26.60	9613 Buccal arch 23.33	8862 - 8863
T163	Additional fee for fabricating and fitting Roberts retractor	50.26	57.30	9615 Roberts retractor 50.26	8862 - 8863
T164	Additional fee for fabricating and fitting Angleman arch	52.11	59.40	9617 Angleman arch 52.11	8862 - 8863
T165	Additional fee for fabricating and fitting extra oral arch	60.44	68.90	9619 Twinwire arch 60.44	8862 - 8863
T166	Additional fee for fabricating and fitting extra oral-arch	60.44	68.90	9621 Extra-oral-arch 60.44	8862 - 8863
T167	Additional fee for each spot welded joint	13.25	15.10	9623 Spot welded joint 13.25	8862 - 8863
T168	Additional fee for each soldering joint	15.44	17.60	9625 Soldering joint 15.44	8862 - 8863
T169	Additional fee for each invested soldering joint	41.84	47.70	9627 Invested joint 41.84	8862 - 8863
T170	Additional fee for each hook for elastic traction	15.44	17.60	9629 Hook 15.44	8862 - 8863

MOUTH PROTECTORS AND MYO FUNCTIONAL APPLIANCES, MISCELLANEOUS

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T171	Andressen or Van Beek appliance and Bonnie Cage	529.82	604.00	9327 x 2 Infection control 7.19 9571 Basic charge 162.54 9301 x 2 Plaster model 24.74 9330 Delivery charge 12.11 9621 Extra-oral arch 60.44 9635 Appliance 262.81	8858
T172	Frankel Appliance	611.05	696.60	9327 x 2 Infection control 7.19 9571 Basic charge 162.54 9301 x 2 Plaster model 24.74 9330 Delivery charge 12.11 9641 Appliance - Frankel 404.47	8858
T173	Bionator	477.28	544.10	9327 x 2 Infection control 7.19 9571 Basic Charge 162.54 9301 x 2 Plaster model 24.74 9330 Delivery charge 12.11 9645 Appliance - Bionator 270.70	8858
T174	Other functional appliances (subject to approval)	By Neg.			8858
T175	Chincap	338.42	385.80	9327 x 2 Infection control 7.19 9571 Basic charge 162.54 9301 x 2 Plaster model 24.74 9330 Delivery charge 12.11 9643 Chincap 131.84	8858
T176	Spring retainer/snapper	209.04 + the calculated value of 9646		9327 Infection control 3.60 9301 Plaster model 12.37 9330 Delivery charge 12.11 9571 Basic charge 162.54 9611 Labial arch 18.42 9646 Diagnostic setup: $R233.87 + 32 \times$ number of teeth moved	8862 8863
T180	Mouth protector	169.65 + cost of material		9327 x 2 Infection control 7.19 9301 x 2 Plaster model 24.74 9330 Delivery charge 12.11 9631 Mouth protector 125.61 9776 Cost of material Neg	8169 & 8171
T181	Oral screen	358.77	409.00	9327 x 2 infection control 7.19 9301 x 2 Plaster model 24.74 9330 Delivery charge 12.11 9571 Basic charge 162.54 9633 Cost of material 152.19	

MOUTH PROTECTORS AND MYO FUNCTIONAL APPLIANCES, MISCELLANEOUS (Continued)

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE	DENTAL CODE
T182	Space maintainer, fixed including material	224.04	255.40	9327 Infection control 3.60 9301 Plaster model 12.37 9330 Delivery charge 12.11 9572 Basic charge, appliance without acrylic 72.98 9625 x 2 Free soldering joint 30.88 9651 Pinched band 73.68 9622 Space maintainer arch 18.42	8173
T183	Space maintainer, fixed removable	275.88	314.50	9327 x 2 Infection control 7.19 9301 x 2 Plaster model 24.74 9330 Delivery charge 12.11 9571 Basic charge acrylic 162.54 9583 x 2 Adams' crib 50.88 9611 Labial arch 18.42	8175
T184	Cast and trim study models, per model	99.30	113.20	9327 x 2 Infection control 7.19 9330 Delivery charge 12.11 9307 x 2 Study models 80.00	8117
T185	Bite plate for TMJ disfunction	237.19	270.40	9327 x 2 Infection control 7.19 9301 x 2 Plaster model 24.74 9330 Delivery charge 12.11 9571 Basic charge acrylic 162.54 9577 Per bite surface 30.61	8169

