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BOARD NOTICE RAAOSKENNISGEWING

BOARD NOTICE 114 OF 2004

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, Sannyboy 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 2005 on all dentists who send work to dental technician contractors, and all such dental technician contractors.

Board Notice 130 of 2003 published in Government Gazette No. 25678 dated 14 November 2003 is hereby repealed with effect from 1 January 2005.

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.

RAADSKENNISGEWING 114 VAN 2004

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, Sannyboy 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 2005 bindend is op alle tandartse wat werk stuur aan tandtegnikus-kontrakteurs en op alle sodanige tandtegnikus-kontrakteurs.

Raadskennisgewing 130 van 2003 soos gepubliseer in Staatskoerant No. 25678 gedateer 14 November 2003 word hiermee herroep met ingang 1 Januarie 2005.

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 pasient.

- (b) Except where otherwise specifically provided for in this Schedule-
- (i) no dental technician may offer or allow to or accept from any dentist any amount which is less than that provided for in this Schedule; and
 - (ii) no dentist may propose, offer, allow or accept any discount **from** any dental technician contractor on the tariff of fees provided that the provision of this rule shall not be applicable to any work described in the Schedule which, for some reason or other, had to be remade.

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

- 003 (a)** Every dental technician contractor shall complete in triplicate a separate **tax** invoice in the form prescribed in Annexure A to this Schedule, in respect of each patient for all work completed for such patient as prescribed by a dentist on the workslip referred to in rule '004.
- (b) The original and one duplicate of the **tax** invoice shall accompany the completed work when such work is delivered.
- (c) Every dental technician contractor shall render a monthly statement, in 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

- (b) Tensy anders bepaal in hierdie Bylae-
- (i) mag geen tandtegnikus-kontrakteur 'n **bedrag** wat minder is as die tariewe soos voorgeskryf in die Bylae aan enige tandarts aanbied of toelaat of aanneem nie; en
 - (ii) mag geen tandarts enige **afslag** op die gelde-tarief soos bepaal in hierdie Bylae, aan 'n **tandtegnikus-kontrakteur voorstel, toelaat** of van **hom** aanneem nie: Met dien verstande dat die bepalings van hierdie reel nie van toepassing sal wees op enige werk, soos beskryf in hierdie Bylae, wat weens een of ander rede oorgemaak moet word nie.

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

- 003 (a)** n **Tandtegnikus-kontrakteur** voltooi in triplikaat 'n aparte belastingfaktuur in die vorm soos voorgeskryf in Aanhangel A van hierdie Bylae, ten opsigte van elke pasiënt vir alle werk wat voltooi is vir sodanige pasiënt en soos voorgeskryf deur die tandarts op die werkstrokie waarna verwys word in reel '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

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 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:

Aanhangsel B van hierdie Bylae, aan die tandarts stuur ten opsigte van alle werk wat gedurende **daar-** die 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 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 oorspronklikewerk 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 oorspronklikewerkstrokie hou vir 'n tydperk van minstens vyf **jaar**.

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

005 Die Koste van half-edelmetale, onedelmetale ongemonteerde kunstande en voorafvervaardigde **onder-**

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	487.90
9301 (Per model)	13.95
9333	415.09
9450 ('15) per cent on surcharge on item 9333)	53.95

TOTAL (EXCL. VAT)	<u>970.89</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 R1,854.40. A maximum handling fee of 10 % shall apply above a cost of R1.854.40.

dele sal as 'n aparte item op die faktuur aangeteken word. Die gebruik van edelmetale of half-edelmetale en voorafvervaardigde komponente moet gesertifiseer word.

