



Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID-AFRIKA

Vol. 449

Pretoria, 22 November 2002

No. 24078



9771682584003

24078



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BOARD NOTICE RAADSKENNISGEWING

NOTICE 92 OF 2002

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, Sunnyboy Kenneth Lekitima, 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 2003 on all dentists who send work to dental technician contractors, and all such dental technician contractors.

Board Notice 143 of 2001 published in Government Gazette No. 22810 dated 9 November 2001 is hereby repealed with effect from 1 January 2003.

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

KENNISGEWING 92 VAN 2002

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, Sunnyboy Kenneth Lekitima, Registrateur van die Suid-Afrikaanse Raad vir Tandtegnici, hierby die geldetarief in die Bylae hiervan uiteengesit, betaalbaar aan 'n tandtegnikus soos deur '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 2003 bindend is op alle tandartse wat werk stuur aan tandtegnikus-kontrakteurs en op alle sodanige tandtegnikus-kontrakteurs.

Raadskennisgewing 143 van 2001 soos gepubliseer in Staatskoerant No. 22810 gedateer 9 November 2001 word hiermee herroep met ingang 1 Januarie 2003.

BYLAE

1. ALGEMENE REËLS

- 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 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-

- (i) no dental technician may offer or allow to or accept from any dentist any amount which is less than that provided for in this Schedule; and
- (ii) no dentist may propose, offer, allow or accept any discount from any dental technician contractor on the tariff of fees 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.

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.

(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

(b) Tensy anders bepaal in hierdie Bylae-

- (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) mag geen tandarts enige afslag op die gelde-tarief soos bepaal in hierdie Bylae, aan 'n tandtegnikus-kontrakteur voorstel, toelaat of van hom aanneem nie. Met dien verstande dat die bepalings van hierdie reël nie van toepassing sal wees op enige werk, soos beskryf in hierdie Bylae, wat weens een of ander rede oorgemaak moet word nie.

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 die vorm soos voorgeskryf in Aanhangel 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.

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 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 work, such original workslip 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.

- (b) Die oorspronklike en een duplikaat van die belastingfaktuur moet die voltooide werk vergesel wanneer sodanige werk gelewer word.

- (c) Elke tandtegnikus-kontrakteur moet maandeliks, vir daardie betrokke maand, 'n rekeningstaat in die vorm soos voorgeskryf in Aanhangel 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-kontrakteur gelewer is moet deur die betrokke tandarts ten volle betaal word binne drie maande na die rekeningstaat gelewer is.

- (e) 'n Tandtegnikus-kontrakteur moet 'n kwitansie aan 'n tandarts uitreik vir alle bedrae wat die tandarts aan hom betaal en 'n duplikaat kopie van sodanige kwitansie moet deur hom gehou word vir 'n tydperk van minstens vyf jaar.

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 werk wat hy van die tandtegnikus-kontrakteur verlang.

- 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:

EXAMPLE:

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

15 per cent surcharge on acrylic work finished to a chrome cobalt or gold prosthesis.

CODE	R
9451	280.18
9301 (Per model)	13.33
9333	329.65
9450 ('15) per cent on surcharge on item 9333).....	49.47

TOTAL (EXCL. VAT) 672.63

- (c) Die oorspronklike werk vergesel wat die tandarts aan die tandtegnikus-kontrakteur stuur. Na voltooiing van die werk moet die tandtegnikus-kontrakteur die betrokke faktuur nommer ten opsigte van daardie werk op die oorspronklike werkstrokie hou vir 'n tydperk van minstens vyf jaar.
- (d) Alle werkstrokies uitgereik deur 'n tandarts aan 'n tandtegnikus-kontrakteur moet agtereenvolgens genommer 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:

VOORBEELD:

n Vol-kunsgebit voltooiing op 'n metaalbasis
sal soos volg gefaktureer word:

KODE	R
15 persent oorbelading of voltooiing van akrielwerk op 'n kobaltchroom- of goud- prostese.	
9451	280.18
9301 (Per model).....	13.33
9333	329.65
9450 ('15) persent oorbetaling op item '9333.....	49.47
TOTAAL (UITGESLUIT BTW)	672.63

008 Koste van materiaal (BTW ingesluit):
Hiërdie reël maak voorsiening vir die
hef van gelde vir materiaal waar dit
aangedui word teenoor die kode deur
die woorde Kosprys plus maksimum
van 35 % kan gehef word vir materiaal,
waar die koste minder is as R1.854.40
Waar koste meer is as R1.854.40 word
10% gehef.

008 Cost of material (VAT inclusive): This rule
provides for a charge for material where
indicated against the code by the words
Material to be charged at cost plus a
handling fee not exceeding 35 %, up to
R'1,854.40. A maximum handling fee of 10 %
shall apply above a cost of 'R1.854.40.

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 numbers
 - 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 in this schedule, shall be charged on any account rendered at the Tariff of Fees.
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	69.12	78.80	9301 9327 9431	Plaster model 13.33 Infection control 3.86 Special tray 51.93	
T003	Full upper and lower dentures	1,096.16	1,249.62	9301 9321 9327 9330 9331 9431 9700	x 4 Plaster model 53.32 x 2 Occlusion block 90.36 x 4 Infection control 15.44 Delivery charge 13.07 Full U & L dentures 542.19 x 2 Special tray 103.86 x 4 Denture teeth 1x 6/8 277.92	8231 8641 8643 8645
T004	Full upper or lower denture	630.36	718.61	9301 9321 9327 9330 9333 9431 9700	x 3 Plaster model 39.99 Occlusion block 45.18 x 3 Infection control 11.58 Delivery charge 13.07 F U/ or L denture 329.65 Special tray 51.93 x 2 Denture teeth 1x 6/8 138.96	8232 8647 8649 8651
T005	Soft base to new denture	495.09	564.40	9419 9720	Soft base 234.65 Soft base material 260.44	8243
T006	Metal base to full upper or lower denture	347.99	396.71	9303 9327 9451 9742	Superhard model 17.46 Infection control 3.86 Basic charge which excl. models and any special trays which Dentist may require 280.18 Cobalt Chrome metal 46.49	8279 8663
T007	One tooth partial denture	215.96	246.19	9301 9327 9330 9351 9702	x 2 Plaster model 26.66 x 2 Infection control 7.72 Delivery charge 13.07 One tooth partial 145.96 Denture tooth - Odd 22.55	8233
T008	Two tooth partial denture	250.53	285.60	9301 9327 9330 9352 9702	x 2 Plaster model 26.66 x 2 Infection control 7.72 Delivery charge 13.07 Two tooth partial 157.98 x 2 Denture teeth 45.10	8234
T009	Three tooth partial denture	289.82	330.39	9301 9327 9330 9353 9700	x 2 Plaster model 26.66 x 2 Infection control 7.72 Delivery charge 13.07 Three tooth partial 172.89 Denture teeth 1x 6/8 69.48	8235
T010	Four tooth partial denture	301.58	343.80	9301 9327 9330 9354 9700	x 2 Plaster model 26.66 x 2 Infection control 7.72 Delivery charge 13.07 Four tooth partial 184.65 Denture teeth 1 x 6/8 69.48	8236