2. TARIFF OF FEES

SECTION 1

PREPARATORY WORK

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL R
9301	Casting of model in plaster, per model	12.37	1.73	14.10
9303	Casting of model in superhard stone per model	16.14	2.26	18.40
9305	Casting and trimming of study model, per model	32.81	4.59	37.40
9307	Casting and trimming of gnathostatic study model, per model ..	40.00	5.60	45.60
9309	New trimmed base to supplied model, per model	14.30	2.00	16.30
9311	Trimming of supplied model, per model	9.21	1.29	10.50
9312	Gingival tissue mask per impression including material	50.26	7.04	57.30
9313	Duplicating model, per model	34.74	4.86	39.60
9314	Refractory model, per unit (including material and duplicating) .	50.26	7.04	57.30
9315	Models and duplicate models for crown and bridge work inclusive of one removable die	43.86	6.14	50.00
9317	Sectional models for crown and bridge work inclusive of one removable die	40.00	5.60	45.60
9319	Each additional die for items 9315 and 9317 per die	12.37	1.73	14.10
9320	Pindex or indexed model tray per die	12.19	1.71	13.90
9321	Occlusion block, per block	41.84	5.86	47.70
9323	Occlusion block on baseplate, per block	46.75	6.55	53.30

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9325	Additional model from same impression per model	12.37	1.73	14.10
9327	Infection control per impression, denture (wax or acrylic) or any item in contact with body fluids	3.60	0.50	4.10
9329	Fit and supply of disposable articulator (including cost of articulator)	8.68	1.22	9.90
9330	Delivery charge per completed procedure	12.11	1.69	13.80

NOTE: The tariff under all sections excludes the fees for models - occlusion blocks and delivery charge.

SECTION 2

PROSTHETIC SERVICES USING ACRYLIC

NOTE: The tariff under this section excludes the fees for models and occlusion blocks.

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9331	Full upper and lower dentures	502.02	70.28	572.30
9333	Full upper or lower denture	305.26	42.74	348.00
9335	Set-up and waxing of full upper and lower dentures	204.47	28.63	233.10
9337	Set-up and waxing of full upper or lower denture	138.77	19.43	158.20
9339	Waxing and finishing of full upper or lower denture	270.70	37.90	308.60
9341	Waxing and finishing of full upper or lower denture	157.63	22.07	179.70
9343	Additional fee for dentures on adjustable articulator at request of dentist	625.00	87.50	712.50
9345	Additional fee for immediate dentures, per tooth socketed	8.07	1.13	9.20

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL R
9346	Additional fee for immediate dentures, per tooth not socketed ..	3.33	0.47	3.80
9347	Additional fee for each retry from the third and upwards at an agreed quantum of time to be calculated at hourly rate of	163.33	22.87	186.20
B. PARTIAL DENTURES				
9351	Set-up and finish one-tooth denture	135.18	18.92	154.10
9352	Set-up and finish two-tooth denture	146.32	20.48	166.80
9353	Set-up and finish three-tooth denture	160.09	22.41	182.50
9354	Set-up and finish four-tooth denture	170.96	23.94	194.90
9355	Set-up and finish five-tooth denture	187.89	26.31	214.20
9356	Set-up and finish six-tooth denture	231.40	32.40	263.80
9357	Set-up and finish seven-tooth denture	248.42	34.78	283.20
9358	Set-up and finish eight-tooth denture	267.19	37.41	304.60
9359	Set-up and finish ten or more tooth denture	305.26	42.74	348.00
9361	Set-up and waxing of one-tooth denture	45.88	6.42	52.30
9362	Set-up and waxing of two-tooth denture	56.84	7.96	64.80

