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AIDS HELPLINE: 0800-123-22 Prevention is the cure

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BOARD NOTICE

NOTICE 107 OF 2000

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 2001 on all dentists who send work to dental technician contractors, and all such dental technician contractors.

Board Notice 93 of 2000 published in Government Gazette No. 21740 dated 17 November 2000 is hereby repealed with effect from 1 January 2001.

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

RAADSKENNISGEWING

KENNISGEWING 107 VAN 2000

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 2001 bindend is op alle tandartse wat werk stuur aan tandtegnikus-kontrakteurs en op alle sodanige tandtegnikus-kontrakteurs.

Raadskennisgewing 93 van 2000 soos gepubliseer in Staatskoerant No. 21740 gedateer 17 November 2000 word hiermee herroep met ingang 1 Januarie 2001.

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-

(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 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.

(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 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 oorgemaak moet word nie.

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.

(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-kontrakteur 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-kontrakteur 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-kontrakteur 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 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.

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 Aanhangsel 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 genommer word.

005 Die koste van half edelmetale, onedelmetale ongemonteerde kunstande en vooraf-vervaardigde 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 díe 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	.....	244.74
9301	(Per model) ..	11.67
9333	.....	287.98
9450	(15 per cent surcharge on item 9333) ...	43.20
TOTAL (EXCL. VAT)		587.59

Voorbeeld:

'n Vol-kunsgebit voltooiing op 'n metaalbasis:

Kode		R
15 persent oorbelading of voltooiing van akrielwerk op 'n kobaltchroom- of goudprostese.		
9451	.....	244.74
9301	(Per model)	11.67
9333	.....	287.98
9450	(15 persent oorbetaling op item 9333)	43.20
TOTAAL (uitgesluit BTW)		587.59

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 by 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	60.44	68.90	9301	Plaster model	11.67	
				9327	Infection control	3.42	
				9431	Special tray	45.35	
T003	Full upper and lower dentures	957.45	1,091.50	9327	x 4 Infection control	13.68	8231
				9301	x 4 Plaster model	46.68	
				9321	x 2 Occlusion block	78.94	
				9431	x 2 Special tray	90.70	
				9330	Delivery charge	11.40	
				9331	Full U & L dentures	473.60	
				9700	x 4 Denture teeth 1 x 6/8	242.44	
T004	Full upper or lower denture	550.70	627.80	9327	x 3 Infection control	10.26	8232
				9301	x 3 Plaster model	35.01	
				9431	Special tray	45.35	
				9321	Occlusion block	39.47	
				9330	Delivery charge	11.40	
				9333	F U/ or L. denture	287.98	
				9700	x 2 Denture teeth 1 x 6/8	121.22	
T005	Soft base to new denture	432.46	493.00	9419	Soft base	205.00	8231 or
				9720	Soft base material	227.46	8232
T006	Metal base to full upper or lower denture	509.29	580.60	9327	Infection control	3.42	8231 or
				9303	Superhard model	15.26	8232
				9451	Metal base full	244.74	
				9453	Basic charge which excl. models and any special trays which the Dentist may require	205.26	
				9742	Cobalt Chrome metal	40.61	
T007	One tooth partial denture	188.77	215.20	9327	2 x Infection control	6.84	8233
				9301	x 2 Plaster model	23.34	
				9330	Delivery charge	11.40	
				9351	One tooth partial	127.54	
				9702	Denture tooth - Odd	19.65	
T008	Two tooth partial denture	199.30	227.20	9327	x 2 Infection control	6.84	8233
				9301	x 2 Plaster model	23.34	
				9330	Delivery charge	11.40	
				9352	Two tooth partial	138.07	
				9702	x 2 Denture teeth	19.65	
T009	Three tooth partial denture	253.24	288.70	9327	x 2 Infection control	6.84	8235
				9301	x 2 Plaster model	23.34	
				9330	Delivery charge	11.40	
				9353	Three tooth partial	151.05	
				9700	Denture teeth 1 x 6/8	60.61	
T010	Four tooth partial denture	263.51	300.40	9327	x 2 Infection control	6.84	8235
				9301	x 2 Plaster model	23.34	
				9330	Delivery charge	11.40	
				9354	Four tooth partial	161.32	
				9700	Denture teeth 1 x 6/8	60.61	

PROSTHETICS (Continued)

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE		DENTAL CODE
T011	Five tooth partial denture	399.03	454.90	9301 x 3 Plaster model	35.01	8235
				9321 Occlusion block	39.47	
				9327 x 3 Infection control	10.26	
				9330 Delivery charge	11.40	
				9355 Five tooth partial	177.28	
				9431 Special tray	45.35	
				9700 Denture teeth 1 x 6/8	60.61	
				9702 Denture teeth - Odd	19.65	
T012	Six tooth partial denture	459.73	524.10	9301 x 3 Plaster model	35.01	8238
				9321 Occlusion block	39.47	
				9327 x 3 Infection control	10.26	
				9330 Delivery charge	11.40	
				9356 Six tooth partial	218.33	
				9431 Special tray	45.35	
				9700 Denture teeth 1 x 6/8	60.61	
				9702 x 2 Denture teeth - Odd	39.30	
T013	Seven tooth partial denture	495.44	564.80	9301 x 3 Plaster model	35.01	8238
				9321 Occlusion block	39.47	
				9327 x 3 Infection control	10.26	
				9330 Delivery charge	11.40	
				9357 Seven tooth partial	234.39	
				9431 Special tray	45.35	
				9700 Denture teeth 1 x 6/8	60.61	
				9702 x 3 Denture teeth - Odd	58.95	
T014	Eight tooth partial denture	514.82	586.90	9327 x 3 Infection control	10.26	8238
				9301 x 3 Plaster model	35.01	
				9321 Occlusion block	39.47	
				9330 Delivery charge	11.40	
				9431 Special tray	45.35	
				9358 Eight tooth partial	252.11	
				9700 x 2 Denture teeth 1 x 6/8	121.22	
T015	Nine or more tooth partial denture	522.01	595.10	9327 x 3 Infection control	10.26	8238
				9301 x 3 Plaster model	35.01	
				9321 Occlusion block	39.47	
				9330 Delivery charge	11.40	
				9431 Special tray	45.35	
				9359 Nine/more tooth partial	259.30	
				9700 x 2 Denture teeth 1 x 6/8	121.22	
T016	Lingual or palatal bar	116.23	132.50	9423 Lingual or palatal bar	61.14	8257
				9728 Cost of bar	55.09	8233 -
T017	Mesh strengthener	45.35 + 9729	51.70	9427 Mesh Strengthener	45.35	8233 - 8238
				9729 Cost of mesh		
T018	Provision single arm clasp to denture including cost of clasp	23.16	26.40	9435 Single arm clasp	23.16	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	51.93	59.20	9439	Single arm clasp and rest	51.93	8255
T021	Provision double arm clasp with rest to partial denture including cost of clasp and rest	68.51	78.10	9441	Double arm clasp and rest	68.51	8255
T022	Provision of preformed clasp/ rest to partial denture including cost of clasp	37.46	42.70	9443	Performed clasp	37.46	8255
T023	Provision of rest only to partial denture including cost of rest	30.61	34.90	9445	Rest only	30.61	8255
T024	Provision of cast clasp to partial denture	94.91	108.20	9447	Cast clasp	94.91	8255
T025	Acrylic reline to single denture	205.79	234.60	9327	Infection control	3.42	8259
				9301	Plaster model	11.67	
				9330	Delivery charge	11.40	
				9413	Acrylic reline	179.30	
T026	Soft base reline to single denture	495.44	564.80	9327	Infection control	3.42	8267
				9303	Superhard model	15.26	
				9330	Delivery charge	11.40	
				9417	Soft base	237.89	
				9720	Soft base material	227.46	
T027	Re-model of single denture	324.12	369.50	9327	2 x Infection control	6.84	8261
				9301	2 x Plaster model	23.34	
				9330	Delivery charge	11.40	
				9415	Remodel denture	282.54	

