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BOARD NOTICE RAADSKENNISGEWING

NOTICE 130 OF 2003

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 2004 on all dentists who send work to dental technician contractors, and all such dental technician contractors.

Board Notice 92 of 2002 published in Government Gazette No. 24078 dated 22 November 2002 is hereby repealed with effect from 1 January 2004.

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.
- (b)** Except where otherwise specifically provided for in this Schedule-

KENNISGEWING 130 VAN 2003

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 2004 bindend is op alle tandartse wat werk stuur aan tandtegnikus-kontrakteurs en op alle sodanige tandtegnikus-kontrakteurs.

Raadskennisgewing 92 van 2002 soos gepubliseer in Staatskoerant No. 24078 gedateer 22 November 2002 word hiermee herroep met ingang 1 Januarie 2004.

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)** Tensy anders bepaal in hierdie Bylae-
- (i)** mag geen

- (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 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 one month 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

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 Aanhangesel 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 Aanhangesel 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

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.

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	322.20
9301 (Per model)	15.30

is moet deur die betrokke tandarts ten volle betaal word binne een maand 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 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 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 faktuur nommer ten opsigte van daardie werk op die oorspronklike werkstrokie hou vir 'n tydperk van minstens vyf jaar.

- (d) Alle werkstrookies 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.

9333	379.10
9450 ('15) per cent on surcharge on item 9333).....	56.90

TOTAL (EXCL. VAT)	<u>773.50</u>
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- 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.**

- 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	322.20
9301 (Per model).....	15.30
9333	379.10
9450 ('15) persent oorbetalings op item '9333.....	56.90
TOTAAL (UITGESLUIT BTW)	<u>773.50</u>

- 008** Koste van materiaal (BTW ingesluit): Hierdie 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.**

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	79.40	90.52	9301 Plaster model 15.30 9327 Infection control 4.40 9431 Special tray 59.70	
T003	Full upper and lower dentures	1,259.90	1,436.29	9301 x 4 Plaster model 61.20 9321 x 2 Occlusion block 104.00 9327 x 4 Infection control 17.60 9330 Delivery charge 15.00 9331 Full U & L dentures 623.50 9431 x 2 Special tray 119.40 9700 x 4 Denture teeth 1x 6/8 319.20	8231 8641 8643 8645
T004	Full upper or lower denture	724.50	825.93	9301 x 3 Plaster model 45.90 9321 Occlusion block 52.00 9327 x 3 Infection control 13.20 9330 Delivery charge 15.00 9333 F U/ or L.denture 379.10 9431 Special tray 59.70 9700 x 2 Denture teeth 1x 6/8 159.60	8232 8647 8649 8651
T005	Soft base to new denture	569.30	649.00	9419 Soft base 269.80 9720 Soft base material 299.50	8243
T006	Metal base to full upper or lower denture.	400.16	456.18	9303 Superhard model 20.10 9327 Infection control 4.40 9451 Basic charge which excl. models and any special trays which Dentist may require 322.20 9742 Cobalt Chrome metal 53.46	8279 8663
T007	One tooth partial denture	248.20	282.95	9301 x 2 Plaster model 30.60 9327 x 2 Infection control 8.80 9330 Delivery charge 15.00 9351 One tooth partial 167.90 9702 Denture tooth - Odd 25.90	8233
T008	Two tooth partial denture	287.90	328.21	9301 x 2 Plaster model 30.60 9327 x 2 Infection control 8.80 9330 Delivery charge 15.00 9352 Two tooth partial 181.70 9702 x 2 Denture teeth 51.80	8234
T009	Three tooth partial denture	333.00	379.62	9301 x 2 Plaster model 30.60 9327 x 2 Infection control 8.80 9330 Delivery charge 15.00 9353 Three tooth partial 198.80 9700 Denture teeth 1x 6/8 79.80	8235
T010	Four tooth partial denture	346.50	395.01	9301 x 2 Plaster model 30.60 9327 x 2 Infection control 8.80 9330 Delivery charge 15.00 9354 Four tooth partial 212.30 9700 Denture teeth 1 x 6/8 79.80	8236

PROSTHETICS (Continued)

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)		Composition of Code	Dental Code	
T011	Five tooth partial denture	524.80	598.27	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	45.90 52.00 13.20 15.00 233.30 59.70 79.80 25.90	8237
T012	Six tooth partial denture	604.80	689.47	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	45.90 52.00 13.20 15.00 287.40 59.70 79.80 51.80	8238
T013	Seven tooth partial denture	651.90	743.17	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	45.90 52.00 13.20 15.00 308.60 59.70 79.80 77.70	8239
T014	Eight tooth partial denture	677.30	772.12	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 1x 6/8	45.90 52.00 13.20 15.00 331.90 59.70 159.60	8240
T015	Nine or more tooth partial denture	724.50	825.93	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	45.90 52.00 13.20 15.00 379.10 59.70 159.60	8241
T016	Lingual or palatal bar	153.00	174.42	9423 9728	Lingual or palatal bar Cost of bar	80.50 72.50	8257
T017	Mesh strengthener	59.70 + 9729		9427 9729	Mesh Strengthener Cost of mesh	59.70	
T018	Provision single arm clasp to denture including cost of clasp	30.50	34.77	9435	Single arm clasp	30.50	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	68.40	77.98	9439	Single arm clasp & rest	68.40 8255
T021	Provision double arm clasp with rest to partial denture including cost of clasp and rest	90.20	102.83	9441	Double arm clasp & rest	90.20 8255
T022	Provision of preformed clasp/rest to partial denture including cost of clasp	57.40	65.44	9443	Preformed clasp	57.40 8255
T023	Provision of rest only to partial denture including cost of rest	40.40	46.06	9445	Rest only	40.40 8255
T024	Provision of cast clasp to partial denture	125.00	142.50	9447	Cast clasp	125.00 8251
T025	Acrylic reline/rebase to single denture	270.70	308.60	9301 9327 9330 9413	Plaster model Infection control Delivery charge Acrylic reline	15.30 8259 4.40 8665 15.00 236.00
T026	Soft base reline to single denture	652.20	743.51	9303 9327 9330 9417 9720	Superhard model Infection control Delivery charge Soft base Soft base material	20.10 8267 4.40 8667 15.00 313.20 299.50
T027	Re-model of single denture	426.30	485.98	9301 9327 9330 9415	x 2 Plaster model x 2 Infection control Delivery charge Remodel denture	30.60 8261 8.80 15.00 371.90