PROSTHETICS (Continued)

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)		Composition of Code	Dental Code
T011	Five tooth partial denture	456.67	520.60	9301 9321 9327 9330 9355 9431 9700 9702	x 3 Plaster model Occlusion block x 3 Infection control Delivery charge Five tooth partial Special tray Denture teeth 1 x 6/8 Denture teeth - Odd	39.99 45.18 11.58 13.07 202.89 51.93 69.48 22.55 8237
T012	Six tooth partial denture	526.24	599.91	9301 9321 9327 9330 9356 9431 9700 9702	x 3 Plaster model Occlusion block x 3 Infection control Delivery charge Six tooth partial Special tray Denture teeth 1 x 6/8 x 2 Denture teeth - Odd	39.99 45.18 11.58 13.07 249.91 51.93 69.48 45.10 8238
T013	Seven tooth partial denture	567.21	646.62	9301 9321 9327 9330 9357 9431 9700 9702	x 3 Plaster model Occlusion block x3 Infection control Delivery charge Seven tooth partial Special tray Denture teeth 1 x 6/8 x 3 Denture teeth - Odd	39.99 45.18 11.58 13.07 268.33 51.93 69.48 67.65 8239
T014	Eight tooth partial denture	589.31	671.81	9301 9321 9327 9330 9358 9431 9700	x 3 Plaster model Occlusion block x 3 Infection control Delivery charge Eight tooth partial Special tray x 2 Denture teeth 1 x 6/8	39.99 45.18 11.58 13.07 288.60 51.93 138.96 8240
T015	Nine or more tooth partial denture	630.36	718.61	9301 9321 9327 9330 9359 9431 9700	x 3 Plaster model Occlusion block x 3 Infection control Delivery charge Nine/more tooth partial Special tray x 2 Denture teeth 1x 6/8	39.99 45.18 11.58 13.07 329.65 51.93 138.96 8241
T016	Lingual or palatal bar	133.07	151.70	9423 9728	Lingual or palatal bar Cost of bar	70.00 63.07 8257
T017	Mesh strengthener	51.93 + 9729	59.20	9427 9729	Mesh Strengthener Cost of mesh	51.93
T018	Provision single arm clasp to denture including cost of clasp	26.49	30.20	9435	Single arm clasp	26.49 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	59.47	67.80	9439	Single arm clasp & rest	59.47 8255
T021	Provision double arm clasp with rest to partial denture including cost of clasp and rest	78.42	89.40	9441	Double arm clasp & rest	78.42 8255
T022	Provision of preformed clasp/rest to partial denture including cost of clasp	42.89	48.90	9443	Preformed clasp	42.89 8255
T023	Provision of rest only to partial denture including cost of rest	35.09	40.00	9445	Rest only	35.09 8255
T024	Provision of cast clasp to partial denture	108.68	123.90	9447 9741	Cast clasp Casting alloy	108.68 8251 49.03
T025	Acrylic reline/rebase to single denture	235.52	268.49	9301 9327 9330 9413	Plaster model Infection control Delivery charge Acrylic reline/rebase	13.33 8259 3.86 8665 13.07 205.26
T026	Soft base reline to single denture	567.20	646.61	9303 9327 9330 9417 9720	Superhard model Infection control Delivery charge Soft base Soft base material	17.46 8267 3.86 8667 13.07 272.37 260.44
T027	Re-model of single denture	370.87	422.79	9301 9327 9330 9415	x 2 Plaster model x 2 Infection-control Delivery charge Remodel denture	26.66 8261 7.72 13.07 323.42

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	133.68	152.40	9301 9327 9330 9391	Plaster model 13.33 Infection control 3.86 Delivery charge 13.07 Repair first 103.42	8269 - 8271 8679 8846
T029	Repair of first fracture/addition of clasp to denture	27.89	31.80	9393	Repair / second / subsequent	27.89 8269
T030	Repair: Addition first tooth to denture	173.42	197.70	9301 9327 9330 9391 9702	x 2 Plaster model 26.66 x 2 Infection control 7.72 Delivery charge 13.07 Repair first 103.42 Denture teeth odd 22.55	8271 8679
T031	Repair: Addition of second / subsequent tooth to denture	50.44	57.50	9393 9702	Repair second / subsequent 27.89 Denture teeth odd 22.55	8271 8679
T032	Repair: Additional fee for using wire strengthener	29.21	33.30	9395	Wire strengthener	29.21 8269 8679 8846
T033	Additional fee for using mesh strengthener	82.46	94.00	9398 9729	Mesh strengthener 50.88 Cost of mesh strengthener 31.58	8269,8679 8846
T034	Additional fee for using preformed strengthener	42.19	48.10	9397 9738	Preformed strengthener 26.49 Cost of mesh 15.70	8231 - 8238
T035	Cleaning and polishing of existing denture, per denture	46.40	52.90	9425 9330	Cleaning of existing denture, per denture 33.33 Delivery charge 13.07	None
T036	Finishing of acrylic work on any chrome cobalt or gold prosthesis	49.47	56.40	9450	Finishing of acrylic work on any chrome cobalt or gold prosthesis 49.47	8279,8281 8663 8671
T037	Immediate dentures, per tooth socketed	8.68	9.90	9345	Immediate dentures, per tooth socketed	8.68
T038	Immediate dentures, per tooth not socketed	3.60	4.10	9346	Immediate dentures, per tooth not socketed	3.60
T039	Infection control per denture, try in or repair (T032, T035)	3.86	4.40	9327	X x Infection control per denture, try in or repair 3.86	9233 - 9238