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9363	Set-up and waxing of three-tooth denture	64.82	9.08	73.90
9364	Set-up and waxing of four-tooth denture	75.96	10.64	86.60
9365	Set-up and waxing of five-tooth denture	83.77	11.73	95.50
9366	Set-up and waxing of six-tooth denture	100.61	14.09	114.70
9367	Set-up and waxing of seven-tooth denture	108.51	15.19	123.70
9368	Set-up and waxing of eight-tooth denture	116.23	16.27	132.50
9369	Set-up and waxing of nine-tooth denture	155.00	21.70	176.70
9371	Waxing and finishing of one-tooth denture	100.61	14.09	114.70
9372	Waxing and finishing of two-tooth denture	103.86	14.54	118.40
9373	Waxing and finishing of three-tooth denture	106.32	14.88	121.20
9374	Waxing and finishing of four-tooth denture	108.51	15.19	123.70
9375	Waxing and finishing of five-tooth denture	114.21	15.99	130.20
9376	Waxing and finishing of six-tooth denture	119.56	16.74	136.30
9377	Waxing and finishing of seven-tooth denture	125.44	17.56	143.00
9378	Waxing and finishing of eighth-tooth denture	133.07	18.63	151.70
9379	Waxing and finishing of nine-tooth denture	144.39	20.21	164.60

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL R
9381	Additional fee for immediate denture per tooth socketed	8.07	1.13	9.20
9382	Additional fee for immediate denture per tooth not socketed	3.33	0.47	3.80
9383	Additional fee for finishing off in tooth colour or bridge material .	21.32	2.98	24.30
9385	Additional fee for supplying finished denture on duplicate model	51.40	7.20	58.60
C. REPAIR SERVICE				
9391	Basic charge which includes repair of one fracture of addition of one tooth or addition of one clasp.....	95.79	13.41	109.20
9393	Additional charge for each additional fracture, or tooth or clasp	25.79	3.61	29.40
9395	Additional fee for using wire strengthener	27.02	3.78	30.80
9397	Additional fee for using pre-formed strengthener (excluding cost of strengthener)	24.56	3.44	28.00
9398	Additional fee for using mesh strengthener in repair procedure	47.11	6.59	53.70
D. ADDITIONAL SERVICES				
9401	Clear plate	40.18	5.62	45.80
9403	Dox grinding of upper and lower dentures	59.21	8.29	67.50
9405	Inlay to artificial tooth, one surface only, per inlay (excluding costs of gold)	81.67	11.43	93.10
9406	Inlay to artificial tooth, multisurfaces e.g. horseshoe or L-type inlay, per inlay (excluding costs of gold)	112.02	15.68	127.70

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9407	Heka base technique per upper or lower denture	133.07	18.63	151.70
9409	Frego frame (excluding cost of material)	51.40	7.20	58.60
9411	Template per upper or lower denture	103.86	14.54	118.40
9413	Reline of single denture	190.09	26.61	216.70
9415	Remodel of single denture	299.47	41.93	341.40
9417	Soft base reline per denture excluding soft base material	252.19	35.31	287.50
9419	Soft base to new denture, per denture excluding soft base material	217.28	30.42	247.70
9421	Gum tinting per denture	86.23	12.07	98.30
9423	Lingual or palatal bar (excluding cost of material)	64.82	9.08	73.90
9425	Cleaning and polishing of existing denture, per denture	30.88	4.32	35.20
9427	Mesh strengthener (excluding cost of material)	48.07	6.73	54.80
9431	Special Tray, acrylic, each	48.07	6.73	54.80
9433	Special Tray in base plate material, each	45.88	6.42	52.30
9435	Provision of single arm clasp to partial denture	24.56	3.44	28.00
9437	Provision of double arm clasp, to partial denture	43.51	6.09	49.60
9439	Provision of single arm clasp with rest, to partial denture	55.09	7.71	62.80
9441	Provision of double arm clasp with rest, to partial denture	72.63	10.17	82.80