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

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

VOORBEELD:

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

KODE	R
15 persent oorbelading of voltooiing van akrielwerk op 'n kobaltchroom- of goud-prothese.	
9451	487.90
9301 (Per model)	13.95
9333	415.09
9450 ('15) persent oorbetalings op item '9333	53.95
TOTAAL (UITGESLUIT BTW)	<u>970.89</u>

- 008 Koste van materiaal (BTW ingesluit): Hierdie reel 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	82.78	94.31	9301 Plaster model 13.95 9327 Infection control 9.74 9431 Special tray 59.04	
T003	Full upper and lower dentures	1,364.33	1,555.34	9301 x 4 Plaster model 55.80 9321 x 2 Occlusion block 107.36 9327 x 4 Infection control 36.96 9330 Delivery charge 17.63 9331 Full U & L dentures 709.30 9431 x 2 Special tray 118.08 9700 x 4 Denture teeth 1x 6/8 319.20	8231 8641 8643 8645
T004	Full upper or lower denture	776.11	884.77	9301 x 3 Plaster model 41.85 9321 Occlusion block 53.68 9327 x 3 Infection control 29.22 9330 Delivery charge 17.63 9333 F U/ or L denture 415.09 9431 special tray 59.04 9700 x 2 Denture teeth 1x 6/8 159.60	8232 8647 8649 8651
T005	Soft base to new denture	764.68	871.74	9419 Soft base 465.18 9720 Soft base material 299.50	8243
T006	Metal base to full upper or lower denture.	571.01	650.95	9303 Superhard model 19.91 9327 Infection control 9.74 9451 Basic charge which excl. models and any special trays which Dentist may require 487.90 9742 Cobalt Chrome metal 53.46	8279 8644
T007	One tooth partial denture	280.91	320.24	9301 x 2 Plaster model 27.90 9327 x 2 Infection control 19.48 9330 Delivery charge 17.63 9351 One tooth partial 190.00 9702 Denture tooth - Odd 25.90	8233
T008	Two tooth partial denture	318.92	363.57	9301 x 2 Plaster model 27.90 9327 x 2 Infection control 19.48 9330 Delivery charge 17.63 9352 Two tooth partial 202.11 9702 x 2 Denture teeth 51.80	8234
T009	Three tooth partial denture	362.00	412.68	9301 x 2 Plaster model 27.90 9327 x 2 Infection control 19.48 9330 Delivery charge 17.63 9353 Three tooth partial 217.19 9700 Denture teeth 1x 6/8 79.80	8235
T010	Four tooth partial denture	374.11	426.49	9301 x 2 Plaster model 27.90 9327 x 2 Infection control 19.48 9330 Delivery charge 17.63 9354 Four tooth partial 229.30 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	554.49	632.12	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	41.85 53.68 29.22 17.63 247.37 59.04 79.80 25.90
						8237
T012	Six tooth partial denture	628.72	716.74	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	41.85 53.68 29.22 17.63 295.70 59.04 79.80 51.80
						8238
T013	Seven tooth partial denture	710.59	810.07	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	41.85 53.68 29.22 17.63 351.67 59.04 79.80 77.70
						8239
T014	Eight tooth partial denture	733.83	836.57	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	41.85 53.68 29.22 17.63 372.81 59.04 159.60
						8240
T015	Nine or more tooth partial denture	742.86	846.86	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	41.85 53.68 29.22 17.63 381.84 59.04 159.60
						8241
T016	Lingual or palatal bar	163.03	185.85	9423 9728	Lingual or palatal bar Cost of bar	90.53 72.50
						8257
T017	Mesh strengthener	62.81 + 9729		9427 9729	Mesh Strengthener Cost of mesh	62.81
T018	Provision single arm clasp to denture including cost of clasp	30.97	35.31	9435	Single arm clasp	30.97
						8255

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	70.18	80.01	9439	Single arm clasp & rest	70.18 8255
T021	Provision double arm clasp with rest to partial denture including cost of clasp and rest	94.12	107.30	9441	Double arm clasp & rest	94.12 8255
T022	Provision of preformed clasp/rest to partial denture including cost of clasp	40.09	45.70	9443	Preformed clasp	40.09 8255
T023	Provision of rest only to partial denture including cost of rest	40.09	45.70	9445	Rest only	40.09 8255
TM4	Provision of cast clasp to partial denture	141.58	161.40	9447	Cast clasp	141.58 8251
T025	Acrylic reline/rebase to single denture	282.64	322.21	9301 9327 9330 9413	Plaster model Infection control Delivery charge Acrylic reline	13.95 8259 9.74 8665 17.63 241.32
T026	Soft base reline to single denture	863.27	984.13	9303 9327 9330 9417 9720	Superhard model Infection control Delivery charge Soft base Soft base material	19.91 8267 9.74 8667 17.63 516.49 299.50
T027	Re-model of single denture	436.24	497.31	9301 9327 9330 9415	x 2 Plaster model x 2 Infection control Delivery charge Remodel denture	27.90 8261 19.48 17.63 371.23