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	734.47	837.30	9301 9303 9327 9431 9453-9493 9741	Plaster model Hard model x 2 Infection control Special tray (Average of) Casting alloy	13.33 17.46 7.72 51.93 595.04 48.99
						8281 8671

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	229.73	261.89	9301 9303 9327 9330 9497 9741 9481	Plaster model Hard model x2 Infection control Delivery charge Cobalt chrome section Casting alloy Additional charge for soldering retention	13.33 17.46 7.72 13.07 87.28 49.03 41.84
						8269 8270 8271 8679

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	339.74	387.30	9301 9315 9320 9327 9330 9525 9748	Plaster model Model + die Pindex x 2 Infection control Delivery charge Inlay/onlay Non precious metal	13.33 47.37 13.16 7.72 13.07 190.70 54.39
						8361 8362 8571 8572
T081	Second and subsequent CLASS IV, MO, DO inlays / onlays in same arch	271.58	309.60	9319 9320 9525 9748	Extra die Pindex Inlay/onlay Non precious metal	13.33 13.16 190.70 54.39
						8361 8362 8571 8572

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	391.93	446.80	9301	Plaster model	13.33 8363
				9315	Crown & bridge model	47.37 8364
				9319	Extra die	13.33 8401
				9320	Pindex	13.16 8403
				9327	x 2 Infection control	7.72 8573,8574
				9330	Delivery charge	13.07
				9521	Crown/MOD/¾ crown	229.56 8601,8603
				9748	Non precious metal	54.39
T083	Second and subsequent MOD inlay / onlay, three quarter crown, full metal crown in same arch.	310.44	353.90	9319	Extra die	13.33 8363,8364
				9320	Pindex	13.16 8401,8403
				9521	Crown/MOD/¾ crown	229.56 8573,8574
				9748	Non-precious metal	54.39 8601,8603

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	540.53	616.20	9301	Plaster model	13.33 8371 - 8374
				9314	Refractory model	54.30 8554 - 8558
				9315	Crown & bridge model	47.37
				9319	Extra die	13.33
				9320	Pindex	13.16
				9327	x 2 Infection control	7.72
				9330	Delivery charge	13.07
				9512	Inlay / Veneer	378.25
T085	Second and subsequent ceramic inlays/onlays / veneer in same arch as T084	459.04	523.31	9314	Refractory model	54.30 8371 - 8374
				9319	Extra die	13.33 8554 - 8558
				9320	Pindex	13.16
				9512	Inlay / Veneer	378.25

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

RESIN INLAYS

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)		Composition of Code	Dental Code
T086	First resin inlay / onlay, indirect, in dental arch	298.68 + 9760 or 9757	340.50	9301 9315 9319 9320 9327 9330 9524 9757 9760	Plaster model Crown & bridge model Extra die Pindex x 2 Infection control Delivery charge Resin inlay Cost of Ceromer Cost of resin or	13.33 47.37 13.33 13.16 7.72 13.07 190.70
						8371 - 8374 8554 - 8558
T087	Second and Subsequent resin inlay / onlay in same arch as T086	217.19 + 9760 or 9757	247.60	9319 9320 9524 9757 9760	Extra die Pindex Resin inlay Cost of ceromer or Cost of resin	13.33 13.16 190.70
						8371 - 8374 8554 - 8558

CORES AND POSTS

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)		Composition of Code	Dental Code
T090	Cast single post and core	160.27 + cost of burn out component	182.71	9545 9730 9748	Post Cost of burn out component Non precious metal	105.88 54.39
						8391 8581
T091	Cast multiple post and core	244.39 + cost of burn out component	278.60	9546 9730 9748	Multiple post Cost of burn out component Non precious metal	190.00 54.39
						8393,8395 8582,8583
T092	One piece casting of crown or inlay on post	73.16 + cost of burn out component	83.40	9526 9730	One piece casting of crown or inlay on post Cost of burn out component	73.16
						8366
T093	Cast first coping or abutment thimble where no other work is done	295.18	336.51	9315 9319 9320 9327 9330 9535 9748	Crown & bridge model Extra die Pindex Infection control Delivery charge Coping / abutment thimble Non precious metal	47.37 13.33 13.16 3.86 13.07 150.00 54.39
						8396 8587
T094	Subsequent abutment / coping thimble	230.88	263.20	9319 9320 9535 9748	Extra die Pindex Coping / abutment thimble Non precious metal	13.33 13.16 150.00 54.39
						8396 8587

CERAMIC/PORCELAIN VENEER CROWNS

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)		Composition of Code	Dental Code
T100	First porcelain veneer crown in dental arch	623.16	710.40	9327 9301 9315 9319 9320 9330 9505 9748	x 2 Infection control Plaster model Crown & bridge model Extra die Pindex Delivery charge Crown Non precious metal	7.72 13.33 47.37 13.33 13.16 13.07 460.79 54.39
						8411 8609 8193 8592
T101	Porcelain veneer crown or pontic, second or subsequent crowns in arch	541.67	617.50	9319 9320 9505 9748	Extra die Pindex Crown / pontic Non precious metal	13.33 13.16 460.79 54.39
						8411,8420 8422,8424 8609,8611 8613,8615 8193,8192
T102	First ceramic jacket crown per dental arch including metal substitute coping and material	772.90	881.11	9301 9314 9315 9319 9320 9327 9330 9501 9502	Plaster model Refractory model Crown & bridge model Extra die Pindex x 2 Infection control Delivery charge Ceramic jacket crown/Ceromer crown Metal substitute	13.33 54.30 47.37 13.33 13.16 7.72 13.07 378.25 232.37
						8409 8607