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9443	Provision of preformed clasps or Roach clasp, to partial denture (including cost of clasp)	39.74	5.56	45.30
9445	Provision of rest only to partial denture	32.46	4.54	37.00
9447	Cast Clasp	100.61	14.09	114.70
9448	Model of impression inside occlusion block or wax try in	21.32	2.98	24.30
9450	15 % surcharge on acrylic work finished to a chrome cobalt or gold prosthesis			

SECTION 3**COBALT CHROME/GOLD PROSTHETIC SERVICES**

NOTE: The tariffs under this section excludes the tariff for models.

	A. FULL METAL DENTURES			
9451	Metal base for full upper or full lower denture each	259.39	36.31	295.70
	B. PARTIAL METAL DENTURES			
9453	Basic charge which excludes models and any special trays (see item 9431/3) which the dentist may require	217.54	30.46	248.00
9455	Additional charge for each one arm clasp	13.25	1.85	15.10
9457	Additional charge for each Roach clasp	23.33	3.27	26.60

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9459	Additional charge for each rest	13.25	1.85	15.10
9461	Additional charge for continuous clasp, per tooth.....	13.25	1.85	15.10
9463	Additional charge for lingual bar, per tooth passed.....	23.33	3.27	26.60
9465	Additional charge for palatal bar.....	43.86	6.14	50.00
9467	Additional charge for on lay	145.88	20.42	166.30
9469	Additional charge for saddle with finishing line, per tooth	23.33	3.27	26.60
9471	Additional charge for saddle without finishing line, per tooth ...	13.25	1.85	15.10
9473	Additional charge for horseshoe saddle, per tooth	23.33	3.27	26.60
9475	Additional charge for fitting of tooth for metal backing, per tooth	15.44	2.16	17.60
9477	Additional charge for goldplating, per denture (excluding cost of gold)	115.53	16.17	131.70
9479	Additional charge for fitting one distal-extension hinge, excluding cost of hinge)	50.26	7.04	57.30
9481	Additional charge for each soldering joint	38.77	5.43	44.20
9483	Additional charge for soldering retention	52.11	7.29	59.40
9485	Additional charge for each additional retention soldering joint .	13.25	1.85	15.10
9487	Additional charge for each welding joint	59.21	8.29	67.50
9489	Additional charge for fitting swing lock, inclusive of cost of material fee to be determined by arrangement between dentist and dental technician			

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9491	Additional charge for each backing cost	33.68	4.72	38.40
9493	Additional charge for each Steel's backing or pontic cast (Plastic work to be charged in addition)	38.77	5.43	44.20
C. CHROME COBALT AND REPAIRS				
9495	Basic fee for the <u>repairing</u> of or addition to any appliance necessitating the casting of a model	67.54	9.46	77.00
9497	Basic fee if a new section is to be fabricated and where item 9495 does not apply	80.79	11.31	92.10

SECTION 4**CROWN AND BRIDGE PROSTHETIC SERVICES**

NOTE: The tariffs under this section excludes the tariff for models.

	A. PORCELAIN (CERAMIC) SERVICES			
9501	Ceramic jacket crown/Ceromer crown	350.26	49.04	399.30
9502	Ceramic metal substitute coping (including material)	215.18	30.12	245.30
9505	Porcelain veneer crown or pontic (excluding metal)	426.67	59.73	486.40