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	153.60	175.10	9301 9327 9330 9391	Plaster model 15.30 Infection control 4.40 Delivery charge 15.00 Repair first 118.90	8269 - 8271 8679 8846
T029	Repair of first fracture/addition of clasp to denture	32.10	36.59	9393	Repair / second / subsequent	32.10 8269
T030	Repair: Addition first tooth to denture	199.20	227.09	9301 9327 9330 9391 9702	x 2 Plaster model 30.60 x 2 Infection control 8.80 Delivery charge 15.00 Repair first 118.90 Denture teeth odd 25.90	8271 8679
T031	Repair: Addition of second / subsequent tooth to denture	58.00	66.12	9393 9702	Repair second / subsequent 32.10 Denture teeth odd 25.90	8271 8679
T032	Repair: Additional fee for using wire strengthener	33.60	38.30	9395	Wire strengthener	33.60 8269 8679 8846
T033	Additional fee for using mesh strengthener	94.80	108.07	9398 9729	Mesh strengthener 58.50 Cost of mesh strengthener 36.30	8269,8679 8846
T034	Additional fee for using preformed strengthener	48.60	55.40	9397 9738	Preformed strengthener 30.50 Cost of mesh 18.10	8231 - 8238
T035	Cleaning and polishing of existing denture, per denture	53.30	60.76	9425 9330	Cleaning of existing denture, denture 38.30 Delivery charge 15.00	None
T036	Finishing of acrylic work on any chrome cobalt or gold prosthesis	56.90	64.87	9450	Finishing of acrylic work on any chrome cobalt or gold prosthesis 56.90	8279,8281 8663 8671
T037	Immediate dentures, per tooth socketed	10.00	11.40	9345	Immediate dentures, per tooth socketed	10.00
T038	Immediate dentures, per tooth not socketed	4.10	4.67	9346	Immediate dentures, per tooth not socketed	4.10
T039	Infection control per denture, try in or repair (T032,T035)	4.40	5.02	9327	X x Infection control per denture, try in or repair	4.40 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.

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METAL FRAME TO PARTIAL DENTURES

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)		Composition of Code	Dental Code
T041	Partial denture metal framework	844.50	962.73	9301	Plaster model	15.30 8281
				9303	Hard model	20.10 8671
				9327	x 2 Infection control	8.80
				9431	Special tray	59.70
				9453-9493	(Average of)	684.30
				9741	Casting alloy	56.30

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	264.00	300.96	9301	Plaster model	15.30 8269
				9303	Hard model	20.10 8270
				9327	x2 Infection control	8.80 8271
				9330	Delivery charge	15.00 8679
				9497	Cobalt chrome section	100.40
				9741	Casting alloy	56.30
				9481	Additional charge for soldering retention	48.10

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	390.60	445.28	9301	Plaster model	15.30 8361
				9315	Model + die	54.50 8362
				9320	Pindex	15.10 8571
				9327	x 2 Infection control	8.80 8572
				9330	Delivery charge	15.00
				9525	Inlay/onlay	219.30
				9748	Non precious metal	62.60
T081	Second and subsequent CLASS IV, MO, DO inlays / onlays in same arch	312.30	356.02	9319	Extra die	15.30 8361
				9320	Pindex	15.10 8362
				9525	Inlay/onlay	219.30 8571
				9748	Non precious metal	62.60 8572

CERAMIC INLAYS, ONLAYS, CROWNS (Continued)

Code	Description	Excl. VAT 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	450.60	513.68	9301	Plaster model	15.30 8363
				9315	Crown & bridge model	54.50 8364
				9319	Extra die	15.30 8401
				9320	Pindex	15.10 8403
				9327	x 2 Infection control	8.80 8573,8574
				9330	Delivery charge	15.00
				9521	Crown/MOD¾ crown	264.00 8601,8603
				9748	Non precious metal	62.60
T083	Second and subsequent MOD inlay / onlay, three quarter crown , full metal crown in same arch.	357.00	406.98	9319	Extra die	15.30 8363,8364
				9320	Pindex	15.10 8401,8403
				9521	Crown/MOD¾ crown	264.00 8573,8574
				9748	Non-precious metal	62.60 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 9748 (R62,60) 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 / ceromer in dental arch	621.40	708.40	9301	Plaster model	15.30 8371 - 8374
				9314	Refractory model	62.40 8554 - 8558
				9315	Crown & bridge model	54.50
				9319	Extra die	15.30
				9320	Pindex	15.10
				9327	x 2 Infection control	8.80
				9330	Delivery charge	15.00
				9512	Inlay / Veneer	435.00
T085	Second and subsequent ceramic inlays/onlays/ veneer in same arch as T084	527.80	601.69	9314	Refractory model	62.40 8371 - 8374
				9319	Extra die	15.30 8554 - 8558
				9320	Pindex	15.10
				9512	Inlay / Veneer	435.00