CERAMIC/PORCELAIN VENEER CROWNS

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)		Composition of Code	Dental Code
T103	Second or subsequent ceramic jacket crown in same arch	691.41	788.21	9319 9320 9314 9501 9502	Extra die 13.33 Pindex 13.16 Refractory model, per unit 54.30 Ceramic jacket crown/Ceromer crown 378.25 Metal substitute 232.37	8409 8607 8424 8615
T104	Facing replacement	335.09	382.00	9327 9301 9315 9319 9320 9330 9566	x 2 Infection control 7.72 Plaster model 13.33 Crown & bridge model 47.37 Extra die 13.33 Pindex 13.16 Delivery charge 13.07 Porcelain facing 227.11	8413
T105	Positioning precision attachment, per attachment including soldering	230.96 + cost of attachment	263.29	9724 9782	Cost of attachment Precision attachment 230.96	8599
T106	Positioning burnout precision attachment	230.96 + cost of attachment	263.29	9724 9780	Cost of attachment Precision attachment 230.96	8599
T107	Temporary acrylic crown in dental arch	151.93	173.20	9301 9303 9327 9330 9563	Plaster model 13.33 Superhard model 17.46 x 2 Infection control 7.72 Delivery charge 13.07 Temporary crown 100.35	8137 8513 8529
T108	Additional temporary crown/pontic per unit in same arch	100.35	114.40	9563	Temporary crown 100.35	8137 8513 8529
T109	Porcelain shoulder, maxillary crowns 1 - 6, mandibular crowns 1 - 4 only	71.75	81.80	9515	Porcelain shoulder 71.75	8411 8609

BRIDGES AND PONTICS

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)		Composition of Code	Dental Code
T110	Maryland bridge retainer, first retainer	353.07	402.50	9301 9315 9319 9320 9327 9330 9525 9748	Plaster model 13.33 Crown & bridge model 47.37 Extra die 13.33 Pindex 13.16 x 2 Infection control 7.72 Delivery charge 13.07 Inlay / onlay 190.70 Cost of metal 54.39	8356 8617
T111	Second or subsequent retainer	271.58	309.60	9319 9320 9525 9748	Extra die 13.33 Pindex 13.16 Inlay / onlay 190.70 Cost of metal 54.39	8356 8617
T112	Pre-solder invested joint - per joint	61.75 + cost of solder	70.40	9543 9756	Pre-solder invested joint 61.75 Cost of solder	
T113	Post-solder invested joint - per joint	93.68 + cost of solder	106.80	9507 9756	Post solder invested joint 93.68 Cost of solder	
T114	Full metal pontic	216.58	246.90	9533 9748	Full metal pontic 162.19 Cost of metal 54.39	8420,8422 8424,8611 8613,8615

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	1,472.19 + metal and component	1,678.30	9746 / 9748 9736 9788 Metal Implant components Super structure Neg Neg 1,472.19	8193 8592
T121	Crown and bridge implant abutment, per abutment (inclusive of abutment preparation) +T100 First porcelain veneer crown in dental arch	727.81 + metal and component	829.70	9786 9301 9315 9319 9320 9327 9330 9505 9734 9748 9746 / 9748 Wax & finish abutment Plaster model Crown & bridge model Extra die Pindex x 2 Infection control Delivery charge Crown Implant components Non precious metal Metal 108.51 13.33 47.37 13.33 13.16 3.86 13.07 460.79 Neg 54.39 Neg	8193 8592
T122	First Acrylic veneer crown in arch	419.39	478.10	9301 9303 9327 9330 9553 9748 Plaster model Superhard model x 2 Infection control Delivery charge Composite/Acrylic veneer indirect Cost of metal 13.33 17.46 7.72 13.07 313.42 54.39	
T123	Additional Acrylic veneer crown/Pontic	367.81	419.30	9553 9748 Composite/Acrylic veneer indirect Cost of metal 313.42 54.39	

ORTHODONTICS

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)	Composition of Code	Dental Code
T140	Basic charge which includes acrylic base and models	222.98	254.20	9301 x 2 Plaster model 9327 x 2 Infection control 9330 Delivery charge 9571 Basic charge	26.66 8862 - 8863 7.72 8847, 8849 13.07 8858 175.53
T141	Basic charge for appliance not containing acrylic	126.31	143.99	9301 x 2 Plaster model 9327 x 2 Infection control 9330 Delivery charge 9572 Basic charge	26.66 8862 - 8863 7.72 8849, 8847 13.07 8858 78.86
T142	Additional fee for fitting expansion screw	33.07 + cost of screw	37.70	9573 Expansion screw 9766 Cost of screw	33.07 8858
T143	Additional fee for fitting subsequent expansion screws excluding cost of screw	27.46 + cost of screw	31.30	9575 Expansion screw 9766 Cost of screw	27.46 8858
T144	Additional fee for bite plate	33.07	37.70	9577 Bite plate	33.07 8862 - 8863
T145	Additional fee for fitting tongue guard	38.77	44.20	9579 Tongue guard	38.77 8862 - 8864
T146	Additional fee for flat or inclined plane	23.07	26.30	9581 Inclined plane	23.07 8862 - 8863
T147	Additional fee for Adams Crib	27.46	31.30	9583 Adams crib	27.46 8862 - 8863
T148	DELETE			9585 DELETE	
T149	Additional fee for ball clasp including cost of material	27.63	31.50	9587 Ball clasp	27.63 8862 - 8863
T150	Additional fee for single arm clasp	25.18	28.70	9589 Single arm clasp	25.18 8862 - 8863
T151	Additional fee for double arm clasp	45.18	51.50	9591 Double arm clasp	45.18 8862 - 8863

ORTHODONTICS (Continued)