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9507	Post-solder invested joint, per joint	86.75	12.15	98.90
9511	Inlay in porcelain veneer crown	148.07	20.73	168.80
9512	Ceramic/, inlay/on lay, bridge retainer	350.26	49.04	399.30
9515	Porcelain shoulder per unit (not applicable to pontics)	66.40	9.30	75.70
9520	Addition fee for crown- & bridge work performed on a movable condyle articulator per unit	23.25	3.25	26.50
B. GOLD AND ACRYLIC VENEER SERVICES				
9521	Full metal crown, MOD, three-quarter crown	212.54	29.76	242.30
9524	Indirect Composite Resin inlay	176.58	24.72	201.30
9525	Class IV, MO, DO, cervical/occlusal inlay	176.58	24.72	201.30
9526	Additional fee for one piece casting of crown or inlay on post ..	67.72	9.48	77.20
9531	Pin-ledge inlay	202.11	28.29	230.40
9533	Full metal pontic	150.18	21.02	171.20
9535	Coping or abutment thimble cast	138.86	19.44	158.30
9537	Precision lock and rest cast, incorporating pre-formed parts ...	213.60	29.90	243.50
9538	Lock and rest cast	92.89	13.01	105.90
9539	Casting of rest only	48.07	6.73	54.80
9541	Metal inlay or post, cast direct	50.88	7.12	58.00
9543	Gold/pre-solder invested joint, excluding cost of solder	57.19	8.01	65.20

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9545	Cast post with thimble, indirect	98.07	13.73	111.80
9546	Multiple Post	175.96	24.64	200.60
9549	C.S.P. attachment (Steiger)	513.42	71.88	585.30
9551	Telescope crown	355.35	49.75	405.10
9553	Composite/acrylic veneer crown, indirect	290.18	40.62	330.80
9555	Composite/acrylic veneer pontic	274.82	38.48	313.30
9557	Composite/acrylic jacket crown, indirect	195.18	27.32	222.50
9559	Composite/acrylic veneer post crown	286.14	40.06	326.20
9560	Indirect Composite Resin Veneer	195.18	27.32	222.50
9561	Composite/acrylic jacket crown, direct	147.19	20.61	167.80
9562	Silicoating (per unit)	33.25	4.65	37.90
9563	Temporary acrylic/composite crown per unit, (including templates, impressions and materials)	92.89	13.01	105.90
9564	Heat formed template supplied to dentist for the manufacture of temporary restorations (including template material)	30.53	4.27	34.80
9565	Composite/acrylic-facing replaced	121.75	17.05	138.80
9566	Porcelain facing replaced	210.26	29.44	239.70
9569	Waxing of crown to existing denture	90.96	12.74	103.70
9570	Additional fee for each remake at an agreed quantum of time to be calculated at an hourly rate of	148.07	20.73	168.80

SECTION 5

NOTE: The tariffs under this section excludes the tariff for models.

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
	A. ORTHODONTIC SERVICES			
9571	Basic charge which includes acrylic base	162.54	22.76	185.30
9572	Basic charge for appliance which do not include acrylic	72.98	10.22	83.20
9573	Additional charge for fitting first expansion screw (excluding cost of screws)	30.61	4.29	34.90
9575	Additional fee for fitting subsequent expansion screws (excluding cost of screw)	25.44	3.56	29.00
9577	Additional fee for bite plate	30.61	4.29	34.90
9579	Additional fee for fitting tongue guard	35.88	5.02	40.90
9581	Additional fee for flat or inclined plane	21.40	3.00	24.40
9583	Additional fee for Adams Crib	25.44	3.56	29.00
9585	Additional fee for Jackson Crib	25.44	3.56	29.00
9587	Additional fee for ball clasp (excluding cost of preformed clasp)	25.61	3.59	29.20
9589	Additional fee for single arm clasp	23.33	3.27	26.60
9591	Additional fee for double arm clasp	41.84	5.86	47.70
	SPRINGS			
9593	Additional fee for fitting single loop finger spring	18.42	2.58	21.00
9595	Additional fee for fitting double loop finger spring	20.44	2.86	23.30