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.	343.30 + 9760 or 9757	391.36	9301	Plaster model	15.30	8371 - 8374
				9315	Crown & bridge model	54.50	8554 - 8558
				9319	Extra die	15.30	
				9320	Pindex	15.10	
				9327	x 2 Infection control	8.80	
				9330	Delivery charge	15.00	
				9524	Resin inlay	219.30	
				9760	Cost of resin		
T087	Second and Subsequent resin inlay / onlay in same arch as T086	249.70 + 9760 or 9757	284.66	9319	Extra die	15.30	8371 - 8374
				9320	Pindex	15.10	8554 - 8558
				9524	Resin inlay	219.30	
				9760	Cost of resin		

CORES AND POSTS

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)		Composition of Code	Dental Code	
T090	Cast single post and core	184.40 + cost of burn out component	210.22	9545	Post	121.80	8391
				9730	Cost of burn out component		
				9748	Non precious metal	62.60	8581
T091	Cast multiple post and core	281.10 + cost of burn out component	320.45	9546	Multiple post	218.50	8393,8395
				9730	Cost of burn out component		
				9748	Non precious metal	62.60	8582,8583
T093	Cast first coping or abutment thimble where no other work is done	339.40	386.92	9315	Crown & bridge model	54.50	8396
				9319	Extra die	15.30	8587
				9320	Pindex	15.10	
				9327	Infection control	4.40	
				9330	Delivery charge	15.00	
				9535	Coping / abutment thimble	172.50	
				9748	Non precious metal	62.60	
T094	Subsequent abutment / coping thimble	265.50	302.67	9319	Extra die	15.30	8396
				9320	Pindex	15.10	8587
				9535	Coping / abutment thimble	172.50	
				9748	Non precious metal	62.60	

CERAMIC/PORCELAIN VENEER CROWNS

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)		Composition of Code	Dental Code	
T100	First porcelain veneer or ceromer crown in dental arch	716.50	816.81	9301	Plaster model	15.30	8411
				9315	Crown & bridge model	54.50	8609
				9319	Extra die	15.30	8193
				9320	Pindex	15.10	8592
				9327	x 2 Infection control	8.80	
				9330	Delivery charge	15.00	
				9505	Crown	529.90	
				9748	Non precious metal	62.60	
T101	Porcelain veneer crown or pontic, second or subsequent crowns in arch	622.90	710.11	9319	Extra die	15.30	8411,8420
				9320	Pindex	15.10	8422,8424
				9505	Crown / pontic	529.90	8609,8611
				9748	Non precious metal	62.60	8613,8615 8193,8192
T102	First ceramic jacket crown per dental arch including metal substitute coping and material	888.60	1,013.00	9301	Plaster model	15.30	8409
				9314	Refractory model	62.40	8607
				9315	Crown & bridge model	54.50	
				9319	Extra die	15.30	
				9320	Pindex	15.10	
				9327	x 2 Infection control	8.80	
				9330	Delivery charge	15.00	
				9501	Ceramic jacket crown/Ceromer crown	435.00	
				9502	Metal substitute	267.20	