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)		Composition of Code	Dental Code
T152	Additional fee for fabricating and fitting single loop finger spring	19.91	22.70	9593	Single loop finger spring	19.91 8862 - 8863
T153	Additional fee for fabricating and fitting double loop finger spring	22.11	25.20	9595	Double loop finger spring	22.11 8862 - 8863
T154	Additional fee for fabricating and fitting buccal loop finger spring	16.67	19.00	9597	Buccal loop spring	16.67 8862 - 8863
T155	Additional fee for fabricating and fitting apron spring	50.53	57.60	9599	Apron spring	50.53 8862 - 8863
T156	DELETE			9601	DELETE	
T157	Additional fee for fabricating and fitting "coffin" spring	47.37	54.00	9603	Coffin spring	47.37 8862 - 8863
T158	Additional fee for fabricating and fitting Quad Helix	80.96	92.30	9605	Quad Helix	80.96 8862 - 8863
T159	Additional fee for fabricating and fitting flapper or "T"-spring	38.77	44.20	9607	Flapper / T-spring	38.77 8862 - 8863
T160	Additional fee for fabricating and fitting all springs with tubing	22.11	25.20	9609	Tubing	22.11 8862 - 8863
T161	Additional fee for fabricating and fitting labial arch	19.91	22.70	9611	Labial arch	19.91 8862 - 8863

ORTHODONTICS (Continued)

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)		Composition of Code	Dental Code
T162	Additional fee for fabricating and fitting Buccal arch	25.18	28.70	9613	Buccal arch	25.18 8862 - 8863
T163	Additional fee for fabricating and fitting Roberts retractor	54.30	61.90	9615	Roberts retractor	54.30 8862 - 8863
T164	DELETE			9617	DELETE	
T165	DELETE			9619	DELETE	
T166	Additional fee for fabricating and fitting extra-oral arch	65.26	74.40	9621	Extra-oral arch	65.26 8862 - 8863
T167	Additional fee for each spot welded joint	14.30	16.30	9623	Spot welded joint	14.30 8862 - 8863
T168	Additional fee for each soldering joint	16.67	19.00	9625	Soldering joint	16.67 8862 - 8863
T169	Additional fee for each invested soldering joint	45.18	51.50	9627	Invested joint	45.18 8862 - 8863
T 170	Additional fee for each hook for elastic traction	16.67	19.00	9629	Hook	16.67 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	572.10	652.19	9301 9327 9330 9571 9621 9635	x 2 Plaster model x 2 Infection control Delivery charge Basic charge Extra-oral arch Appliance	26.66 7.72 13.07 175.53 65.26 283.86 8858
T172	Frankel Appliance	659.82	752.19	9301 9327 9330 9571 9641	x 2 Plaster model x 2 Infection control Delivery charge Basic charge Appliance - Frankel	26.66 7.72 13.07 175.53 436.84 8858
T173	Bionator	515.35	587.50	9301 9327 9330 9571 9645	x 2 Plaster model x 2 Infection control Delivery charge Basic Charge Appliance - Bionator	26.66 7.72 13.07 175.53 292.37 8858
T174	Other functional appliances (subject to approval)	By Neg.				8858
T175	Chincap	365.35	416.50	9301 9327 9330 9571 9643	x 2 Plaster model x 2 Infection control Delivery charge Basic charge Chincap	26.66 7.72 13.07 175.53 142.37 8858 (8861,8865 8866)
T176	Spring retainer/snapper	273.07	311.30	9301 9327 9330 9571 9611 9646	Plaster model Infection control Delivery charge Basic charge Labial arch Diagnostic set-up:	13.33 3.86 13.07 175.53 19.91 47.37 8847 8849
T180	Mouth protector/Gum guard	183.15 + cost of material	208.79	9301 9327 9330 9631 9776	x 2 Plaster model x 2 Infection control Delivery charge Mouth protector/Gum guard Cost of material	26.66 7.72 13.07 135.70 Neg. 8171
T181	Oral screen	222.98	254.20	9301 9327 9330 9571 9633	x 2 Plaster model x 2 Infection control Delivery charge Basic charge	26.66 7.72 13.07 175.53 8858

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	321.49	366.50	9301 9327 9330 9572 9625 9651 9622	Plaster model Infection control Delivery charge Basic charge, appliance without Acrylic x 2 Free soldering joint x 2 Pinched band Space maintainer arch	13.33 3.86 13.07 78.86 33.34 159.12 19.91
T183	Space maintainer, removable	297.81	339.50	9301 9327 9330 9571 9583 9611	x 2 Plaster model x 2 Infection control Delivery charge Basic charge Acrylic x 2 Adams crib Labial arch	26.66 7.72 13.07 175.53 54.92 19.91
T184	Cast and trim enathostatic study models, per model	107.11	122.11	9307 9327 9330	x 2 Study models x 2 Infection control Delivery charge	86.32 7.72 13.07
T185	Bite plate for TMJ disfunction	256.05	291.90	9301 9327 9330 9571 9577	x 2 Plaster model x 2 Infection control Delivery charge Basic charge Acrylic Per bite surface	26.66 7.72 13.07 175.53 33.07
T186	Durasoft bite plate	256.05	291.90	9301 9327 9330 9571 9577 9779	x 2 Plaster model x 2 Infection control Delivery charge Basic charge Acrylic Per bite surface Durasoft material	26.66 7.72 13.07 175.53 33.07 Neg.
T187	Invisible retainer	198.77	226.60	9301 9327 9647	x 2 Plaster model x 2 Infection control Invisible retainer plus material	26.66 7.72 164.39

2. TARIFF OF FEES

SECTION 1

PREPARATORY WORK

CODE SERVICE NO	VALUE	VAT:14%	TOTAL
	R	R	R
9301 Casting and trimming of model in plaster(yellow/white), per model	13.33	1.87	15.20
9303 Casting and trimming of model in superhard stone (die stone) per model	17.46	2.44	19.90
9305 Casting and trimming of study model, per model	35.44	4.96	40.40
9307 Casting and trimming of gnathostatic study model, per model	43.16	6.04	49.20
9309 New trimmed base to supplied model, per model	15.44	2.16	17.60
9311 Trimming of supplied model, per model	9.91	1.39	11.30
9312 Gingival tissue mask per impression including material	54.30	7.60	61.90
9313 Duplicating model, per model	37.54	5.26	42.80
9314 Refractory model, per unit (including material and duplicating).	54.30	7.60	61.90
9315 Models and duplicate models (virgin model) for crown and bridge work inclusive of one removable die	47.37	6.63	54.00
9317 Sectional models for crown and bridge work inclusive of one removable die	43.16	6.04	49.20
9319 Each additional removable die for items 9315 and 9317 per die	13.33	1.87	15.20
9320 Pindex or indexed model tray per die (not more than 9319)	13.16	1.84	15.00
9321 Occlusion block, per block	45.18	6.32	51.50
9323 Occlusion block on baseplate per block	50.53	7.07	57.60