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	132.46	151.00	9301 9327 9330 9391	Plaster model 13.95 Infection control 9.74 Delivery charge 17.63 Repair first 91.14	8269 - 8271 8679 8846
T029	Repair of first fracture/addition of clasp to denture	36.75	41.90	9393	Repair / second / subsequent	36.75 8269
T030	Repair: Addition first tooth to denture	182.05	207.54	9301 9327 9330 9391 9702	x 2 Plaster model 27.90 x 2 Infection control 19.48 Delivery charge 17.63 Repair first 91.14 Denture teeth odd 25.90	8271 8679 8846
T031	Repair: Addition of second / subsequent tooth to denture	62.65	71.42	9393 9702	Repair second / subsequent Denture teeth odd	36.75 8271 25.90 8679
T032	Repair: Additional fee for using wire strengthener	42.72	48.70	9395	Wire strengthener	42.72 8269 8679 8846
T033	Additional fee for using mesh strengthener	108.67	123.88	9398 9729	Mesh strengthener 72.37 Cost of mesh strengthener 36.30	8269, 8679 8846
T034	Additional fee for using preformed strengthener	63.28	72.14	9397 9738	Preformed strengthener 45.18 Cost of mesh 18.10	8231 - 8238
T035	Cleaning and polishing of existing denture, per denture	91.58	104.40	9425 9330	Cleaning of existing denture, denture 73.95 Delivery charge 17.63	None
T036	Finishing of acrylic work on any chrome cobalt or gold prosthesis	53.95	61.50	9450	Finishing of acrylic work on any chrome cobalt or gold prosthesis 53.95	8279, 8281 8663 8671
T037	Immediate dentures, per tooth socketed	9.30	10.60	9345	Immediate dentures, per tooth socketed	9.30
T038	Immediate dentures, per tooth not socketed	4.74	5.40	9346	Immediate dentures, per tooth not socketed	4.74
T039	Infection control per denture, try in or repair (T032, T035)	9.74	11.10	9327	X x Infection control per denture, try in or repair	9.74 9233 - 9238

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

METAL FRAME TO PARTIAL DENTURES

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)	Composition of Code	Dental Code
T041	Partial denture metal framework	1,007.91	1,149.02	9301 Plaster model 13.95 9303 Hard model 19.91 9327 x 2 Infection control 19.48 9431 special tray 59.04 9453-9493 (Average of) 839.23 9741 Casting alloy 56.30	8281 8671

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	325.17	370.69	9301 Plaster model 13.95 9303 Hard model 19.91 9327 x 2 infection control 19.48 9330 Delivery charge 17.63 9497 Cobalt chrome section 126.23 9741 Casting alloy 56.30 9481 Additional charge for soldering retention 71.67	8269 8270 8271 8679

METAL INLAYS, ONLAYS, CROWNS

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)	Composition of Code	Dental Code
T080	First CLASS IV, MO, DO inlay / onlay in dental arch	513.56	585.46	9301 Plaster model 13.95 9315 Model + die 59.20 9320 Pinindex 135.1 9327 x 2 Infection control 19.48 9330 Delivery charge 17.63 9525 Inlay/onlay 327.19 9748 Non precious metal 62.60	8361 8362 8571 8572
T081	Second and subsequent CLASS IV, MO, DO inlays / onlays in same arch	416.81	475.16	9319 Extra die 135.1 9320 Pinindex 135.1 9525 Inlay/onlay 327.19 9748 Non precious metal 62.60	8361 8362 8571 8572