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	116.84	133.20	9327 9301 9330 9391	Infection control Plaster model Delivery charge Repair first	3.42 11.67 11.40 90.35	8269
T029	Repair of first fracture/addition of clasp to denture	24.30	27.70	9393	Repair/second/subsequent	24.30	8269
T030	Repair: Addition first tooth to denture	151.58	172.81	9327 9301 9330 9391 9702	x 2 Infection control x 2 Plaster model Delivery charge Repair first Denture teeth odd	6.84 23.34 11.40 90.35 19.65	8269
T031	Repair: Addition of second/ subsequent tooth to denture	43.95	50.10	9393 9702	Repair second/subsequent Denture teeth odd	24.30 19.65	8269
T032	Repair: Additional fee for using wire strengthener	25.53	29.10	9395	Wire strengthener	25.53	8269
T033	Additional fee for using mesh strengthener	72.01	82.09	9398 9729	Mesh strengthener Cost of strengthener	44.47 27.54	8231 8238
T034	Additional fee for using pre-formed strengthener	36.93	42.10	9397 9738	Preformed strengthener Cost of mesh	23.16 13.77	8231 8238
T035	Cleaning and polishing of existing denture, per denture	40.52	46.20	9425 9330	Cleaning of existing denture, per denture Delivery charge	29.12 11.40	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	7.63	8.70	9345	Immediate dentures, per tooth socketed	7.63	

ACRYL REPAIRS (Continued)

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE			DENTAL CODE
T038	Immediate dentures, per tooth not socketed	3.16	3.60	9346	Immediate dentures, per tooth no socketed	3.16	
T039	Infection control per denture, try in or repair (T032, T035)	3.42	3.90	9327	x X Infection control per denture, in or repair	3.42	

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	641.75	731.60	9327	x 2 Infection control	6.84	8281
				9301	Plaster model	11.67	
				9303	Hard model	15.26	
				9431	Special tray	45.35	
				9453	- 9493 (Average of)	519.82	
				9741	Casting alloy	42.81	

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	200.79	228.90	9327	x 2 Infection control	6.84	8269
				9301	Plaster model	11.67	8270
				9303	Hard model	15.26	8271
				9330	Delivery charge	11.40	
				9497	Cobalt chrome section	76.23	
				9741	Casting alloy	42.81	
				9481	Additional charge for soldering retention	36.58	

METAL INLAYS, ONLAYS, CROWNS

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE			
T080	First CLASS IV, MO, DO inlay/ onlay in dental arch	296.84	338.40	9327	x 2 Infection control	6.84	8361
				9301	Plaster model	11.67	8362
				9315	Model & die	41.40	
				9320	Pindex	11.49	
				9330	Delivery charge	11.40	
				9525	Inlay/onlay	166.58	
				9748	Non precious metal	47.46	
T081	Second and subsequent CLASS IV, MO, DO inlays/ onlays in same arch	237.20	270.40	9319	Extra die	11.67	8361
				9320	Pindex	11.49	8362
				9525	Inlay/onlay	166.58	
				9748	Non precious metal	47.46	

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	342.46	390.40	9327	x 2 Infection control	6.84	8363
				9301	Plaster model	11.67	8364
				9315	Crown & bridge model	41.40	8401
				9319	Extra die	11.67	8403
				9320	Pindex	11.49	
				9330	Delivery charge	11.40	
				9521	Crown/MOD/ 3/4 crown	200.53	
				9748	Non precious metal	47.46	
T083	Second and subsequent MOD inlay/onlay, three quarter crown, full metal crown in same arch	271.14	309.10	9319	Extra die	11.67	8363
				9320	Pindex	11.49	8364
				9521	Crown/MOD/ 3/4 crown	200.53	8401
				9748	Non precious metal	47.46	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	472.37	538.50	9327	x 2 Infection control	6.84	8371
				9301	Plaster model	11.67	8374
				9315	Crown & bridge model	41.40	
				9319	Extra die	11.67	
				9320	Pindex	11.49	
				9314	Refractory model	47.46	
				9330	Delivery charge	11.40	
				9512	Inlay/Veneer	330.44	
T085	Second and subsequent ceramic inlays/onlays/veneer in same arch as T084	401.06	457.20	9319	Extra die	11.67	8371
				9314	Refractory model	47.46	8374
				9512	Inlay/Veneer	330.44	
				9320	Pindex	11.49	