CODE SERVICE NO	VALUE	VAT:14%	TOTAL
	R	R	R
9325 DELETE			
9327 Infection control per impression, denture (wax or acrylic) or any item in contact with body fluids	3.86	0.54	4.40
9329 Fit and supply of disposable articulator (including cost of articulator)	9.39	1.31	10.70
9330 Delivery charge per completed/invoiced procedure	13.07	1.83	14.90

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 SERVICE NO	VALUE R	VAT:14% R	TOTAL R
9331 Full upper and lower dentures	542.19	75.91	618.10
9333 Full upper or lower denture	329.65	46.15	375.80
9335 Set-up and waxing of full upper and lower dentures	220.79	30.91	251.70
9337 Set-up and waxing of full upper or lower denture	149.91	20.99	170.90
9339 Waxing and finishing of full upper or lower denture	292.37	40.93	333.30
9341 Waxing and finishing of full upper or lower denture	170.26	23.84	194.10
9343 Additional fee for dentures on fully adjustable articulator at request of dentist	675.00	94.50	769.50
9345 Additional fee for immediate dentures, per tooth socketed	8.68	1.22	9.90

CODE SERVICE NO	VALUE R	VAT:14% R	TOTAL R
9346 Additional fee for immediate dentures, per tooth not socketed..	3.60	0.50	4.10
9347 Additional fee for each retry from the third and upwards at an agreed quantum of time to be calculated at hourly rate of	176.40	24.70	201.10
B. PARTIAL DENTURES			
9351 Set-up and finish one-tooth denture	145.96	20.44	166.40
9352 Set-up and finish two-tooth denture	157.98	22.12	180.10
9353 Set-up and finish three-tooth denture	172.89	24.21	197.10
9354 Set-up and finish four-tooth denture	184.65	25.85	210.50
9355 Set-up and finish five-tooth denture	202.89	28.41	231.30
9356 Set-up and finish six-tooth denture	249.91	34.99	284.90
9357 Set-up and finish seven-tooth denture	268.33	37.57	305.90
9358 Set-up and finish eight-tooth denture	288.60	40.40	329.00
9359 Set-up and finish nine or more tooth denture	329.65	46.15	375.80
9361 Set-up and waxing of one-tooth denture	49.56	6.94	56.50
9362 Set-up and waxing of two-tooth denture	61.40	8.60	70.00

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9363	Set-up and waxing of three-tooth denture	70.00	9.80	79.80
9364	Set-up and waxing of four-tooth denture	82.02	11.48	93.50
9365	Set-up and waxing of five-tooth denture	90.44	12.66	103.10
9366	Set-up and waxing of six-tooth denture	108.68	15.22	123.90
9367	Set-up and waxing of seven-tooth denture	117.19	16.41	133.60
9368	Set-up and waxing of eight-tooth denture	125.53	17.57	143.10
9369	Set-up and waxing of nine or more tooth denture	167.37	23.43	190.80
9371	Waxing and finishing of one-tooth denture	108.70	15.20	123.90
9372	Waxing and finishing of two-tooth denture	112.19	15.71	127.90
9373	Waxing and finishing of three-tooth denture	114.82	16.08	130.90
9374	Waxing and finishing of four-tooth denture	117.19	16.41	133.60
9375	Waxing and finishing of five-tooth denture	123.33	17.27	140.60
9376	Waxing and finishing of six-tooth denture	129.12	18.08	147.20
9377	Waxing and finishing of seven-tooth denture	135.44	18.96	154.40
9378	Waxing and finishing of eight-tooth denture	143.68	20.12	163.80
9379	Waxing and finishing of nine or more tooth denture	155.96	21.84	177.80

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9381	DELETE			
9382	DELETE			
9383	Additional fee for finishing denture in tooth colour material, per tooth	22.98	3.22	26.20
9385	Additional fee for supplying finished denture on duplicate model	55.53	7.77	63.30
	C. REPAIR SERVICE			
9391	Basic charge which includes repair of one fracture, or addition of one tooth, or addition of one clasp	103.42	14.48	117.90
9393	Additional charge for each additional fracture, or tooth, or clasp	27.89	3.91	31.80
9395	Additional fee for using wire strengthener	29.21	4.09	33.30
9397	Additional fee for using pre-formed strengthener (excluding cost of strengthener)	26.49	3.71	30.20
9398	Additional fee for using mesh strengthener in repair procedure	50.88 ³	7.12	58.00
	D. ADDITIONAL SERVICES			
9401	Clear base	43.42	6.08	49.50
9403	Dox grinding of upper and lower dentures	63.95	8.95	72.90
9405	Inlay to artificial tooth, one surface only, per inlay (excluding costs of gold)	88.25	12.35	100.60
9406	Inlay to artificial tooth, multisurfaces e.g. horseshoe or L-type inlay, per inlay (excluding costs of gold)	120.96	16.94	137.90

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9407	Heka base technique per upper or lower denture	143.68	20.12	163.80
9409	Frego frame (excluding cost of material)	55.53	7.77	63.30
9411	Template per upper or lower denture	112.19	15.71	127.90
9413	Reline/rebase of single denture	205.26	28.74	234.00
9415	Remodel of single denture	323.42	45.28	368.70
9417	Soft base reline per denture excluding cost of soft base material	272.37	38.13	310.50
9419	Soft base to new denture, per denture excluding cost of soft base material	234.65	32.85	267.50
9421	Gum tinting per denture	93.16	13.04	106.20
9423	Lingual or palatal bar (excluding cost of material)	70.00	9.80	79.80
9425	Cleaning and polishing of existing denture, per denture	33.33	4.67	38.00
9427	Mesh strengthener (excluding cost of material)	51.93	7.27	59.20
9431	Special tray, acrylic, each	51.93	7.27	59.20
9433	Special tray in base plate material, each	49.56	6.94	56.50
9435	Provision of single arm clasp to partial denture	26.49	3.71	30.20
9437	Provision of double arm clasp, to partial denture	47.02	6.58	53.60
9439	Provision of single arm clasp with rest, to partial denture	59.47	8.33	67.80
9441	Provision of double arm clasp with rest, to partial denture	78.42	10.98	89.40