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	596.55	680.07	9301 Plaster model	13.95 8363
				9315 Crown & bridge model	59.20 8364
				9319 Extra die	13.51 8401
				9320 Pindex	13.51 8403
				9327 x 2 Infection control	19.48 8573, 8574
				9330 Delivery charge	17.63
				9521 Crown/MOD/3/4 crown	396.67 8601, 8603
				9748 Non precious metal	62.60
T083	Second and subsequent MOD inlay / onlay, three quarter crown, full metal crown in same arch.	486.29	554.37	9319 Extra die	13.51 8363, 8364
				9320 Pindex	13.51 8401, 8403
				9521 Crown/MOD/3/4 crown	396.67 8573, 8574
				9748 Non-precious metal	62.60 8601, 8603

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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	679.21	774.30	9301 Plaster model	13.95 1371 - 8374
				9314 Refractory model	43.07 8554 - 8558
				9315 Crown & bridge model	59.20
				9319 Extra die	13.51
				9320 Pindex	13.51
				9327 x 2 Infection control	19.48
				9330 Delivery charge	17.63
				9512 Inlay / Veneer	498.86
T085	Second and subsequent ceramic inlays/onlays/ veneer in same arch as T084	560.95	648.60	9314 Refractory model	43.07 8371 - 8374
				9319 Extra die	13.51 8554 - 8558
				9320 Pindex	13.51
				9512 Inlay / Veneer	498.86

RESIN 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.	244.56 + 9760 or 9757	278.80	9301 Plaster model 9315 Crown & bridge model 9319 Extra die 9320 Pindex 9327 x 2 Infection control 9330 Delivery charge 9524 Resin inlay 9760 Cost of resin	13.95 19.98 8371 - 8374 59.51 8554 - 8558 13.51 13.48 17.63 17.63 107.	
T087	Second and Subsequent resin inlay / onlay in same arch as T086	134.30 + 9760 or 9757	153.18	9319 Extra die 9320 Pindex 9524 Resin inlay 9760 Cost of resin	13.51 8371 - 8374 13.51 8554 - 8558 107.28	

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)		Composition of Code	Dental Code	
T090	Cast single post and core	258.30 + cost of burn out component	294.46	9545 9730 9748	Post Cost of burn out component Non precious metal	195.70 62.60	8391 8581
T091	Cast multiple post and core	386.63 + cost of burn out component	440.76	9546 9730 9748	Multiple post Cost of burn out component Non precious metal	324.03 62.60	8393, 8399 8582, 8588
T093	Cast first coping or abutment thimble where no other work is done	450.75	513.86	9315 9319 9320 9327 9330 9535 9748	Extra die Pindex Infection control Delivery charge Coping / abutment thimble Non precious metal	59.20 135.1 13.51 9.74 17.63 274.56 62.60	8396 8587
T094	Subsequent abutment / coping thimble	364.18	415.17	9319 9320 9535 9748	Extra die Pindex Coping / abutment thimble Non precious metal	13.51 13.51 274.56 62.60	8396 8587

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	84251	960.46	9301 Plaster model 13.95 9315 Crown & bridge model 59.20 9319 Extra die 13.51 9320 Pindex 13.51 9327 x 2 Infection control 19.48 9330 Delivery charge 17.63 9505 pa 642.63 9748 Non precious metal 62.60	8411 8609 8193 8592
T101	Porcelain veneer crown or pontic, second or subsequent crowns in arch	732.25	834.77	9319 Extra die 13.51 9320 Pindex 13.51 9505 Crown/ pontic 642.63 9748 Non precious metal 62.60	8411,8420 8422,8424 8609,8611 8613,8615 8193,8192
T102	First ceramicjacket crown per dental arch including metal substitute coping and material	1,069.12	1,207.40	9301 Plaster model 13.95 9314 Refractory model 43.07 9315 Crown & bridge model 59.20 9319 Extra die 13.51 9320 13.51 9327 x 2 Infection mtrol 48 9330 Delivery charge 17.63 9501 Ceramicjacket crown/Ceromer crown 487.02 9502 Metal substitute 391.75	8409 8607