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL R
9597	Additional fee for fitting Buccal retraction spring	15.44	2.16	17.60
9599	Additional fee for fitting apron spring	46.75	6.55	53.30
9601	Additional fee for fitting multiloopspring	46.75	6.55	53.30
9603	Additional fee for fitting coffin spring	43.86	6.14	50.00
9605	Additional fee for fitting helicoid or bazooka spring	46.75	6.55	53.30
9607	Additional fee for fitting flapper or "T"-spring	35.88	5.02	40.90
9609	Additional fee for fitting all springs with tubing, each	20.44	2.86	23.30
ARCHES				
9611	Additional fee for fitting labial arch	18.42	2.58	21.00
9613	Additional fee for fitting buccal arch	23.33	3.27	26.60
9615	Additional fee for fitting Roberts retractor	50.26	7.04	57.30
9617	Additional fee for fitting Angleman arch	52.11	7.29	59.40
9619	Additional fee for fitting twinwire arch	60.44	8.46	68.90
9621	Additional fee for fitting extra-oral arch	60.44	8.46	68.90
9622	Additional fee for fitting space maintainer arch	18.42	2.58	21.00

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
	WELDING AND SOLDERING			
9623	Additional fee for each spot-welding joint	13.25	1.85	15.10
9625	Additional fee for each soldering joint	15.44	2.16	17.60
9627	Additional fee for each invested soldering joint	41.84	5.86	47.70
9629	Additional fee for each hook for elastic traction	15.44	2.16	17.60
	B. MOUTH PROTECTORS AND MYO FUNCTIONAL APPLIANCES			
9631	Mouth protector	125.61	17.59	143.20
9633	Oral screen	152.19	21.31	173.50
9635	Andresen or Norwegian appliance	262.81	36.79	299.60
9637	Tooth positioner	315.61	44.19	359.80
9639	Gunning splint (excluding cost of material)	409.39	57.31	466.70
9641	Frankel appliance	404.47	56.63	461.10
9643	Chin cap	131.84	18.46	150.30
9645	Bionator	270.70	37.90	308.60
9646	Diagnostic set-up	262.81	36.79	299.60
9647	Invisible Retainer plus materials	152.19	21.31	173.50
	C. FIXED APPLIANCES			
9651	Pinched or swaged band with welded attachment (excluding cost of attachment)	73.68	10.32	84.00

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9653	Pinched or swaged band with soldered attachment (excluding cost of attachment)	99.12	13.88	113.00
	D. ADDITIONAL SERVICES			
9662	Additional fee for each remake at an agreed quantum of time to be calculated at the hourly rate of	148.07	20.73	168.80

SECTION 6**MATERIALS**

	A. PROSTHETIC/RESTORATIVE SERVICES			
9700	Diatrics 1 X 6/8			
9702	Diatrics, odds, anterior			
9704	Diatrics, odds, posterior			
9720	Soft base material per denture			
9722	High impact acrylic per denture			
9724	Cost of precision attachment, per attachment			
9726	Cost of preformed clasp, per clasp			
9728	Cost of lingual / palatal bar			
9729	Cost of mesh strengthener			
9730	Cost of pre-fabricated burn-out component, per component			
9732	Cost of other attachment components e.g. Nylon caps, sleeves etc.			
9734	Cost of solder bar and clips, per gram or per clip			
9736	Cost of implant components			
9738	Cost of preformed strengthener			

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
	B. METAL			
9740	Cost of gold wire, per gram			
9741	Cost of Cobalt Chrome casting alloy			
9742	Cost of specialised Cobalt Chrome casting metal e.g. Vitallium, Titanium			
9744	Cost of precious casting alloy			
9746	Cost of semi-precious casting alloy			
9748	Cost of non-precious casting alloy			
9752	Cost of platinum foil			
9754	Cost of gold folder, per gram			
9756	Cost of silver solder, per gram			
9757	Ceromer material - per unit			
9758	Fiber re-enforced material (per unit)			
9759	Fiber re-enforced material (per unit)			
9760	Composite restoration material			
	C. ORTHODONTIC SERVICES			
9762	Cost of anterior orthodontic attachment, per attachment			
9764	Cost of posterior orthodontic attachment, per attachment			
9766	Cost of expansion screw, per screw			
9768	Cost of buccle tube/transfer tube, per tube			
9770	Cost of j-hook, per hook			
9772	Cost of lingual buttons, per button			
9774	Cost of invisible retainer material			
9776	Cost of mouth protector material			
9778	Cost of TMA arch wire			