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/veneer, indirect, in dental arch	261.05 + 9760 *or* 9757		9327 x 2 Infection control 9301 Plaster model 9315 Crown & bridge model 9319 Extra die 9320 Pindex 9330 Delivery charge 9524 Resin inlay 9760 Cost of resin *or* 9757 Cost of ceromer	6.84 11.67 41.40 11.67 11.49 11.40 166.58	8371 8374
T087	Second and Subsequent resin inaly/onlay/veneer in same arch as T086	189.74 + 9760 *or* 9757		9319 Extra die 9320 Pindex 9524 Resin inlay 9760 Cost of resin *or* 9757 Cost of ceromer	11.67 11.49 166.58	8371 8374

CORES AND POSTS

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE		DENTAL CODE
T090	Cast single post and core	140.00 + cost burn out component		9545 Post 9730 Cost of burn out component 9748 Non precious metal	92.54 47.46	8391
T091	Cast multiple post and core	213.42 + cost burn out component		9546 Multiple post 9748 Non Precious metal 9730 Cost of burn out component	165.96 47.46	8393 8395
T092	One piece casting of crown or inlay on post	63.86 + cost burn out component		9526 One piece casting of crown or inl on post 9730 Cost of burn out component	63.86	
T093	Cast first coping or abutment thimble where no other work is done	257.80	293.90	9327 Infection control 9315 Crown & bridge model 9319 Extra die 9320 Pindex 9330 Delivery charge 9535 Coping/abutment thimble 9748 Non precious metal	3.42 41.40 11.67 11.49 11.40 130.96 47.46	
T094	Subsequent abutment/coping thimble	201.58	229.80	9319 Extra die 9320 Pindex 9535 Coping/abutment thimble 9748 Non precious metal	11.67 11.49 130.96 47.46	8396

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	544.47	620.70	9327	x 2 Infection control	6.84	8411
				9301	Plaster model	11.67	
				9315	Crown & bridge model	41.40	
				9319	Extra die	11.67	
				9320	Pindex	11.49	
				9330	Delivery charge	11.40	
				9505	Crown	402.54	
				9748	Non precious metal	47.46	
T101	Porcelain veneer crown or pontic, second or subsequent crowns in arch	473.16	539.40	9319	Extra die	11.67	8411
				9320	Pindex	11.49	8422
				9505	Crown/pontic	402.54	8424
				9748	Non precious metal	47.46	
T102	First ceramic jacket crown per dental arch including metal substitute coping and material	675.35	769.90	9327	x 2 Infection control	6.84	8409
				9301	Plaster model	11.67	
				9314	Refractory model	47.46	
				9315	Crown & bridge model	41.40	
				9219	Extra die	11.67	
				9320	Pindex	11.49	
				9330	Delivery charge	11.40	
				9501	Ceramic jacket crown/Ceromer crown	330.44	
				9502	Metal substitute	202.98	
T103	Second or subsequent ceramic jacket crown in same arch	604.04	688.60	9319	Extra die	11.67	8409
				9320	Pindex	11.49	
				9314	Refractory model, per unit	47.46	
				9501	Ceramic jacket crown/Ceromer crown	330.44	
				9502	Metal substitute	202.98	
T104	Facing replacement	292.80	333.80	9327	x 2 Infection control	6.84	8413
				9301	Plaster model	11.67	
				9315	Crown & bridge model	41.40	
				9319	Extra die	11.67	
				9320	Pindex	11.49	
				9330	Delivery charge	11.40	
				9566	Porcelain facing	198.33	
T105	Positioning precision attachment, per attachment including soldering	201.49 +cost of attachment		9782	Precision attachment	201.49	8599
				9724	Cost of attachment	Neg	
T106	Positioning burnout precision attachment	201.49 +cost of attachment		9780	Precision attachment	201.49	8599
				9724	Cost of attachment	Neg	
T107	Temporary acrylic crown in dental arch	132.80	151.40	9327	x 2 Infection control	6.84	8401
				9301	Plaster model	11.67	8403
				9303	Superhard model	15.26	8409
				9330	Delivery charge	11.40	
				9563	Temporary crown	87.63	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	87.63	99.90	9563	Temporary crown	87.63	8401 8403 8409 8411 8420 8424
T109	Porcelain shoulder, maxillary crowns 1 - 6, mandibular crowns 1 - 4 only	62.63	71.40	9515	Porcelain shoulder	62.63	8411

BRIDGES AND PONTICS

CODE	DESCRIPTION	EXCL. VAT	BENEFIT (INCL. VAT AT 14 %)	COMPOSITION OF CODE			DENTAL CODE
T110	Maryland bridge retainer, first retainer	308.51	351.70	9327 9301 9315 9319 9320 9330 9525 9748	x 2 Infection control Plaster model Crown & bridge model Extra die Pindex Delivery charge Inlay/onlay Cost of metal	6.84 11.67 41.40 11.67 11.49 11.40 166.58 47.46	8356
T111	Second or subsequent retainer	237.20	270.40	9319 9320 9525 9748	Extra die Pindex Inlay/onlay Cost of metal	11.67 11.49 166.58 47.46	8356
T112	Pre-solder invested joint - per joint	37.46 + cost of solder		9543 9524	Pre-solder invested Cost per solder	37.46	
T113	Post-solder invested joint - per joint	81.84 + cost of solder		9507 9524	Post solder invested joint Cost of solder	81.84	
T114	Full metal pontic	189.13	215.60	9533 9748	Full metal pontic Cost of metal	141.67 47.46	