CERAMIC/PORCELAIN VENEER CROWNS

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)	Composition of Code	Dental Code
T103	Second or subsequent ceramic jacket crown in same arch	948.86	1,081.70	9314 Refractory model, per unit 43.07 9319 Extra die 13.51 9320 Pindex 13.51 9501 Ceramic jacket crown/Ceromer crown 487.02 9502 Metal substitute 391.75	8409 8607 8424 8615
T104	Facing replacement	531.40	605.80	9301 Plaster model 13.95 9315 Crown & bridge model 59.20 9319 Extra die 13.51 9320 Pindex 13.51 9327 x 2 Infection control 19.48 9330 Delivery charge 17.63 9566 Porcelain/ceromer facing 394.12	8413
T105	Positioning precision attachment, per attachment including soldering	201.40 + cost of attachment	229.60	9782 Precision attachment 201.40 9724 Cost of attachment	8599
T106	Positioning burnout precision attachment	241.23 + cost of attachment	275.00	9780 Precision attachment 241.23 9724 Cost of attachment	8599
T107	Temporary acrylic crown in dental arch	257.37	293.40	9301 Plaster model 13.95 9303 Superhard model 19.91 9327 x 2 Infection control 19.48 9330 Delivery charge 17.63 9563 Temporary crown 186.40	8137 8513 8529
T108	Additional temporary crown/pontic per unit in same arch	186.40	212.50	9563 Temporary crown 186.40	8137 8513 8529
T109	Porcelain shoulder, maxillary crowns 1 - 6, mandibular crowns 1 - 4 only	42.90	48.91	9515 Porcelain shoulder 42.90	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	527.07	600.86	9301 9315 9319 9320 9327 9330 9525 9748	Plaster model 13.95 Crown & bridge model 59.20 Extra die 13.51 Pindex 13.51 x 2 Infection control 19.48 Delivery charge 17.63 Inlay / onlay 327.19 Cost of metal 62.60	8356 8617
T111	Second or subsequent retainer	416.81	475.16	9319 9320 9525 9748	Extra die 13.51 Pindex 13.51 Inlay / onlay 327.19 Cost of metal 62.60	8356 8617
T112	Pre-solder invested joint - per joint	116.93 + cost of solder	133.30	9543 9756	Pre-solder invested joint 116.93 Cost of solder	
T113	Post-solder invested joint - per joint	130.88 + cost of solder	149.20	9507 9756	Post solder invested joint 130.88 Cost of solder	
T114	Full metal pontic	355.93	405.76	9533 9748	Full metal pontic 293.33 Cost of metal 62.60	8420,8422 8424,8611 8613,8615