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9443	Provision of preformed Roach clasp, to partial denture (including cost of clasp)	42.89	6.01	48.90
9445	Provision of rest only to partial denture	35.09	4.91	40.00
9447	Cast Clasp	108.68	15.22	123.90
9448	Casting and trimming of model from impression inside occlusion block or wax try in	23.07	3.23	26.30
9450	Finishing of acrylic work on any chrome cobalt or gold prosthesis	49.47	6.93	56.40

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	280.18	39.22	319.40
B. PARTIAL METAL DENTURES				
9453	Basic charge which excludes models and any special trays (see item 9431/3) which the dentist may require	235.79	33.01	268.80
9455	Additional charge for each one arm clasp	14.30	2.00	16.30
9457	Additional charge for each Roach clasp	25.18	3.52	28.70

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9459	Additional charge for each rest	14.30	2.00	16.30
9461	Additional charge for continuous clasp, per tooth	14.30	2.00	16.30
9463	Additional charge for lingual bar, per tooth passed	25.18	3.52	28.70
9465	Additional charge for palatal bar	47.37	6.63	54.00
9467	Additional charge for onlay	157.54	22.06	179.60
9469	Additional charge for saddle with finishing line, per tooth	25.18	3.52	28.70
9471	Additional charge for saddle without finishing line, per tooth	14.30	2.00	16.30
9473	Additional charge for horseshoe saddle, per tooth	25.18	3.52	28.70
9475	Additional charge for fitting of tooth to metal backing, per tooth	16.67	2.33	19.00
9477	Additional charge for goldplating, per denture (excluding cost of gold)	124.74	17.46	142.20
9479	Additional charge for fitting one distal-extension hinge, (excluding cost of hinge)	54.30	7.60	61.90
9481	Additional charge for each soldering joint	41.84	5.86	47.70
9483	Additional charge for soldering retention	56.32	7.88	64.20
9485	Additional charge for each additional retention soldering joint	14.30	2.00	16.30
9487	Additional charge for each welding joint	63.95	8.95	72.90
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 cast	36.40	5.10	41.50
9493	Additional charge for each Steels backing or pontic cast (Plastic work to be charged in addition)	41.84	5.86	47.70
	C. CHROME COBALT AND REPAIRS			
9495	Basic fee for the repairing of or addition to any appliance necessitating the casting of a model (9301)	72.98	10.22	83.20
9497	Basic fee if a new section is to be fabricated and where item 9495 does not apply (9301)	87.28	12.22	99.50

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	378.25	52.95	431.20
9502	Ceramic metal substitute coping (including material)	232.37	32.53	264.90
9505	Porcelain veneer crown or pontic (excluding metal)	460.79	64.51	525.30

CODE SERVICE NO		VALUE	VAT:14%	TOTAL
		R	R	R
9507	Post-solder invested joint, per joint	93.68	13.12	106.80
9511	Inlay in porcelain veneer crown	159.91	22.39	182.30
9512	Ceramic, inlay/onlay, bridge retainer	378.25	52.95	431.20
9515	Porcelain shoulder per unit (not applicable to pontics)	71.75	10.05	81.80
9520	Addition fee for crown- & bridge work performed on a movable condyle articulator per unit	25.09	3.51	28.60
B. GOLD AND ACRYLIC VENEER SERVICES				
9521	Full metal crown, MOD, three-quarter crown	229.56	32.14	261.70
9524	Indirect Composite Resin inlay	190.70	26.70	217.40
9525	Class IV, MO, DO, cervical/occlusal inlay	190.70	26.70	217.40
9526	Additional fee for one piece casting of crown or inlay on post	73.16	10.24	83.40
9531	Pin-ledge inlay	218.25	30.55	248.80
9533	Full metal pontic	162.19	22.71	184.90
9535	Coping or abutment thimble cast	150.00	21.00	171.00
9537	Precision lock and rest cast, incorporating pre-formed parts	230.70	32.30	263.00
9538	Lock and rest cast	100.35	14.05	114.40
9539	Casting of rest only	51.93	7.27	59.20
9541	Metal inlay or post, cast direct	54.91	7.69	62.60
9543	Gold/pre-solder invested joint, excluding cost of solder	61.75	8.65	70.40

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9545	Cast post with thimble, indirect	105.88	14.82	120.70
9546	Multiple Post	190.00	26.60	216.60
9549	C.S.P. attachment (Steiger)	554.47	77.63	632.10
9551	Telescope crown	383.77	53.73	437.50
9553	Composite/acrylic veneer crown/pontic, indirect	313.42	43.88	357.30
9555	DELETE			
9557	Composite/acrylic jacket crown, indirect	210.79	29.51	240.30
9559	Composite/acrylic veneer post crown	309.04	43.26	352.30
9560	Indirect Composite Resin Veneer	210.79	29.51	240.30
9561	Composite/acrylic jacket crown, direct	158.95	22.25	181.20
9562	Silicoating (per unit)	35.88	5.02	40.90
9563	Temporary acrylic/composite crown per unit, (including templates, impressions and materials)	100.35	14.05	114.40
9564	Heat formed template supplied to dentist for the manufacture of temporary restorations (including template material)	32.98	4.62	37.60
9565	Composite/acrylic-facing replaced	131.49	18.41	149.90
9566	Porcelain facing replaced	227.11	31.79	258.90
9569	Waxing of crown to existing denture	98.25	13.75	112.00
9570	Additional fee for each remake at an agreed quantum of time to be calculated at an hourly rate of	159.91	22.39	182.30