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	1,285.70 + metal and components		9746/ Metal 9736 Implant components 9788 Super structure		Neg Neg 1,285.70	8193
T121	Crown and bridge implant abutment, per abutment (inclusive of abutment preparation)	94.74 + metal and components		9786 Wax & finish abutment 9746/ Metal 9734 Implant components		94.74 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	194.91	222.20	9327 x 2 Infection control 9301 x 2 Plaster model 9330 Delivery charge 9571 Basic charge		6.84 23.34 11.40 153.33	8862 8863
T141	Basic charge for appliance not containing acrylic	110.44	125.90	9327 x 2 Infection control 9301 x 2 Plaster model 9330 Delivery charge 9572 Basic charge		6.84 23.34 11.40 68.86	8862 8863
T142	Additional fee for fitting expansion screw	28.86 + cost of screw		9573 Expansion screw 9766 Cost of screw		28.86 Neg	8862 8863
T143	Additional fee for fitting subsequent expansion screws excluding cost of screw	24.04 + cost of screw		9575 Expansion screw 9766 Cost of screw		24.04 Neg	8862 8863
T144	Additional fee for bite plate	28.86	32.90	9577 Bite plate		28.86	8862 8863
T145	Additional fee for fitting fongue guard	33.86	38.60	9579 Tongue guard		33.86	8862 8864
T146	Additional fee for flat or inclined plane	20.18	23.00	9581 Inclined plane		20.18	8862 8863
T147	Additional fee for Adams Crib	24.04	27.40	9583 Adams crib		24.04	8862 - 8863
T148	Additional fee for Jackson Crib	24.04	27.40	9585 Jackson Crib		24.04	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	24.12	27.50	9587 Ball clasp	24.12	8862 - 8863
T150	Additional fee for single arm clasp	22.02	25.10	9589 Single arm clasp	22.02	8862 - 8863
T151	Additional fee for double arm clasp	39.47	45.00	9591 Double arm clasp	39.47	8862 - 8863
T152	Additional fee for fabricating and fitting single loop finger spring	17.37	19.80	9593 Single loop finger spring	17.37	8862 - 8863
T153	Additional fee for fabricating and fitting double loop finger spring	19.30	22.00	9595 Double loop finger spring	19.30	8862 - 8863
T154	Additional fee for fabricating and fitting buccal loop finger spring	14.56	16.60	9597 Buccal loop spring	14.56	8862 - 8863
T155	Additional fee for fabricating and fitting apron spring	44.12	50.30	9599 Apron spring	44.12	8862 - 8863
T156	Additional fee for fabricating and fitting multiloop spring	44.12	50.30	9601 Multi loop spring	44.12	8862 - 8863
T157	Additional fee for fabricating and fitting "coffin" spring	41.40	47.20	9603 Coffin spring	41.40	8862 - 8863
T158	Additional fee for fabricating and fitting helicoil or bazooka spring	44.12	50.30	9605 Helicoil/Bazooka	44.12	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	33.86	38.60	9607 Flapper / T-spring	33.86	8862 - 8863
T160	Additional fee for fabricating and fitting all springs with tubing	19.30	22.00	9609 Tubing	19.30	8862 - 8863
T161	Additional fee for fabricating and fitting labial arch	17.37	19.80	9611 Labial arch	17.37	8862 8863
T162	Additional fee for fabricating and fitting Buccal arch	22.02	25.10	9613 Buccal arch	22.02	8862 - 8863
T163	Additional fee for fabricating and fitting Roberts retractor	47.46	54.10	9615 Roberts retractor	47.46	8862 - 8863
T164	Additional fee or fabricating and fitting Angleman arch	49.12	56.00	9617 Angleman arch	49.12	8862 - 8863
T165	Additional fee for fabricating and fitting extra oral arch	57.02	65.00	9619 Twinwire arch	57.02	8862 - 8863
T166	Additional fee for fabricating and fitting extra oral-arch	57.02	65.00	9621 Extra-oral-arch	57.02	8862 - 8863
T167	Additional fee for each spot welded joint	12.46	14.20	9623 Spot welded joint	12.46	8862 - 8863
T168	Additional fee for each soldering joint	14.56	16.60	9625 Soldering joint	14.56	8862 - 8863
T169	Additional fee for each invested soldering joint	39.47	45.00	9627 Invested joint	39.47	8862 - 8863
T170	Additional fee for each hook for elastic traction	14.56	16.60	9629 Hook	14.56	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	499.82	569.80	9327	x 2 Infection control	6.84	8858
				9571	Basic charge	153.33	
				9301	x 2 Plaster model	23.34	
				9330	Delivery charge	11.40	
				9621	Extra-oral arch	57.02	
				9635	Appliance	247.89	
T172	Frankel Appliance	576.49	657.20	9327	x 2 Infection control	6.84	8858
				9571	Basic charge	153.33	
				9301	x 2 Plaster model	23.34	
				9330	Delivery charge	11.40	
				9641	Appliance - Frankel	381.58	
T173	Bionator	450.26	513.30	9327	x 2 Infection control	6.84	8858
				9571	Basic Charge	153.33	
				9301	x 2 Plaster model	23.34	
				9330	Delivery charge	11.40	
				9645	Appliance - Bionator	255.35	
T174	Other functional appliances (subject to approval)	By Neg.					8858
T175	Chincap	319.30	364.00	9327	x 2 Infection control	6.84	8858
				9571	Basic charge	153.33	
				9301	x 2 Plaster model	23.34	
				9330	Delivery charge	11.40	
				9643	Chincap	124.39	
T176	Spring retainer/snapper	197.19 + the calculated value of 9646		9327	Infection control	3.42	8862
				9301	Plaster model	11.67	8863
				9330	Delivery charge	11.40	
				9571	Basic charge	153.33	
				9611	Labial arch	17.37	
				9646	Diagnostic setup: R233.87 ÷ 32 x number of teeth moved		
T180	Mouth protector	160.09 + cost of material		9327	x 2 Infection control	6.84	8169 &
				9301	x 2 Plaster model	23.34	8171
				9330	Delivery charge	11.40	
				9631	Mouth protector	118.51	
				9776	Cost of material	Neg	
T181	Oral screen	338.51	385.90	9327	x 2 infection control	6.84	
				9301	x 2 Plaster model	23.34	
				9330	Delivery charge	11.40	
				9571	Basic charge	153.33	
				9633	Cost of material	143.60	

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	196.75	224.30	9327	Infection control	3.42	8173
				9301	Plaster model	11.67	
				9330	Delivery charge	11.40	
				9572	Basic charge, appliance without acrylic	68.86	
				9625	x 2 Free soldering joint	14.56	
				9651	Pinched band	69.47	
				9622	Space maintainer arch	17.37	
T183	Space maintainer, fixed removable	260.36	296.80	9327	x 2 Infection control	6.84	8175
				9301	x 2 Plaster model	23.34	
				9330	Delivery charge	11.40	
				9571	Basic charge acrylic	153.33	
				9583	x 2 Adams crib	48.08	
				9611	Labial arch	17.37	
T184	Cast and trim study models, per model	93.68	106.80	9327	x 2 Infection control	6.84	8117
				9330	Delivery charge	11.40	
				9307	x 2 Study models	75.44	
T185	Bite plate for TMJ dysfunction	223.77	255.10	9327	x 2 Infection control	6.84	8169
				9301	x 2 Plaster model	23.34	
				9330	Delivery charge	11.40	
				9571	Basic charge acrylic	153.33	
				9577	Per bite surface	28.86	

