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GOEWERMENTSKENNISGEWING

DEPARTEMENT VAN GESONDHEID

No. R. 77 14 Januarie 1970

WET OP MEDIESE SKEMAS, 1967

Kragtens artikel 30 (9) van die Wet op Mediese Skemas, 1967 (Wet 72 van 1967), wysig ek, Carel de Wet, Minister van Gesondheid, hierby die geldetarief in artikel 1 (1) van daardie Wet bedoel, soos volg:—

GELDETARIEF TEN OPSIGTE VAN TANDHEELKUNDIGE DIENSTE

Algemene Reëls wat ten Opsigte van die Tarief Geld

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

002. 'n Konsultasie sluit 'n ondersoek in. Behalwe vir nuwe pasiënte en in gevalle wat deur 'n geregistreerde praktisyn verwys is, word konsultasie-gelde nie gehef nie as behandeling as gevolg van die konsultasie binne 'n tydperk van een maand uitgevoer word.

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

004. "Volgens ooreenkoms" in afdeling 900 beteken dat die praktisyn sy pasiënt sal verwittig aangaande die koste van die behandeling of prosedure en dat die pasiënt, in sy hoedanigheid as 'n lid van 'n mediese hulpskema, sal vasstel of die Skema waarvan hy 'n lid is die rekening van die praktisyn ten volle sal vereffen. Indien die Skema toestem om betaling direk aan die praktisyn en ten volle op die grondslag van die ooreengekome gelde te maak, sal betaling van die rekening deur die Skema ten volle en finale vereffening wees ten opsigte van die behandeling of prosedures wat aan die lid gelewer is.

GOVERNMENT NOTICE.

DEPARTMENT OF HEALTH

No. R. 77 14 January 1970

MEDICAL SCHEMES ACT, 1967

In terms of section 30 (9) of the Medical Schemes Act, 1967 (Act 72 of 1967), I, Carel de Wet, Minister of Health, hereby amend the tariff of fees referred to in section 1 (1) of that Act, as follows:—

TARIFF OF FEES IN RESPECT OF DENTAL SERVICES

General Rules Governing the Tariff

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

002. A consultation includes an examination. Except for new patients and in cases referred by a registered practitioner, consultation fees are not chargeable if treatment is carried out as a result of the consultation within a period or one month.

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

004. "By arrangement" in section 900 shall mean that the practitioner will advise his patient of the cost of the treatment or procedures and that the patient in his capacity as a member of a medical aid scheme, shall ascertain whether his Scheme will meet the account of the practitioner in full. If the Scheme agrees to make direct payment to the practitioner in full on the basis of this arranged fee, then payment of the account by the Scheme shall be in full and final settlement of the treatment or procedures given to the member.

005. In buitengewone gevalle waar die tariefgelde ongelykmatig laag is in verhouding tot die dienste werklik deur 'n tandarts gelewer, mag sodanige hoër gelde gehef word waarop die tandarts en die Skema mag ooreenkom.

006. Behandeling onder afdeling 800 sal op 'n grondslag van private gelde wees. Geen verpligting rus op mediese skemas om vir dienste onder die afdeling te betaal nie, maar indien die rekening ten volle deur 'n mediese skema betaal word, word die gelde by die toepaslike geldetarief aangepas.

007. Waar 'n algemene narkose deur 'n tandarts toegedien word, sal die gelde wees soos uiteengesit in afdeling 1000 hiervan.

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

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

010. "Gewone spreekure" is tussen 7 vm. en 6 nm. op weeksdae, en tussen 7 vm. en 1 nm. op Saterdae.