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	795.00	906.30	9314	Refractory model, per unit	62.40	8409
				9319	Extra die	15.30	8607
				9320	Pindex	15.10	8424
				9501	Ceramic jacket crown/Ceromer crown	435.00	8615
				9502	Metal substitute	267.20	
T104	Facing replacement	385.20	439.13	9301	Plaster model	15.30	8413
				9315	Crown & bridge model	54.50	
				9319	Extra die	15.30	
				9320	Pindex	15.10	
				9327	x 2 Infection control	8.80	
				9330	Delivery charge	15.00	
				9566	Porcelain/ceromer facing	261.20	
T105	Positioning precision attachment, per attachment including soldering	265.60 + cost of attachment	302.78	9782	Precision attachment	265.60	8599
				9724	Cost of attachment		
T106	Positioning burnout precision attachment	265.60 + cost of attachment	302.78	9780	Precision attachment	265.60	8599
				9724	Cost of attachment		
T107	Temporary acrylic crown in dental arch	174.60	199.04	9301	Plaster model	15.30	8137
				9303	Superhard model	20.10	8513
				9327	x 2 Infection control	8.80	8529
				9330	Delivery charge	15.00	
				9563	Temporary crown	115.40	
T108	Additional temporary crown/pontic per unit in same arch	115.40	131.56	9563	Temporary crown	115.40	8137 8513 8529
T109	Porcelain shoulder, maxillary crowns 1 - 6, mandibular crowns 1 - 4 only	82.50	94.05	9515	Porcelain shoulder	82.50	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	405.90	462.73	9301	Plaster model	15.30	8356
				9315	Crown & bridge model	54.50	8617
				9319	Extra die	15.30	
				9320	Pindex	15.10	
				9327	x 2 Infection control	8.80	
				9330	Delivery charge	15.00	
				9525	Inlay / onlay	219.30	
				9748	Cost of metal	62.60	
T111	Second or subsequent retainer	312.30	356.02	9319	Extra die	15.30	8356
				9320	Pindex	15.10	8617
				9525	Inlay / onlay	219.30	
				9748	Cost of metal	62.60	
T112	Pre-solder invested joint - per joint	71.00 + cost of solder	80.94	9543	Pre-solder invested joint	71.00	
				9756	Cost of solder		
T113	Post-solder invested joint - per joint	107.70 + cost of solder	122.78	9507	Post solder invested joint	107.70	
				9756	Cost of solder		
T114	Full metal pontic	249.10	283.97	9533	Full metal pontic	186.50	8420,8422
				9748	Cost of metal	62.60	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	1,693.00 + metal and components	1,930.02	9746 / 9748	Metal	Neg	8193
				9736	Implant components	Neg	8592
				9788	Super structure	1,693.00	
T121	Crown and bridge implant abutment, per abutment (inclusive of abutment preparation)	836.90 + metal and components	954.07	9301	Plaster model	15.30	8193
				9315	Crown & bridge model	54.50	8592
				9319	Extra die	15.30	
				9320	Pindex	15.10	
				9327	x 2 Infection control	4.40	
				9330	Delivery charge	15.00	
				9505	Crown	529.90	
				9734	Implant components	Neg	
				9748	Non precious metal	62.60	
				9786	Wax & finish abutment	124.80	
T122	First Acrylic veneer crown in arch	482.20	549.71	9301	Plaster model	15.30	
				9303	Superhard model	20.10	
				9327	x 2 Infection control	8.80	
				9330	Delivery charge	15.00	
				9553	Composite/Acrylic veneer indirect	360.40	
9748	Cost of metal	62.60					
T123	Additional Acrylic veneer crown/Pontic	423.00	482.22	9553	Composite/Acrylic veneer indirect	360.40	
				9748	Cost of metal	62.60	

ORTHODONTICS

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)	Composition of Code	Dental Code		
T140	Basic charge which includes acrylic base and models	256.30	292.18	9301 9327 9330 9571	x 2 Plaster model x 2 Infection control Delivery charge Basic charge	30.60 8.80 15.00 201.90	8862 - 8863 8847,8849 8858
T141	Basic charge for appliance not containing acrylic	145.10	165.41	9301 9327 9330 9572	x 2 Plaster model x 2 Infection control Delivery charge Basic charge	30.60 8.80 15.00 90.70	8862 - 8863 8849,8847 8858
T142	Additional fee for fitting expansion screw	38.00 + cost of screw	43.32	9573 9766	Expansion screw Cost of screw	38.00	8858
T143	Additional fee for fitting subsequent expansion screws excluding cost of screw	31.60 + cost of screw	36.02	9575 9766	Expansion screw Cost of screw	31.60	8858
T144	Additional fee for bite plate			9576 or 9577 or 9578	Full acclusal bite plate Bite plate anterior Bite plate posterior	86.10 38.00 76.10	8862 - 8863
T145	Additional fee for fitting tongue guard	44.60	50.84	9579	Tongue guard	44.60	8862 - 8864
T146	Additional fee for flat or inclined plane	26.50	30.21	9581	Inclined plane	26.50	8862 - 8863
T147	Additional fee for Adams Crib	31.60	36.02	9583	Adams crib	31.60	8862 - 8863
T148	Additional fee for Jackson Crib	31.60	36.02	9585	Jackson Crib	31.60	
T149	Additional fee for ball clasp including cost of material	41.80	47.65	9587	Ball clasp	41.80	8862 - 8863
T150	Additional fee for single arm clasp	30.50	34.77	9589	Single arm clasp	30.50	8862 - 8863
T151	Additional fee for double arm clasp	54.10	61.67	9591	Double arm clasp	54.10	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	22.90	26.11	9593	Single loop finger spring	22.90 8862 - 8863
T153	Additional fee for fabricating and fitting double loop finger spring	25.40	28.96	9595	Double loop finger spring	25.40 8862 - 8863
T154	Additional fee for fabricating and fitting buccal loop finger spring	19.20	21.89	9597	Buccal loop spring	19.20 8862 - 8863
T155	Additional fee for fabricating and fitting apron spring	58.10	66.23	9599	Apron spring	58.10 8862 - 8863
T157	Additional fee for fabricating and fitting "coffin" spring	54.50	62.13	9603	Coffin spring	54.50 8862 - 8863
T158	Additional fee for fabricating and fitting Quad Helix	93.10	106.13	9605	Quad Helix	93.10 8862 - 8863
T159	Additional fee for fabricating and fitting flapper or "T"-spring	44.60	50.84	9607	Flapper / T-spring	44.60 8862 - 8863
T160	Additional fee for fabricating and fitting all springs with tubing	25.40	28.96	9609	Tubing	25.40 8862 - 8863
T161	Additional fee for fabricating and fitting labial arch	22.90	26.11	9611	Labial arch	22.90 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	29.00	33.06	9613	Buccal arch	29.00 8862 - 8863
T163	Additional fee for fabricating and fitting Roberts retractor	62.40	71.14	9615	Roberts retractor	62.40 8862 - 8863
T164	DELETE			9617	DELETE	
T165	DELETE			9619	DELETE	
T166	Additional fee for fabricating and fitting extra-oral arch	75.00	85.50	9621	Extra-oral arch	75.00 8862 - 8863
T167	Additional fee for each spot welded joint	16.40	18.70	9623	Spot welded joint	16.40 8862 - 8863
T168	Additional fee for each soldering joint	19.20	21.89	9625	Soldering joint	19.20 8862 - 8863
T169	Additional fee for each invested soldering joint	52.00	59.28	9627	Invested joint	52.00 8862 - 8863
T170	Additional fee for each hook for elastic traction	19.20	21.89	9629	Hook	19.20 8862 - 8863