2. TARIFF OF FEES

SECTION 1

PREPARATORY WORK

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9301	Casting of model in plaster, per model	11.67	1.63	13.30
9303	Casting of model in superhard stone per model	15.26	2.14	17.40
9305	Casting and trimming of study model, per model	30.96	4.34	35.30
9307	Casting and trimming of gnathostatic study model, per model ..	37.72	5.28	43.00
9309	New trimmed base to supplied model, per model	13.51	1.89	15.40
9311	Trimming of supplied model, per model	8.68	1.22	9.90
9312	Gingival tissue mask per impression including material	47.46	6.64	54.10
9313	Duplicating model, per model	32.81	4.59	37.40
9314	Refractory model, per unit (including material and duplicating) .	47.46	6.64	54.10
9315	Models and duplicate models for crown and bridge work inclusive of one removable die	41.40	5.80	47.20
9317	Sectional models for crown and bridge work inclusive of one removable die	37.72	5.28	43.00
9319	Each additional die for items 9315 and 9317 per die	11.67	1.63	13.30
9320	Pindex or indexed model tray per die	11.49	1.61	13.10
9321	Occlusion block, per block	39.47	5.53	45.00
9323	Occlusion block on baseplate, per block	44.12	6.18	50.30

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9325	Additional model from same impression per model	11.67	1.63	13.30
9327	Infection control per impression, denture (wax or acrylic) or any item in contact with body fluids	3.42	0.48	3.90
9329	Fit and supply of disposable articulator (including cost of articulator)	8.16	1.14	9.30
9330	Delivery charge per completed procedure	11.40	1.60	13.00

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	473.60	66.30	539.90
9333	Full upper or lower denture	287.98	40.32	328.30
9335	Set-up and waxing of full upper and lower dentures	192.89	27.01	219.90
9337	Set-up and waxing of full upper or lower denture	130.88	18.32	149.20
9339	Waxing and finishing of full upper or lower denture	255.35	35.75	291.10
9341	Waxing and finishing of full upper or lower denture	148.68	20.82	169.50
9343	Additional fee for dentures on adjustable articulator at request of dentist	589.65	82.55	672.20
9345	Additional fee for immediate dentures, per tooth socketed	7.63	1.07	8.70

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9346	Additional fee for immediate dentures, per tooth not socketed ..	3.16	0.44	3.60
9347	Additional fee for each retry from the third and upwards at an agreed quantum of time to be calculated at hourly rate of	154.12	21.58	175.70
	B. PARTIAL DENTURES			
9351	Set-up and finish one-tooth denture	127.54	17.86	145.40
9352	Set-up and finish two-tooth denture	138.07	19.33	157.40
9353	Set-up and finish tree-tooth denture	151.05	21.15	172.20
9354	Set-up and finish four-tooth denture	161.32	22.58	183.90
9355	Set-up and finish five-tooth denture	177.28	24.82	202.10
9356	Set-up and finish six-tooth denture	218.33	30.57	248.90
9357	Set-up and finish seven-tooth denture	234.39	32.81	267.20
9358	Set-up and finish eight-tooth denture	252.11	35.29	287.40
9359	Set-up and finish nine-tooth denture	259.30	36.30	295.60
9360	Set-up and finish ten or more tooth denture	287.98	40.32	328.30
9361	Set-up and waxing of one-tooth denture	43.25	6.05	49.30
9362	Set-up and waxing of two-tooth denture	53.60	7.50	61.10

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9363	Set-up and waxing of three-tooth denture	61.14	8.56	69.70
9364	Set-up and waxing of four-tooth denture	71.67	10.03	81.70
9365	Set-up and waxing of five-tooth denture	79.04	11.06	90.10
9366	Set-up and waxing of six-tooth denture	94.91	13.29	108.20
9367	Set-up and waxing of seven-tooth denture	102.37	14.33	116.70
9368	Set-up and waxing of eight-tooth denture	109.65	15.35	125.00
9369	Set-up and waxing of nine-tooth denture	118.33	16.57	134.90
9371	Waxing and finishing of one-tooth denture	94.91	13.29	108.20
9372	Waxing and finishing of two-tooth denture	97.98	13.72	111.70
9373	Waxing and finishing of three-tooth denture	100.26	14.04	114.30
9374	Waxing and finishing of four-tooth denture	102.37	14.33	116.70
9375	Waxing and finishing of five-tooth denture	107.72	15.08	122.80
9376	Waxing and finishing of six-tooth denture	112.81	15.79	128.60
9377	Waxing and finishing of seven-tooth denture	118.33	16.57	134.90
9378	Waxing and finishing of eighth-tooth denture	125.53	17.57	143.10
9379	Waxing and finishing of nine-tooth denture	136.23	19.07	155.30

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9380	Waxing and finishing of ten (or more) tooth denture	146.67	20.53	167.20
9381	Additional fee for immediate denture per tooth socketed	7.63	1.07	8.70
9382	Additional fee for immediate denture per tooth not socketed	3.16	0.44	3.60
9383	Additional fee for finishing off in tooth colour or bridge material .	20.09	2.81	22.90
9385	Additional fee for supplying finished denture on duplicate model	48.51	6.79	55.30
	C. REPAIR SERVICE			
9391	Basic charge which includes repair of one fracture of addition of one tooth or addition of one clasp.....	90.35	12.65	103.00
9393	Additional charge for each additional fracture, or tooth or clasp	24.30	3.40	27.70
9395	Additional fee for using wire strengthener	25.53	3.57	29.10
9397	Additional fee for using pre-formed strengthener (excluding cost of strengthener)	23.16	3.24	26.40
9398	Additional fee for using mesh strengthener in repair procedure	44.47	6.23	50.70
	D. ADDITIONAL SERVICES			
9401	Clear plate	37.89	5.31	43.20
9403	Dox grinding of upper and lower dentures	55.88	7.82	63.70
9405	Inlay to artificial tooth, one surface only, per inlay (excluding costs of gold)	77.02	10.78	87.80
9406	Inlay to artificial tooth, multisurfaces e.g. horseshoe or L-type inlay, per inlay (excluding costs of gold)	105.70	14.80	120.50