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

		R c
100.	*Konsultasies, nood- en verwante behandelings, en prosedures onder algemene narkose*	
101.	Konsultasies in spreekkamer. (Kyk reël 002)	2.40
102.	Tuis- en hospitaalbesoeke	4.70
103.	Dubbelgelde vir konserverende noodbehandeling of ekstraksies uitgevoer by hospitaal, tuis, of buite gewone spreekure by spreekkamer (kyk reël 010)	
104.	Noodbehandeling vir pynverligting waar geen ander tariefitem van toepassing is nie	2.40
105.	Hersementering van inlegsels, krone en brûe, per eenheid	2.40
106.	Bykomende gelde vir enige prosedure onder algemene narkose uitgevoer	4.70
200.	*Voorkomende tandheelkunde*	
201.	Oppervlakte-aanwending van fluoriede, per besoek	4.70
202.	Profilakse, per besoek (30 minute)	4.70
300.	*Radiologie*	
301.	Binnemondse röntgenfoto's (waar geen behandeling uitgevoer word nie), per film	2.40
302.	Binnemondse röntgenfoto's (waar behandeling tydens dieselfde besoek uitgevoer word), per film	1.80
303.	Binnemondse röntgenfoto's, volmonds	11.80
304.	Okklusale röntgenfoto's, per film	2.90
305.	Buitemondse röntgenfoto's, per film	5.30
400.	*Behandeling van mondsiektes (mondgeneeskunde), en inspuitingsterapie*	
401.	Per besoek (30 minute)	4.70
402.	Paradontale behandeling, per besoek	4.70
403.	Inspuitingsterapie, per inspuiting (uitsluitende koste van materiale)	2.40
500.	*Ekstraksies en na-ekstraksie komplikasies*	
	Ekstraksies by dieselfde sessie—	
501.	Een	2.90
502.	Twee	3.50
503.	Drie	5.30
504.	Vier	7.00
505.	Vyf	8.80

005. In exceptional cases where the Tariff fee is disproportionately low in relation to the actual services rendered by a dental practitioner, such higher fee as may be agreed upon between the dental practitioner and the Scheme may be charged.

006. Treatment under section 800 shall be on a private fee basis. There is no compulsion on medical schemes to pay for services rendered under this section, but if the account is paid in full by a medical scheme, the fee shall be adjusted so that the appropriate tariff fee applies.

007. Where a general anaesthetic is administered by a dental practitioner, the fee charged shall be as set out in section 1000 thereof.

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

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

010. Normal consulting hours are between 7 a.m. and 6 p.m. on weekdays, and between 7 a.m. and 1 p.m. on Saturdays.

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

		R c
100.	*Consultations, emergency and related treatments, and procedures under general anaesthesia*	
101.	Consultations at surgery (see rule 002)	2.40
102.	Domiciliary and hospital visits	4.70
103.	Double fee for mergency conservative treatment or extractions performed at hospital, house or outside normal consulting hours at surgery (see rule 010).	
104.	Emergency treatment for the relief of pain, where no other tariff item is applicable	2.40
105.	Recementing of inlays, crowns and bridges, per unit	2.40
106.	Additional fee for any procedure under general anaesthesia	4.70
200.	*Preventive dentistry*	
201.	Topical application of fluorides, per visit	4.70
202.	Prophylaxis, per visit (30 minutes)	4.70
300.	*Radiology*	
301.	Intral-oral roentgenograms (where no treatment is performed), per film	2.40
302.	Intra-oral roentgenograms (where treatment is performed at the same visit), per film	1.80
303.	Intra-oral roentgenograms, full mouth	11.80
304.	Occlusal roentgenograms, per film	2.90
305.	Extra-oral roentgenograms, per film	5.30
400.	*Treatment of oral diseases (oral medicine) and injection therapy*	
401.	Per visit (30 minutes)	4.70
402.	Paradontal treatment, per visit	4.70
403.	Injection therapy, per injection (excluding cost of materials)	2.40
500.	*Exodontics and post-extraction complications*	
	Extractions at same session—	
501.	One	2.90
502.	Two	3.50
503.	Three	5.30
504.	Four	7.00
505.	Five	8.80