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	369.70	421.46	9301	Plaster model	15.30 ⁸¹⁷³
				9327	Infection control	4.40 ⁸⁸⁴⁷
				9330	Delivery charge	15.00 ⁸⁸⁴⁹
				9572	Basic charge, appliance without Acrylic	90.70
				9622	Space maintainer arch	22.90
				9625	x 2 Free soldering joint	38.40
				9651	x 2 Pinched band	183.00
T183	Space maintainer, removable	342.40	390.34	9301	x 2 Plaster model	30.60 ⁸¹⁷³
				9327	x 2 Infection control	8.80 ⁸⁸⁴⁷
				9330	Delivery charge	15.00 ⁸⁸⁴⁹
				9571	Basic charge Acrylic	201.90
				9583	x 2 Adams crib	63.20
				9611	Labial arch	22.90
T184	Cast and trim gnathostatic study models.	123.00	140.22	9307	x 2 Study models	99.20 ⁸¹¹⁷
				9327	x 2 Infection control	8.80 ⁸¹¹⁹
				9330	Delivery charge	15.00
T185	Bite plate for TMJ disfunction	342.40	390.34	9301	x 2 Plaster model	30.60 ⁸¹⁶⁹
				9327	x 2 Infection control	8.80 ⁸⁶²⁵
				9330	Delivery charge	15.00 ⁸⁸⁵²
				9571	Basic charge Acrylic	201.90 ⁹⁰⁷³
				9576	Additional fee for full aclusal bite plate	86.10
T186	Dual laminate bite plate	327.40	373.24	9301	x 2 Plaster model	30.60
				9327	x 2 Infection control	8.80
				9571	Basic charge Acrylic	201.90
				9576	Additional fee for full aclusal bite plate	86.10
				9779	Durasoft Material	Neg.
T187	Invisible retainer	228.40	260.38	9301	x 2 Plaster model	30.60
				9327	x 2 Infection control	8.80
				9617	Invisible retainer plus material	189.00

2. TARIFF OF FEES

SECTION 1

PREPARATORY WORK

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9301	Casting and trimming of model in plaster(yellow/white), per model	15.30	2.14	17.44
9303	Casting and trimming of model in superhard stone(diestone) per model	20.10	2.81	22.91
9305	Casting and trimming of study model, per model	40.80	5.71	46.51
9307	Casting and trimming of gnathostatic study model, per model..	49.60	6.94	56.54
9309	New trimmed base to supplied model, per model	17.80	2.49	20.29
9311	Trimming of supplied model, per model	11.40	1.60	13.00
9312	Gingival tissue mask per implant including material	62.40	8.74	71.14
9313	Duplicating model, per model	43.20	6.05	49.25
9314	Refractory model, per unit (including material and duplicating).	62.40	8.74	71.14
9315	Models and duplicate models (virgin model) for crown and bridge work inclusive of one removable die	54.50	7.63	62.13
9317	Sectional models for crown and bridge work inclusive of one removable die	49.60	6.94	56.54
9319	Each additional removable die for items 9315 and 9317 per die	15.30	2.14	17.44
9320	Pindex or indexed model tray per die (not more than 9319)	15.10	2.11	17.21
9321	Occlusion block, per block	52.00	7.28	59.28
9323	Occlusion block on baseplate. per block	58.10	8.13	66.23

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9327	Infection control per impression, denture (wax or acrylic) or any item in contact with body fluids	4.40	0.62	5.02
9329	Fit and supply of disposable articulator (including cost of articulator)	13.00	1.82	14.82
9330	Delivery charge per completed procedure (invoiced)	15.00	2.10	17.10

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	623.50	87.29	710.79
9333	Full upper or lower denture	379.10	53.07	432.17
9335	Set-up and waxing of full upper and lower dentures	253.90	35.55	289.45
9337	Set-up and waxing of full upper or lower denture	172.40	24.14	196.54
9339	Waxing and finishing of full upper and lower denture	336.20	47.07	383.27
9341	Waxing and finishing of full upper or lower denture	195.80	27.41	223.21
9343	Additional fee for dentures on fully adjustable articulator at request of dentist	776.30	108.68	884.98
9345	Additional fee for immediate dentures, or tooth socketed	10.00	1.40	11.40

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9346	Additional fee for immediate dentures, per tooth not socketed..	4.10	0.57	4.67
9347	Additional fee for each retry from the third and upwards at an agreed quantum of time to be calculated at hourly rate of	202.90	28.41	231.31
B. PARTIAL DENTURES				
9351	Set-up and finish one-tooth denture	167.90	23.51	191.41
9352	Set-up and finish two-tooth denture	181.70	25.44	207.14
9353	Set-up and finish three-tooth denture	198.80	27.83	226.63
9354	Set-up and finish four-tooth denture	212.30	29.72	242.02
9355	Set-up and finish five-tooth denture	233.30	32.66	265.96
9356	Set-up and finish six-tooth denture	287.40	40.24	327.64
9357	Set-up and finish seven-tooth denture	308.60	43.20	351.80
9358	Set-up and finish eight-tooth denture	331.90	46.47	378.37
9359	Set-up and finish nine or more tooth denture	379.10	53.07	432.17
9361	Set-up and waxing of one-tooth denture	57.00	7.98	64.98
9362	Set-up and waxing of two-tooth denture	70.60	9.88	80.48