IMPLANTS

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)		Composition of Code	Dental Code
T120	Super structures on implants, for edentulous cases per section cast, including placing of pre formed parts	1,171.45 metal and components	1,335.50	9746 / 9748 9736 9788	Metal Neg Implant components Neg Super structure 1,171.49	8193 8592
T121	Crown and bridge implant abutment, per abutment (inclusive of abutment preparation)	952.07 metal and components	1,085.36	9301 Y315 9319 9320 9327 9330 9505 9734 9748 9786 9746 / 9748	Plaster model 13.95 Crown & bridge model 59. Extra die 13.51 Pindex x 2 Infection control Delivery charge crown 642.63 Implant components Non precious metal 62. Wax & finish abutment 109.5 Metal	8193 8592
T122	First Acrylic veneer crown in arch	675.06	769.57	9301 9303 Y327 9330 9553 9748	Plaster model 13.95 Superhard model 19.91 x 2 Infection control 19.48 Delivery charge 17.63 Composite/Acrylic veneer indirect 541.49 Cost of metal 62.60	
T123	Additional Acrylic veneer crown/Pontic	604.09	688.66	9553 9748	Composite/Acrylic veneer indirect 541.49 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	257.64	293.71	9301 9327 9330 9571	x 2 Plaster model x 2 Infection control Delivery charge Basic charge	27.90 19.48 17.63 192.63 8862 - 8863 8847,8849 8858
T141	Basic charge for appliance not containing acrylic	257.64	293.71	9301 9327 9330 9572	x 2 Plaster model x 2 Infection control Delivery charge Basic charge	27.90 19.48 17.63 192.63 8862 - 8863 8847,8849 8858
T142	Additional fee for fitting expansion screw	36.67 + cost of screw	41.80	9573 9766	Expansion screw cost of screw	36.67 8858
T143	Additional fee for fitting subsequent expansion screws excluding cost of screw	30.70 + cost of screw	35.00	9575 9766	Expansion screw Cost of screw	30.70 8858
T144	Additional fee for bite plate			9576 or 9577 or 9578	Full alusal bite plate Bite plate anterior Bite plate posterior	107.89 36.67 36.67 8862 - 8863
T145	Additional fee for fitting tongue guard	45.35	51.70	9579	Tongue guard	45.35 8862 - 8864
T146	Additional fee for flat or inclined plane	27.54	31.40	9581	Inclined plane	27.54 8862 - 8863
T147	Additional fee for Adams Crib	33.51	38.20	9583	Adams crib	33.51 8862 - 8863
T148	Additional fee for Jackson Crib	34.47	39.30	9585	Jackson Crib	34.47
T149	Additional fee for ball clasp including cost of material	39.21	44.70	9587	Ball clasp	39.21 8862 - 8863
T150	Additional fee for single arm clasp	30.53	34.80	9589	Single arm clasp	30.53 8862 - 8863
T151	Additional fee for double arm clasp	53.33	60.80	9591	Double arm clasp	53.33 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	24.56	28.00	9593	Single loop finger spring	24.56 8862 - 8863
T153	Additional fee for fabricating and fitting double loop finger spring	29.56	33.70	9595	Double loop finger spring	29.56 8862 - 8863
T154	Additional fee for fabricating and fitting buccal loop finger spring	21.67	24.70	9597	Buccal retraction spring	21.67 8862 - 8863
T155	Additional fee for fabricating and fitting ancon spring	57.28	65.30	9599	Ancon spring	57.28 8862 - 8863
T157	Additional fee for fabricating and fitting "coffin" spring	54.30	61.90	9603	Coffin spring	54.30 8862 - 8863
T158	Additional fee for fabricating and fitting Quad Helix	61.05	69.60	9605	Quad Helix	61.05 8862 - 8863
T159	Additional fee for fabricating and fitting flanner or "T"-spring	45.35	51.70	9607	Flanner / T-spring	45.35 8862 - 8863
T160	Additional fee for fabricating and fitting all springs with tubing	50.79	57.90	9609	Tubing	50.79 8862 - 8863
T161	Additional fee for fabricating and fitting labial arch	28.42	32.40	9611	Labial arch	28.42 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	34.30	39.10	9613	Buccal arch	34.30 8862 - 8863
T163	Additional fee for fabricating and fitting Roberts retractor	64.03	72.99	9615	Roberts retractor	64.03 8862 - 8863
T164	Invisible Retainer	84.74	96.6	9617	Invisible Retainer	84.74
T165	Additional fee for fitting twinwire arch extra-oral arch	79.74	90.9	9619	Extra oral arch	79.74
T166	Additional fee for fabricating and fitting extra-oral arch	75.88	86.50	9621	Extra-oral arch	75.88 8862 - 8863
T167	Additional fee for each spot welded joint	14.82	16.89	9623	Spot welded joint	14.82 8862 - 8863
T168	Additional fee for each soldering joint	24.30	27.70	9625	Soldering joint	24.30 8862 - 8863
T169	Additional fee for each invested soldering joint	67.46	76.90	9627	Invested joint	67.46 8862 - 8863
T170	Additional fee for each hook for elastic traction	21.67	24.70	9629	Hook	21.67 8862 - 8863