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9407	Heka base technique per upper or lower denture	125.53	17.57	143.10
9409	Frego frame (excluding cost of material)	48.51	6.79	55.30
9411	Template per upper or lower denture	97.98	13.72	111.70
9413	Reline of single denture	179.30	25.10	204.40
9415	Remodel of single denture	282.54	39.56	322.10
9417	Soft base reline per denture excluding soft base material	237.89	33.31	271.20
9419	Soft base to new denture, per denture excluding soft base material	205.00	28.70	233.70
9421	Gum tinting per denture	81.32	11.38	92.70
9423	Lingual or palatal bar (excluding cost of material)	61.14	8.56	69.70
9425	Cleaning and polishing of existing denture, per denture	29.12	4.08	33.20
9427	Mesh strengthener (excluding cost of material)	45.35	6.35	51.70
9431	Special Tray, acrylic, each	45.35	6.35	51.70
9433	Special Tray in base plate material, each	43.25	6.05	49.30
9435	Provision of single arm clasp to partial denture	23.16	3.24	26.40
9437	Provision of double arm clasp, to partial denture	41.05	5.75	46.80
9439	Provision of single arm clasp with rest, to partial denture	51.93	7.27	59.20
9441	Provision of double arm clasp with rest, to partial denture	68.51	9.59	78.10

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)	37.46	5.24	42.70
9445	Provision of rest only to partial denture	30.61	4.29	34.90
9447	Cast Clasp	94.91	13.29	108.20
9448	Model of impression inside occlusion block or wax try in	20.09	2.81	22.90
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	244.74	34.26	279.00
	B. PARTIAL METAL DENTURES			
9453	Basic charge which excludes models and any special trays (see item 9431/3) which the dentist may require	205.26	28.74	234.00
9455	Additional charge for each one arm clasp	12.46	1.74	14.20
9457	Additional charge for each Roach clasp	22.02	3.08	25.10

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9459	Additional charge for each rest	12.46	1.74	14.20
9461	Additional charge for continuous clasp, per tooth.....	12.46	1.74	14.20
9463	Additional charge for lingual bar, per tooth passed.....	22.02	3.08	25.10
9465	Additional charge for palatal bar.....	41.40	5.80	47.20
9467	Additional charge for onlay	137.63	19.27	156.90
9469	Additional charge for saddle with finishing line, per tooth	22.02	3.08	25.10
9471	Additional charge for saddle without finishing line, per tooth ...	12.46	1.74	14.20
9473	Additional charge for horseshoe saddle, per tooth	22.02	3.08	25.10
9475	Additional charge for fitting of tooth for metal backing, per tooth	14.56	2.04	16.60
9477	Additional charge for goldplating, per denture (excluding cost of gold)	108.95	15.25	124.20
9479	Additional charge for fitting one distal-extension hinge, excluding cost of hinge)	47.46	6.64	54.10
9481	Additional charge for each soldering joint	36.58	5.12	41.70
9483	Additional charge for soldering retention	49.12	6.88	56.00
9485	Additional charge for each additional retention soldering joint .	12.46	1.74	14.20
9487	Additional charge for each welding joint	55.88	7.82	63.70
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	31.75	4.45	36.20
9493	Additional charge for each Steel's backing or pontic cast (Plastic work to be charged in addition).....	36.58	5.12	41.70
	C. CHROME COBALT AND REPAIRS			
9495	Basic fee for the repairing of or addition to any appliance necessitating the casting of a model	63.68	8.92	72.60
9497	Basic fee if a new section is to be fabricated and where item 9495 does not apply	76.23	10.67	86.90

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	330.44	46.26	376.70
9502	Ceramic metal substitute coping (including material)	202.98	28.42	231.40
9505	Porcelain veneer crown or pontic (excluding metal)	402.54	56.36	458.90

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9507	Post-solder invested joint, per joint	81.84	11.46	93.30
9511	Inlay in porcelain veneer crown	139.65	19.55	159.20
9512	Ceramic/, inlay/onlay, bridge retainer	330.44	46.26	376.70
9515	Porcelain shoulder per unit (not applicable to pontics)	62.63	8.77	71.40
9520	Addition fee for crown- & bridge work performed on a movable condyle articulator per unit	21.93	3.07	25.00
	B. GOLD AND ACRYLIC VENEER SERVICES			
9521	Full metal crown, MOD, three-quarter crown	200.53	28.07	228.60
9524	Indirect Composite Resin inlay	166.58	23.32	189.90
9525	Class IV, MO, DO, cervical/occlusal inlay	166.58	23.32	189.90
9526	Additional fee for one piece casting of crown or inlay on post ..	63.86	8.94	72.80
9531	Pin-ledge inlay	190.70	26.70	217.40
9533	Full metal pontic	141.67	19.83	161.50
9535	Coping or abutment thimble cast	130.96	18.34	149.30
9537	Precision lock and rest cast, incorporating pre-formed parts ...	201.49	28.21	229.70
9538	Lock and rest cast	87.63	12.27	99.90
9539	Casting of rest only	45.35	6.35	51.70
9541	Metal inlay or post, cast direct	47.98	6.72	54.70
9543	Gold/pre-solder invested joint, excluding cost of solder	53.95	7.55	61.50

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9545	Cast post with thimble, indirect	92.54	12.96	105.50
9546	Multiple Post	165.96	23.24	189.20
9549	C.S.P. attachment (Steiger)	484.39	67.81	552.20
9551	Telescope crown	335.26	46.94	382.20
9553	Composite/acrylic veneer crown, indirect	273.77	38.33	312.10
9555	Composite/acrylic veneer pontic	259.30	36.30	295.60
9557	Composite/acrylic jacket crown, indirect	184.12	25.78	209.90
9559	Composite/acrylic veneer post crown	269.91	37.79	307.70
9560	Indirect Composite Resin Veneer	184.12	25.78	209.90
9561	Composite/acrylic jacket crown, direct	138.86	19.44	158.30
9562	Silicoating (per unit)	31.40	4.40	35.80
9563	Temporary acrylic/composite crown per unit, (including templates, impressions and materials)	87.63	12.27	99.90
9564	Heat formed template supplied to dentist for the manufacture of temporary restorations (including template material)	28.77	4.03	32.80
9565	Composite/acrylic-facing replaced	114.82	16.08	130.90
9566	Porcelain facing replaced	198.33	27.77	226.10
9569	Waxing of crown to existing denture	85.79	12.01	97.80
9570	Additional fee for each remake at an agreed quantum of time to be calculated at an hourly rate of	139.65	19.55	159.20