SECTION 5

ORTHODONTIC APPLIANCES

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

CODE SERVICE NO	VALUE	VAT:14%	TOTAL
	R	R	R
A. ORTHODONTIC SERVICES			
9571 Basic charge which includes acrylic base	175.53	24.57	200.10
9572 Basic charge for appliance which do not include acrylic	78.86	11.04	89.90
9573 Additional charge for fitting first expansion screw (excluding cost of screws)	33.07	4.63	37.70
9575 Additional fee for fitting subsequent expansion screws (excluding cost of screw)	27.46	3.84	31.30
9577 Additional fee for bite plate anterior	33.07	4.63	37.70
9578 Additional fee for bite plate posterior	66.14	9.26	75.40
9579 Additional fee for fitting tongue guard	38.77	5.43	44.20
9581 Additional fee for flat or inclined plane	23.07	3.23	26.30
9583 Additional fee for Adams Crib	27.46	3.84	31.30
9585 DELETE			
9587 Additional fee for ball clasp (including cost of preformed clasp)	27.63	3.87	31.50
9589 Additional fee for single arm clasp	25.18	3.52	28.70
9591 Additional fee for double arm clasp	45.18	6.32	51.50
SPRINGS			
9593 Additional fee for fitting single loop finger spring	19.91	2.79	22.70
9595 Additional fee for fitting double loop finger spring	22.11	3.09	25.20

CODE SERVICE		VALUE	VAT:14%	TOTAL
NO		R	R	R
9597	Additional fee for fitting buccal retraction spring	16.67	2.33	19.00
9599	Additional fee for fitting apron spring	50.53	7.07	57.60
9601	DELETE			
9603	Additional fee for fitting coffin spring	47.37	6.63	54.00
9605	Additional fee for fitting Quad Helix	80.96	11.34	92.30
9607	Additional fee for fitting flapper or "T"-spring	38.77	5.43	44.20
9609	Additional fee for fitting all springs with tubing, each	22.11	3.09	25.20
	ARCHES			
9611	Additional fee for fitting labial arch	19.91	2.79	22.70
9613	Additional fee for fitting buccal arch	25.18	3.52	28.70
9615	Additional fee for fitting Roberts retractor	54.30	7.60	61.90
9617	DELETE			
9619	DELETE			
9621	Additional fee for fitting extra-oral arch	65.26	9.14	74.40
9622	Additional fee for fitting space maintainer arch	19.91	2.79	22.70

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
	WELDING AND SOLDERING			
9623	Additional fee for each spot-welding joint	14.30	2.00	16.30
9625	Additional fee for each soldering joint	16.67	2.33	19.00
9627	Additional fee for each invested soldering joint	45.18	6.32	51.50
9629	Additional fee for each hook for elastic traction	16.67	2.33	19.00
	B. MOUTH PROTECTORS AND MYO FUNCTIONAL APPLIANCES			
9631	Mouth guard (gum guard)	135.70	19.00	154.70
9633	DELETE			
9635	Andresen or Norwegian appliance	283.86	39.74	323.60
9637	Tooth positioner	340.88	47.72	388.60
9639	Gunning splint (excluding cost of material)	442.11	61.89	504.00
9641	Frankel appliance	436.84	61.16	498.00
9643	Chin cap	142.37	19.93	162.30
9645	Bionator	292.37	40.93	333.30
9646	Diagnostic set-up	283.86	39.74	323.60
9647	Invisible retainer plus material	164.39	23.01	187.40
	C. FIXED APPLIANCES			
9651	Pinched or swager band with welded attachment (excluding cost of attachment)	79.56	11.14	90.70

CODE SERVICE		VALUE	VAT:14%	TOTAL
NO		R	R	R
9653	Pinched or swager band with soldered attachment (excluding cost of attachment)	107.02	14.98	122.00
D. ADDITIONAL SERVICES				
9662	Additional fee for each remake at an agreed quantum of time to be calculated at the hourly rate of	159.91	22.39	182.30

SECTION 6**MATERIALS**

A. PROSTHETIC/RESTORATIVE SERVICES				
9700	Diatomics 1 X 6/8			
9702	Diatomics, odds, anterior			
9704	Diatomics, 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 I 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 dolder bar and clips, per gram or per clip			
9736	Cost of implant components			
9738	Cost of reformed strengthener			

CODE SERVICE NO		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 eg. 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 solder, 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			
9779	Durasoft material			

SECTION 7

PRECISION ATTACHMENTS AND IMPLANT SERVICES

CODE SERVICE NO		VALUE	VAT:14%	TOTAL
		R	R	R
9780	Positioning and finishing of complete (male and female) pre-fabricated burn-out attachment)	230.96	32.34	263.30
9782	Positioning and soldering of complete (male and female) precision attachment	230.96	32.34	263.30
9784	Alignment of dolder bar and clips	230.96	32.34	263.30
9786	Waxing and finishing of implant abutment - crown and bridge work only, per abutment	108.51	15.19	123.70
9788	Implant superstructure (edentulous cases) including placing of preformed parts, per section cast	1,472.19	206.11	1,678.30
9789	Finishing of prosthesis on implant structure per arch	340.18	47.62	387.80

ANNEXURE A**TAX INVOICE**

BHF PRACTICE NUMBER:

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

NAME & ADDRESS OF DENTAL TECHNICIAN CONTRACTOR:

TELEPHONE NO. DATE OF ISSUE:

NUMBER OF INVOICE:

NAME & ADDRESS OF DENTIST:

..... PRACTICE NO.

NAME OF PATIENT:

ADDRESS OF PATIENT:

MEDICAL AID & NO.:

SURNAME & INITIALS OF PRINCIPAL MEMBER:

NUMBER OF WORKSLIP:

GLOBAL FEE T CODE 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.....

INVOICE NO.	DATE	NAME OF PATIENT OR WORKSLIP NO.	TOTAL OF INVOICE	
			R	C
TOTAL AMOUNT DUE.....				

Printed by and obtainable from the Government Printer, Bosman Street, Private Bag X85, Pretoria, 0001
 Publications: Tel: (012) 334-4508, 334-4509, 334-4510
 Advertisements: Tel: (012) 334-4673, 334-4674, 334-4504
 Subscriptions: Tel: (012) 334-4735, 334-4736, 334-4737
 Cape Town Branch: Tel: (021) 465-7531

Gedruk deur en verkrygbaar by die Staatsdrukker, Bosmanstraat, Privaatsak X85, Pretoria, 0001
 Publikasies: Tel: (012) 334-4508, 334-4509, 334-4510
 Advertensies: Tel: (012) 334-4673, 334-4674, 334-4504
 Subskripsies: Tel: (012) 334-4735, 334-4736, 334-4737
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