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9363	Set-up and waxing of three-tooth denture	80.50	11.27	91.77
9364	Set-up and waxing of four-tooth denture	94.30	13.20	107.50
9365	Set-up and waxing of five-tooth denture	104.00	14.56	118.56
9366	Set-up and waxing of six-tooth denture	125.00	17.50	142.50
9367	Set-up and waxing of seven-tooth denture	134.80	18.87	153.67
9368	Set-up and waxing of eight-tooth denture	144.40	20.22	164.62
9369	Set-up and waxing of nine or more tooth denture	192.50	26.95	219.45
9371	Waxing and finishing of one-tooth denture	125.00	17.50	142.50
9372	Waxing and finishing of two-tooth denture	129.00	18.06	147.06
9373	Waxing and finishing of three-tooth denture	132.00	18.48	150.48
9374	Waxing and finishing of four-tooth denture	134.80	18.87	153.67
9375	Waxing and finishing of five-tooth denture	141.80	19.85	161.65
9376	Waxing and finishing of six-tooth denture	148.50	20.79	169.29
9377	Waxing and finishing of seven-tooth denture	155.80	21.81	177.61
9378	Waxing and finishing of eighth-tooth denture	165.20	23.13	188.33
9379	Waxing and finishing of nine or more tooth denture	179.40	25.12	204.52

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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	26.40	3.70	30.10
9385	Additional fee for supplying finished denture on duplicate model	63.90	8.95	72.85
	C. REPAIR SERVICE			
9391	Basic charge which includes repair of one fracture, or addition of one tooth, or addition of one clasp	118.90	16.65	135.55
9393	Additional charge for each additional fracture, or tooth, or clasp	32.10	4.49	36.59
9395	Additional fee for using wire strengthener	33.60	4.70	38.30
9397	Additional fee for using pre-formed strengthener (excluding cost of strengthener)	30.50	4.27	34.77
9398	Additional fee for using mesh strengthener in repair procedure	58.50	8.19	66.69
	D. ADDITIONAL SERVICES			
9401	Clear base	49.90	6.99	56.89
9403	Dox grinding of upper and lower dentures	73.50	10.29	83.79
9405	Inlay to artificial tooth, one surface only, per inlay (excluding costs of gold)	101.50	14.21	115.71
9406	Inlay to artificial tooth, multisurfaces e.g. horseshoe or L-type inlay, per inlay (excluding costs of gold)	139.10	19.47	158.57

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9407	Heka base technique per upper or lower denture	165.20	23.13	188.33
9409	Frego frame (excluding cost of material)	63.90	8.95	72.85
9410	Bleaching tray (excluding cost of material)	189.00	26.46	215.46
9411	Template per upper or lower denture	129.00	18.06	147.06
9413	Reline/rebase of single denture	236.00	33.04	269.04
9415	Remodel of single denture	371.90	52.07	423.97
9417	Soft base reline per denture excluding cost of soft base material	313.20	43.85	357.05
9419	Soft base to new denture, per denture excluding cost of soft base material	269.80	37.77	307.57
9421	Gum tinting per denture	107.10	14.99	122.09
9423	Lingual or palatal bar (excluding cost of material)	80.50	11.27	91.77
9425	Cleaning and polishing of existing denture, per denture	38.30	5.36	43.66
9427	Mesh strengthener (excluding cost of material)	59.70	8.36	68.06
9429	Theatre/ Consultation out of Laboratory per hour or part thereof	150.00	21.00	171.00
9431	Special Tray, acrylic, each	59.70	8.36	68.06
9432	Special Tray Light Cure (including material)	69.00	9.66	78.66
9433	Special Tray in base plate material, each	57.00	7.98	64.98
9435	Provision of single arm clasp to partial denture	30.50	4.27	34.77
9437	Provision of double arm clasp, to partial denture	54.10	7.57	61.67
9439	Provision of single arm clasp with rest, to partial denture	68.40	9.58	77.98
9441	Provision of double arm clasp with rest, to partial denture	90.20	12.63	102.83

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9443	Provision of preformed Roach clasp, to partial denture (including cost of clasp)	57.40	8.04	65.44
9445	Provision of rest only to partial denture	40.40	5.66	46.06
9447	Cast Clasp	125.00	17.50	142.50
9448	CASTING and trimming of Model from impression inside occlusion block or wax try in	26.50	3.71	30.21
9450	Finishing of acrylic work on any chrome cobalt or gold prosthesis	56.90	7.97	64.87

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	322.20	45.11	367.31
	B. PARTIAL METAL DENTURES			
9453	Basic charge which excludes models and any special trays (see item 9431/3) which the dentist may require	271.20	37.97	309.17
9455	Additional charge for each one arm clasp	16.40	2.30	18.70
9457	Additional charge for each Roach clasp	29.00	4.06	33.06