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	153.33	21.47	174.80
9572	Basic charge for appliance which do not include acrylic	68.86	9.64	78.50
9573	Additional charge for fitting first expansion screw (excluding cost of screws)	28.86	4.04	32.90
9575	Additional fee for fitting subsequent expansion screws (excluding cost of screw)	24.04	3.36	27.40
9577	Additional fee for bite plate	28.86	4.04	32.90
9579	Additional fee for fitting tongue guard	33.86	4.74	38.60
9581	Additional fee for flat or inclined plane	20.18	2.82	23.00
9583	Additional fee for Adams Crib	24.04	3.36	27.40
9585	Additional fee for Jackson Crib	24.04	3.36	27.40
9587	Additional fee for ball clasp (excluding cost of preformed clasp)	24.12	3.38	27.50
9589	Additional fee for single arm clasp	22.02	3.08	25.10
9591	Additional fee for double arm clasp	39.47	5.53	45.00
	SPRINGS			
9593	Additional fee for fitting single loop finger spring	17.37	2.43	19.80
9595	Additional fee for fitting double loop finger spring	19.30	2.70	22.00

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9597	Additional fee for fitting Buccal retraction spring	14.56	2.04	16.60
9599	Additional fee for fitting apron spring	44.12	6.18	50.30
9601	Additional fee for fitting multiloopspring	44.12	6.18	50.30
9603	Additional fee for fitting coffin spring	41.40	5.80	47.20
9605	Additional fee for fitting helicol or bazooka spring	44.12	6.18	50.30
9607	Additional fee for fitting flapper or "T"-spring	33.86	4.74	38.60
9609	Additional fee for fitting all springs with tubing, each	19.30	2.70	22.00
	ARCHES			
9611	Additional fee for fitting labial arch	17.37	2.43	19.80
9613	Additional fee for fitting buccal arch	22.02	3.08	25.10
9615	Additional fee for fitting Roberts retractor	47.46	6.64	54.10
9617	Additional fee for fitting Angleman arch	49.12	6.88	56.00
9619	Additional fee for fitting twinwire arch	57.02	7.98	65.00
9621	Additional fee for fitting extra-oral arch	57.02	7.98	65.00
9622	Additional fee for fitting space maintainer arch	17.37	2.43	19.80

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
	WELDING AND SOLDERING			
9623	Additional fee for each spot-welding joint	12.46	1.74	14.20
9625	Additional fee for each soldering joint	14.56	2.04	16.60
9627	Additional fee for each invested soldering joint	39.47	5.53	45.00
9629	Additional fee for each hook for elastic traction	14.56	2.04	16.60
	B. MOUTH PROTECTORS AND MYO FUNCTIONAL APPLIANCES			
9631	Mouth protector	118.51	16.59	135.10
9633	Oral screen	143.60	20.10	163.70
9635	Andresen or Norwegian appliance	247.89	34.71	282.60
9637	Tooth positioner	297.72	41.68	339.40
9639	Gunning splint (excluding cost of material)	386.23	54.07	440.30
9641	Frankel appliance	381.58	53.42	435.00
9643	Chin cap	124.39	17.41	141.80
9645	Bionator	255.35	35.75	291.10
9646	Diagnostic set-up	247.89	34.71	282.60
	C. FIXED APPLIANCES			
9651	Pinched or swaged band with welded attachment (excluding cost of attachment)	69.47	9.73	79.20

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9653	Pinched or swaged band with soldered attachment (excluding cost of attachment)	93.51	13.09	106.60
	D. ADDITIONAL SERVICES			
9662	Additional fee for each remake at an agreed quantum of time to be calculated at the hourly rate of	139.65	19.55	159.20

SECTION 6

MATERIALS

	A. PROSTHETIC/RESTORATIVE SERVICES			
9700	Diatorics 1 X 6/8			
9702	Diatorics, odds, anterior			
9704	Diatorics, 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 dolder 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)	201.75	28.25	230.00
9782	Positioning and soldering of complete (male and female) precision attachment	201.75	28.25	230.00
9784	Alignment of dolder bar and clips	201.75	28.25	230.00
9786	Waxing and finishing of implant abutment - crown and bridge work only, per abutment	94.74	13.26	108.00
9788	Implant superstructure (edentulous cases) including placing of preformed parts, per section cast	1,285.96	180.04	1,466.00

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 OF .....20.....