		R c
506.	Ses	10.60
507.	Sewe	12.30
508.	Agt	14.10
509.	Nege	15.90
510.	Tien	17.60
511.	Elf	19.40
512.	Twaalf	21.20
513.	Dertien	22.90
514.	Veertien	24.70
515.	Vyftien	26.40
516.	Sestien	28.20
517.	Sewentien	30.00
518.	Agtien of meer	31.70
519.	Behandeling van na-ekstraksie bloeding	2.40
520.	Behandeling van na-ekstraksie septiese tandkas	2.40
	NOTA: 'n Laer gelde sal van toepassing wees ten opsigte van die ekstraksie van afskilferende primêre tande. Hierdie gelde sal volgens die tandarts se diskresie wees.	
600.	*Protetika*	
	Volle kunsgebitte—	
601.	Bo en onder	74.00
602.	Bo óf onder	37.00
	Gedeeltelike kunsgebitte—	
603.	Een tand	15.90
604.	Twee tande	18.50
605.	Drie tande	21.20
606.	Vier tande	23.80
607.	Vyf tande	26.40
608.	Ses tande	29.10
609.	Sewe tande	31.70
610.	Agt tande	34.40
611.	Nege of meer tande	37.00
	Klammers—	
612.	Gegote goud	6.30
613.	Gevormde goue draad	3.20
614.	Vlekvrye staaldraad	2.60
615.	Linguale stang of palatale stang (vlekvrye staal)	6.30
616.	Herbaseer, per kunsgebit	12.70
617.	Hermodelleer, per kunsgebit	19.00
	Opvullings—	
618.	Selfverhardende akriel, per kunsgebit	6.90
619.	Sagte-basis, per kunsgebit	21.20
620.	Bytplaat	15.90
	Herstelwerk—	
621.	Breuk of kraak	3.90
622.	Herset tand	3.90
623.	Vervang met nuwe tand	4.50
624.	Bykomstige items	1.70
625.	Waar afruk benodig word Bykomstige gelde	2.20
626.	Verstelling van kunsgebit (nà ses maande of vir pasiënt van ander praktisyn)	2.40
700.	*Konserverende tandheelkunde*	
710.	Endodonsie	
711.	Direkte pulpa-oorkapping	2.40
712.	Indirekte pulpa-oorkapping	4.70
713.	Amputasie van vitale pulpa (pulpotomie)	4.70
714.	Amputasie van dooie pulpa (mummifikasie)	2.90
715.	Wortelkanaal-terapie	9.40
716.	Elke bykomstige kanaal	5.90
717.	Bykomstige besoeke, per besoek	2.90
	Tot 'n maksimum van	11.80
718.	Bakteriologiese ondersoek (deur tandarts uitgevoer), per monster per kanaal	1.70
720.	Herstellings	
	Plasties—	
721.	Een-vlak	3.20
722.	Twee-vlak	4.20
723.	Drie-vlak	5.30
724.	Stif-versterking vir herstelling (gelde)	3.00
800.	*Inlegsels, krone, brûe en studiemodelle* (Kyk reël 006)	
	Onedele metaal-inlegsels—	
801.	Een-vlak	8.00
802.	Twee-vlak	13.20
803.	Drie-vlak	17.00
	Goud-inlegsels—	
804.	Een-vlak	10.00
805.	Twee-vlak	16.40
806.	Drie-vlak	21.20

		R c
506.	ix	10.60
507.	Seven	12.30
508.	Eight	14.10
509.	Nine	15.90
510.	Ten	17.60
511.	Eleven	19.40
512.	Twelve	21.20
513.	Thirteen	22.90
514.	Fourteen	24.70
515.	Fifteen	26.40
516.	Sixteen	28.20
517.	Seventeen	30.00
518.	Eighteen or more	31.70
519.	Treatment of post-extraction haemorrhage	2.40
520.	Treatment of post-extraction septic socket	2.40
	NOTE: A lower fee will apply for the extraction of exfoliating primary teeth. This fee will be at the discretion of the dentist.	
600.	*Prosthetic dentistry*	
	Full dentures—	
601.	Upper and lower	74.00
602.	Upper or lower	37.00
	Partial dentures—	
603.	One tooth	15.90
604.	Two teeth	18.50
605.	Three teeth	21.20
606.	Four teeth	23.80
607.	Five teeth	26.40
608.	Six teeth	29.10
609.	Seven teeth	31.70
610.	Eight teeth	34.40
611.	Nine or more teeth	37.00
	Clasps—	
612.	Cast gold	6.30
613.	Wrought gold wire	3.20
614.	Stainless steel wire	2.60
615.	Lingual bar or palatal bar (stainless steel)	6.30
616.	Rebase, per denture	12.70
617.	Remodel, per denture	19.00
	Relines—	
618.	Self-cure, per denture	6.90
619.	Soft-base, per denture	21.20
620.	Bite plate	15.90
	Repairs—	
621.	Fracture or crack	3.90
622.	Reset tooth	3.90
623.	Replace with new tooth	4.50
624.	Additional items	1.70
625.	Involving taking an impression Additional fee	2.20
626.	Adjustment of denture (after six months or for patient of another practitioner)	2.40
700.	*Conservative Dentistry*	
710.	Endodontics	
711.	Direct pulp capping	2.40
712.	Indirect pulp capping	4.70
713.	Vital amputation of pulp (pulpotomy)	4.70
714.	Mortal amputation of pulp (mummification)	2.90
715.	Root canal therapy	9.40
716.	Each additional canal	5.90
717.	Additional visits, per visit	2.90
	To a maximum of	11.80
718.	Bacteriological examination (performed by dentist) per sample per canal	1.70
720.	Restorations	
	Plastic—	
721.	One surface	3.20
722.	Two surfaces	4.20
723.	Three surfaces	5.30
724.	Pin reinforcing for restoration	3.00
800.	*Inlays, crowns, bridges and study models:* (See rule 006).	
	Base metal inlays—	
801.	One surface	8.00
802.	Two surfaces	13.20
803.	Three surfaces	17.00
	Gold inlays—	
804.	One surface	10.00
805.	Two surfaces	16.40
806.	Three surfaces	21.20