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9459	Additional charge for each rest	16.40	2.30	18.70
9461	Additional charge for continuous clasp, per tooth	16.40	2.30	18.70
9463	Additional charge for lingual bar, per tooth passed	29.00	4.06	33.06
9465	Additional charge for palatal bar	54.50	7.63	62.13
9467	Additional charge for onlay	181.20	25.37	206.57
9469	Additional charge for saddle with finishing line, per tooth	29.00	4.06	33.06
9471	Additional charge for saddle without finishing line, per tooth	16.40	2.30	18.70
9473	Additional charge for horseshoe saddle, per tooth	29.00	4.06	33.06
9475	Additional charge for fitting of tooth to metal backing, per tooth	19.20	2.69	21.89
9477	Additional charge for goldplating, per denture (excluding cost of gold)	143.50	20.09	163.59
9479	Additional charge for fitting one distal-extension hinge, excluding cost of hinge)	62.40	8.74	71.14
9480	Additional charge per milled edge per tooth	16.40	2.30	18.70
9481	Additional charge for each soldering joint	48.10	6.73	54.83
9483	Additional charge for soldering retention	64.80	9.07	73.87
9485	Additional charge for each additional retention soldering joint	16.40	2.30	18.70
9487	Additional charge for each welding joint	73.50	10.29	83.79
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	41.90	5.87	47.77
9493	Additional charge for each Steels backing or pontic cast (Plastic work to be charged in addition)	48.10	6.73	54.83
C. CHROME COBALT AND REPAIRS				
9495	Basic fee for the repairing of or addition to any appliance necessitating the casting of a model (9301)	83.90	11.75	95.65
9497	Basic fee if a new section is to be fabricated and where item 9495 does not apply (9301)	100.40	14.06	114.46

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 or pontic	435.00	60.90	495.90
9502	Ceramic metal substitute coping (including material)	267.20	37.41	304.61
9505	Porcelain veneer crown or pontic (excluding material)	529.90	74.19	604.09

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9507	Post-solder invested joint, per joint	107.70	15.08	122.78
9511	Inlay in porcelain veneer crown	183.90	25.75	209.65
9512	Ceramic, inlay/onlay, bridge retainer	435.00	60.90	495.90
9515	Porcelain shoulder per unit (not applicable to pontics)	82.50	11.55	94.05
9520	Addition fee for crown- & bridge work performed on a movable condyle articulator per unit	28.90	4.05	32.95
B. GOLD AND ACRYLIC VENEER SERVICES				
9521	Full metal crown, MOD, three-quarter crown	264.00	36.96	300.96
9524	Indirect Composite Resin inlay	219.30	30.70	250.00
9525	Class IV, MO, DO, cervical/occlusal inlay	219.30	30.70	250.00
9526	Additional fee for one piece casting of crown or inlay on post.	84.10	11.77	95.87
9531	Pin-ledge inlay	251.00	35.14	286.14
9533	Full metal pontic	186.50	26.11	212.61
9535	Coping or abutment thimble cast	172.50	24.15	196.65
9537	Precision lock and rest cast, incorporating pre-formed parts	265.30	37.14	302.44
9538	Lock and rest cast	115.40	16.16	131.56
9539	Casting of rest only	59.70	8.36	68.06
9541	Metal inlay or post, cast direct	63.10	8.83	71.93
9543	Gold/pre-solder invested joint, excluding cost of solder	71.00	9.94	80.94

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9545	Cast post with thimble, indirect	121.80	17.05	138.85
9546	Multiple Post	218.50	30.59	249.09
9547	Manufacture cast post and core to existing crown	172.50	24.15	196.65
9549	C.S.P. attachment (Steiger)	637.60	89.26	726.86
9550	Milling milled edge per unit	135.00	18.90	153.90
9551	Telescope crown	441.30	61.78	503.08
9553	Composite/acrylic veneer crown/pontic, indirect	360.40	50.46	410.86
9555	DELETE			
9557	Composite/acrylic jacket crown, indirect	242.40	33.94	276.34
9559	Composite/acrylic veneer post crown	355.40	49.76	405.16
9560	Indirect Composite Resin Veneer	242.40	33.94	276.34
9561	Composite/acrylic jacket crown, direct	182.80	25.59	208.39
9562	Silicoating (per unit)	41.30	5.78	47.08
9563	Temporary acrylic/composite crown per unit, (including templates, impressions and materials)	115.40	16.16	131.56
9564	Heat formed template supplied to dentist for the manufacture of temporary restorations (including template material)	66.00	9.24	75.24
9565	Composite/acrylic-facing replaced	151.20	21.17	172.37
9566	Porcelain/ Ceromer facing replaced	261.20	36.57	297.77
9569	Waxing of crown to existing denture	113.00	15.82	128.82
9570	Additional fee for each remake at an agreed quantum of time to be calculated at an hourly rate of	183.90	25.75	209.65