			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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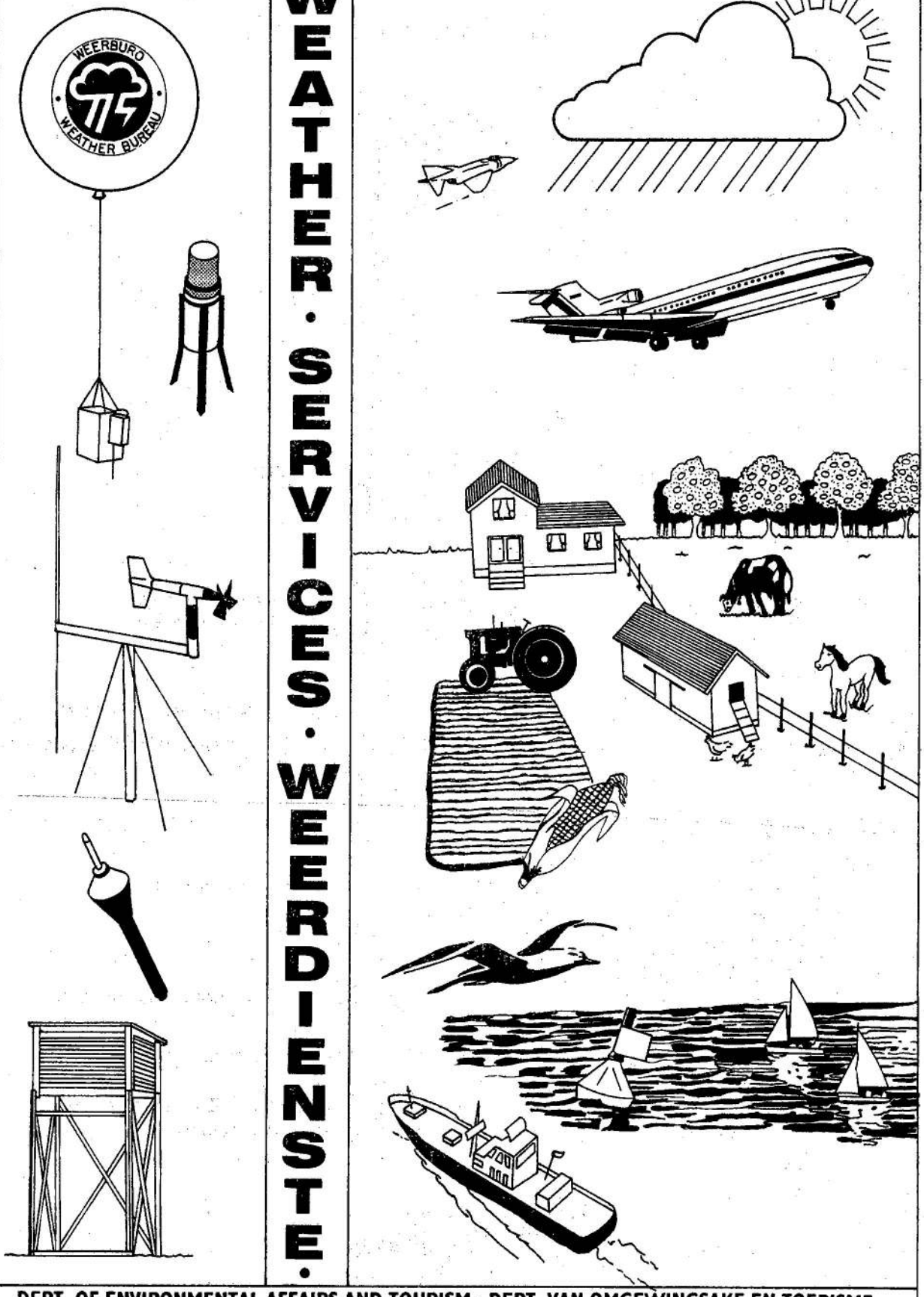

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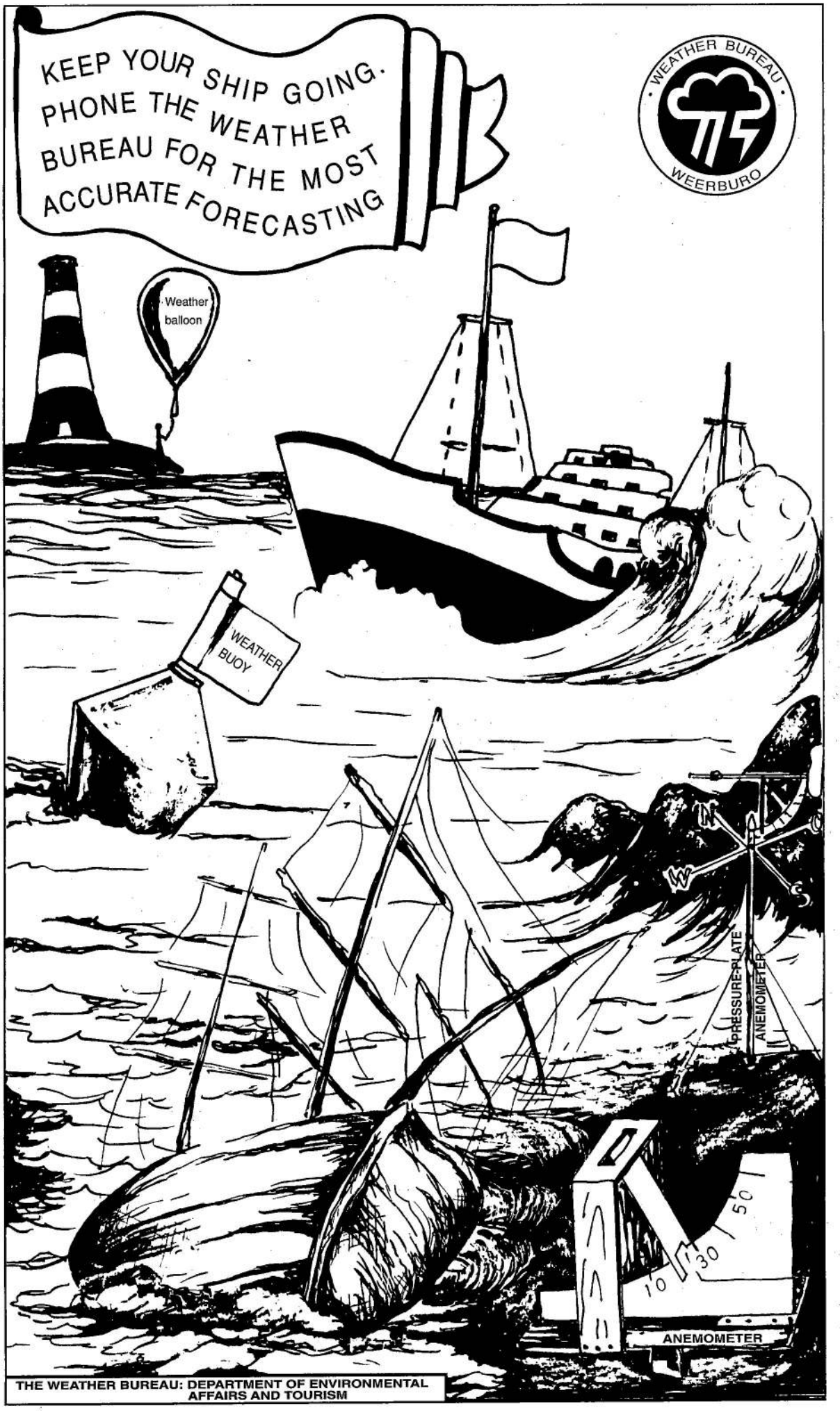
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