		R c
	Porselein-inlegsels—	
807.	Een-vlak	12.90
808.	Twee-vlak	18.80
	Goudfolie-herstellings—	
809.	Een-vlak	12.90
810.	Twee-vlak	18.80
	Goue stif en vingerhoed—	
811.	Een-wortel-tand	9.40
812.	Veel-wortel-tand	14.10
	Krone—	
813.	Drie-kwart goud	21.20
814.	Volle gegote goud	40.00
815.	Akriel dop	26.40
816.	Akriel gefineerde dop	42.30
817.	Porselein dop	38.20
818.	Porselein dop aan metaal versmelt	46.40
819.	Gesig- en rugstuk	36.40
820.	Vervang van gesigstuk	6.50
821.	Brûe–per foptand (brug-ankers soos hierbo).	26.40
822.	Studiemodelle (bo en onder)	4.70
900.	*Die gelde ten opsigte van die volgende drie dele sal "volgens ooreenkoms" wees, ingevolge reël* 004.	
901.	Kaak-, gesig- en mondchirurgie.	
902.	Ortodonsie.	
903.	Protetika–kunsgebitte met metaalbasis.	
1000.	*Algemene narkose*	
1001.	Ekstraksies, tot vyf tande—	
	Kinders	5.80
	Volwassenes	8.10
1002.	Ekstraksies, meer as vyf tande—	
	Kinders	8.10
	Volwassenes	8.10
1003.	Onerupteerde of beklemde tande en konserverende behandeling—	
	Gewone tyd-basis—	
	Tot 45 minute	8.10
	Tot 60 minute	11.60
	Vir elke bykomstige 15 minute	2.00

		R c
	Porcelain inlays—	
807.	One surface	12.90
808.	Two surfaces	18.80
	Gold foil restorations—	
809.	One surface	12.90
810.	Two surfaces	18.80
	Gold post and thimbles—	
811.	Single rooted tooth	9.40
812.	Multi-rooted tooth	14.10
	Crowns—	
813.	Three-quarter gold	21.20
814.	Full cast gold	40.00
815.	Acrylic jacket	26.40
816.	Acrylic veneered gold	42.30
817.	Porcelain jacket	38.20
818.	Porcelain jacket fused to metal	46.40
819.	Facing and backing	36.40
820.	Facing replacement	6.50
821.	Bridges–per pontic (bridge retainers as above).	26.40
822.	Study models (upper and lower)	4.70
900.	*The fees in respect of the following three sections shall be "by arrangement", in terms of rule* 004	
901.	Maxillo-facial and oral surgery.	
902.	Orthodontics.	
903.	Prosthetics—metal base dentures.	
1000.	*General anaesthetics*	
1001.	Extractions, up to five teeth—	
	Children	5.80
	Adults	8.10
1002.	Extractions, more than five teeth—	
	Children	8.10
	Adults	8.10
1003.	Unerupted or impacted teeth and conservative treatment—	
	Usual time basis—	
	Up to 45 minutes	8.10
	Up to 60 minutes	11.60
	For every additional 15 minutes	2.00

INHOUD

CONTENTS

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