SECTION 5

ORTHODONTIC APPLIANCES

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	201.90	28.27	230.17
9572	Basic charge for appliance which do not include acrylic	90.70	12.70	103.40
9573	Additional charge for fitting first expansion screw (excluding cost of screws)	38.00	5.32	43.32
9575	Additional fee for fitting subsequent expansion screws (excluding cost of screw)	31.60	4.42	36.02
9576	Additional fee for full aclusal bite plate	86.10	12.05	98.15
9577	Additional fee for bite plate anterior	38.00	5.32	43.32
9578	Additional fee for bite plate posterior	76.10	10.65	86.75
9579	Additional fee for fitting tongue guard	44.60	6.24	50.84
9581	Additional fee for flat or inclined plane	26.50	3.71	30.21
9583	Additional fee for Adams Crib	31.60	4.42	36.02
9585	Additional fee for Jackson Crib	31.60	4.42	36.02
9587	Additional fee for ball clasp (including cost of preformed clasp)	41.80	5.85	47.65
9589	Additional fee for single arm clasp	30.50	4.27	34.77
9591	Additional fee for double arm clasp	54.10	7.57	61.67
SPRINGS				
9593	Additional fee for fitting single loop finger spring	22.90	3.21	26.11
9595	Additional fee for fitting double loop finger spring	25.40	3.56	28.96

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9597	Additional fee for fitting Buccal retraction spring	19.20	2.69	21.89
9599	Additional fee for fitting apron spring	58.10	8.13	66.23
9601	DELETE			
9603	Additional fee for fitting coffin spring	54.50	7.63	62.13
9605	Additional fee for fitting Quad Helix	93.10	13.03	106.13
9607	Additional fee for fitting flapper or "T"-spring	44.60	6.24	50.84
9609	Additional fee for fitting all springs with tubing, each	25.40	3.56	28.96
	ARCHES			
9611	Additional fee for fitting labial arch	22.90	3.21	26.11
9613	Additional fee for fitting buccal arch	29.00	4.06	33.06
9615	Additional fee for fitting Roberts retractor	62.40	8.74	71.14
9617	Invisible Retainer excluding materials	189.00	26.46	215.46
9619	Additional fee for fitting twinwire archextra-oral arch	75.00	10.50	85.50
9620	Additional fee Lip bumper	26.50	3.71	30.21
9621	Additional fee for fitting extra-oral arch	75.00	10.50	85.50
9622	Additional fee for fitting space maintainer arch	22.90	3.21	26.11

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CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
WELDING AND SOLDERING				
9623	Additional fee for each spot-welding joint	16.40	2.30	18.70
9625	Additional fee for each soldering joint	19.20	2.69	21.89
9627	Additional fee for each invested soldering joint	52.00	7.28	59.28
9629	Additional fee for each hook for elastic traction	19.20	2.69	21.89
B. MOUTH PROTECTORS AND MYO FUNCTIONAL APPLIANCES				
9631	Gum guard	156.10	21.85	177.95
9633	Oral Screen	189.00	26.46	215.46
9635	Andresen or Norwegian appliance	326.40	45.70	372.10
9637	Tooth positioner	392.00	54.88	446.88
9639	Gunning splint (excluding cost of material)	508.40	71.18	579.58
9641	Frankel appliance	502.40	70.34	572.74
9643	Chin cap	163.70	22.92	186.62
9645	Bionator	336.20	47.07	383.27
9646	Diagnostic set-up	362.40	50.74	413.14
C. FIXED APPLIANCES				
9651	Pinched or swaged band with welded attachment (excluding cost of attachment)	91.50	12.81	104.31

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9653	Pinched or swaged band with soldered attachment (excluding cost of attachment)	123.10	17.23	140.33
	D. ADDITIONAL SERVICES			
9662	Additional fee for each remake at an agreed quantum of time to be calculated at the hourly rate of	183.90	25.75	209.65

SECTION 6

MATERIALS

A. PROSTHETIC/RESTORATIVE SERVICES				
9700	Diatrics 1 X 6/8			
9702	Diatrics, odds, anterior			
9704	Diatrics, odds, posterior			
9720	Soft base material per denture			
9722	High impact acrylic per denture			
9724	Cost of precision attachment, per attachment			
9726	DELETE see code 9587 and 9433			
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 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 buccal 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 arch wire			
9779	Dual laminate material			

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)	265.60	37.18	302.78
9782	Positioning and soldering of complete (male and female) precision attachment	265.60	37.18	302.78
9783	Implant stent per unit	115.40	16.16	131.56
9784	Alignment of dolder bar and clips	265.60	37.18	302.78
9786	Triming, waxing and finishing of implant abutment - crown and bridge work only, per abutment	124.80	17.47	142.27
9787	Waxing, milling and finishing of a custom abutment	335.00	46.90	381.90
9788	Implant superstructure (edentulous cases) including placing of preformed parts, per section cast	1,693.00	237.02	1,930.02
9789	Finishing of prosthesis on implant structure per arch	391.20	54.77	445.97

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	CODE NO.	QUANTITY	DESCRIPTION OF WORK	AMOUNT	
T CODE NO.	9XXX		COMPLETED	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.....

<i>INVOICE NO.</i>	<i>DATE</i>	<i>NAME OF PATIENT OR WORKSLIP NO.</i>	<i>TOTAL OF INVOICE</i>	
			<i>R</i>	<i>C</i>
<i>TOTAL AMOUNT DUE</i>				

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
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2. ORTHODONTICS:

MODELS	REPAIR
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3. CROWN AND BRIDGE WORK:

CROWN	BRIDGE	ACRYLIC VENEER	PORCELAIN VENEER	INLAYS	PONTICS	REPAIRS
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4. METAL DENTURE WORK:

FULL DENTURE	SKELETON	CHROME COBALT	GOLD	REPAIRS
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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
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48	47	46	45	44	43	42	41		31	32	33	34	35	36	37	38
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SHADE: MOULD:

INSTRUCTIONS:

.....
SIGNATURE OF DENTIST