SECTION 7

PRECISION ATTACHMENTS AND IMPLANT SERVICES

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9780	Positioning and finishing of complete (male and female) pre-fabricated burn-out attachment	213.86	29.94	243.80
9782	Positioning and soldering of complete (male and female) precision attachment	213.86	29.94	243.80
9784	Alignment of solder bar and clips	213.86	29.94	243.80
9786	Waxing and finishing of implant abutment - crown and bridge work only, per abutment	100.44	14.06	114.50
9788	Implant superstructure (edentulous cases) including placing of preformed parts, per section cast	1,363.16	190.84	1,554.00
9789	Finishing of prosthesis on implant structure per arch.....	315.00	44.10	359.10

ANNEXURE A

TAX INVOICE

BHF PRACTICE NUMBER : 93.....

VAT REGISTRATION NO:.....DENTAL LABORATORY REG. NO:.....

NAME & ADDRESS OF DENTAL TECHNICIAN CONTRACTOR :.....

TELEPHONE NO.....DATE OF ISSUE:.....

NO. OF INVOICE:.....

NAME & ADDRESS OF DENTIST:.....

.....PRACTICE NO:.....

NAME OF PATIENT:.....

ADRESS OF PATIENT:.....

MEDICAL AID & NO:.....

SURNAME & INITIALS OF PRINCIPAL MEMBER:.....

NUMBER OF WORKSLIP:.....

GLOBAL FEE T NO.	CODE NO. 9XXX	QUANTITY	DESCRIPTION OF WORK COMPLETED	AMOUNT	
				R	C
.....					
.....					
.....					
.....					

SUBTOTAL (EXCLUDING VAT)

VAT CHARGED %

TOTAL (INCLUDING VAT)

METHOD OF PAYMENT : **DIRECT / DENTIST (BY AGREEMENT)**

ANNEXURE B

NAME & ADDRESS OF DENTIST:

.....

NAME & ADDRESS OF DENTAL TECHNICIAN CONTRACTOR:

.....

TELEPHONE NO. DATE OF ISSUE:

STATEMENT OF ACCOUNTS RENDERED DURING THE MONTH OF20.....

TOTAL OF INVOICE

INVOICE NO. DATE NAME OF PATIENT OR WORKSLIP NO. R C

.....

.....

.....

TOTAL AMOUNT DUE

ANNEXURE C

WORKSLIP NO.

NAME & ADDRESS OF DENTAL TECHNICIAN CONTRACTOR:

TELEPHONE NO. DATE OF ISSUE:

NAME & ADDRESS OF DENTIST:

PRACTICE NO.:

NAME OF PATIENT:

MEDICAL AID & NO.:

SURNAME & INITIALS OF PRINCIPAL MEMBER:

DESCRIPTION OF WORK REQUIRED:**1. ACRYLIC DENTURE WORK:**

F/F F/-OR-/F PARTIAL RELINE REBASE REPAIR MODELS

2. ORTHODONTICS:

MODELS REPAIR

3. CROWN AND BRIDGE WORK:

CROWN BRIDGE ACRYLIC VENEER PORCELAIN VENEER INLAYS PONTICS REPAIRS

4. METAL DENTURE WORK:

FULL DENTURE SKELETON CHROME COBALT GOLD REPAIRS

5. OTHER (TO BE DESCRIBED FULLY BELOW) :**FULL DESCRIPTION OF WORK TO BE SET OUT HERE:**

18 17 16 15 14 13 12 11 . 21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

SHADE: MOULD:

INSTRUCTIONS:

SIGNATURE OF DENTIST

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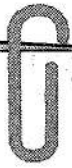
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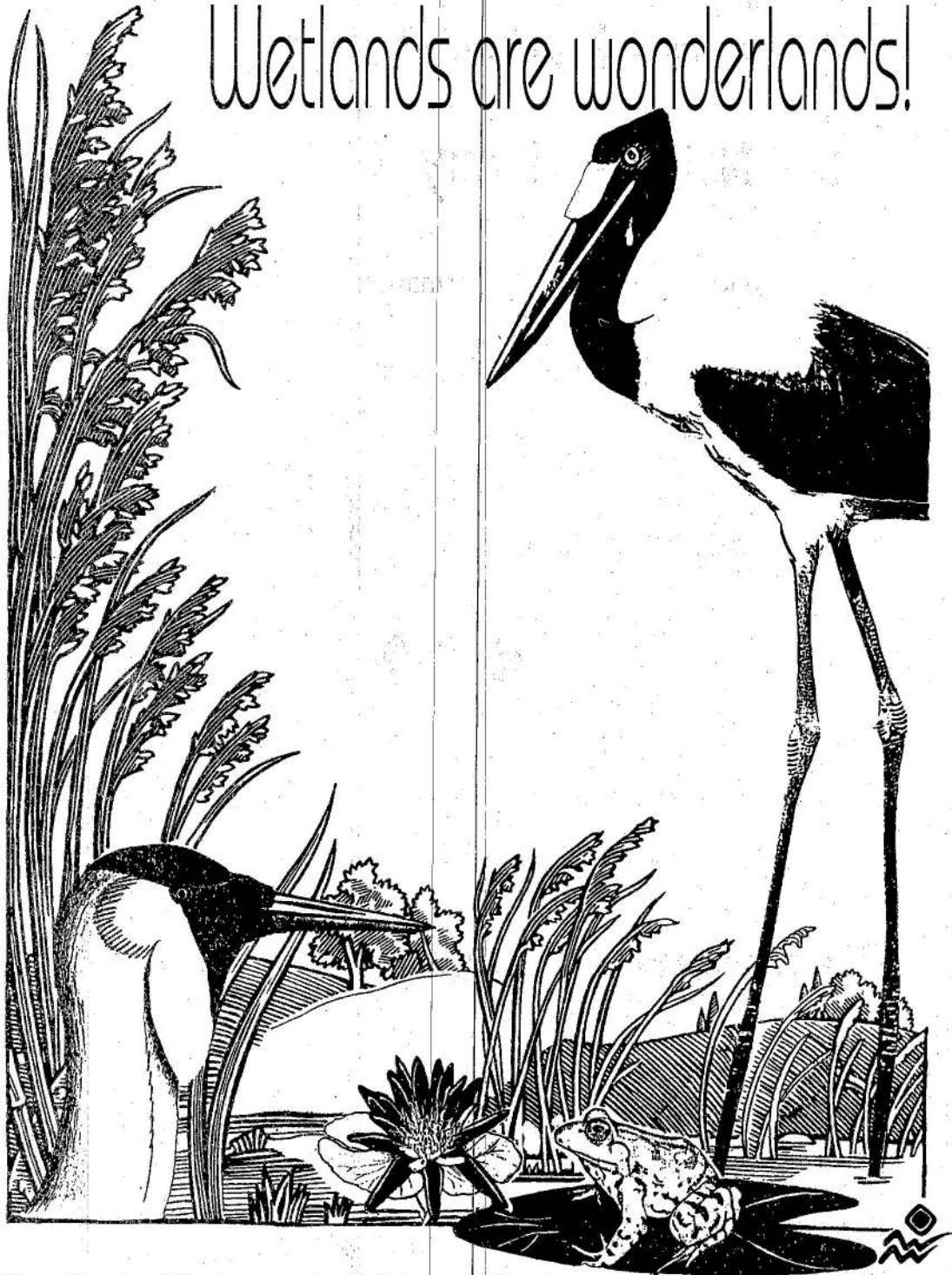
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