MOUTH PROTECTORS AND MYO FUNCTION,		APPLIANCES, MISCELLANEOUS				
Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)		Composition of Code	Dental Code
T171	Andresen or Norwegian appliance	648.87	739.71	9301 9327 9330 9571 9621 9635	x 2 Plaster model x 2 infection control Delivery charge Basic charge Extra-oral arch Appliance	27.90 19.48 17.63 192.63 75.88 315.35
						8858
T172	Frankel Appliance	724.92	826.41	9301 9327 9330 9571 9641	x 2 Plaster model x 2 Infection control Delivery charge Basic charge Appliance - Frankel	27.90 19.48 17.63 192.63 467.28
						8858
T173	Bionator	573.43	653.71	9301 9327 9330 9571 9645	x 2 Plaster model x 2 Infection control Delivery charge Basic Charge Appliance - Bionator	27.90 19.48 17.63 192.63 315.79
						8858
T174	Other functional appliances (subject to approval)	9 Neg.				8858
T175	Chincap	412.64	470.41	9301 9327 9330 9571 9643	x 2 Plaster model x 2 Infection control Delivery charge Basic charge Chincap	27.90 19.48 17.63 192.63 155.00
						8858 (8861, 8865) (8866)
T176	Spring retainer/snapper	565.88	645.10	9301 9327 9330 9571 9611 9646	Plaster model Infection control Delivery charge Basic charge Labial arch Diagnostic set-up:	13.95 9.74 17.63 192.63 28.42 303.51
						8847 8849
T180	Mouth protector	208.61 cost of material	237.82	9301 9327 9330 9631 9776	x 2 Plaster model x 2 Infection control Delivery charge Mouth protector Cost of material	27.90 19.48 17.63 143.60 Neg.
						8171
T181	Oral screen	257.64	293.71	9301 9327 9330 9571	x 2 Plaster model x 2 Infection control Delivery charge Basic charge	27.90 19.48 17.63 192.63
						8858

MOUTH PROTECTORS AND MYO FUNCTION/			APPLIANCES, MISCELLANEOUS (Continued)			
Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)	Composition of Code	Dental Code	
T182	Space maintainer, fixed including material	401.42	457.62	9301. Plaster model 13.95 9327. Infection control 9.74 9330. Delivery charge 17.63 9572. Basic charge, appliance without Acrylic 93.07 9622. Space maintainer arch 33.51 9625. x 2 Fee soldering joint 48.60 9651. x 2 Pinched band 184.92	8173 8847 8849	
T183	Space maintainer, removable	353.08	402.51	9301. x 2 Plaster model 27.90 9327. x 2 Infection control 19.48 9330. Delivery charge 17.63 9571. Basic charge Acrylic 192.63 9583. x 2 Adams crib 67.02 %11. Labial arch 28.42	8173 8847 8849	
T184	Cast and trim gnathostatic study models.	134.11	152.89	9307. x 2 Study models 97.00 9327. x 2 Infection control 19.48 9330. Delivery charge 17.63	8117 8119	
T185	Bite plate for TMJ disfunction	365.53	416.70	9327. x 2 Plaster model 27.90 9330. x 2 Infection control 19.48 9571. Delivery charge 17.63 9576. Basic charge Acrylic 192.63 9576. Additional fee for full aclusal bite plate 107.89	8169 8625 8852 9073	
T186	Dual laminate bite plate	347.90	396.61	9301. x 2 Plaster model 27.90 9327. x 2 Infection control 19.48 9571. Basic charge Acrylic 192.63 9576. Additional fee for full aclusal bite plate 107.89 9779. Durasoft Material Neg.		
T187	Invisible retainer	132.12	150.62	9301. x 2 Plaster model 27.90 9327. x 2 Infection control 19.48 9617. Invisible retainer plus material 84.74		--

2. TARIFF OF FEES

SECTION 1

PREPARATORYWORK

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL R
9301	Casting and trimming of model in plaster(yellow/white), per model	13.95	1.95	15.90
9303	Casting and trimming of model in superhard stone(diestone) per model	19.91	2.79	22.70
9305	Casting and trimming of study model, per model	37.28	5.22	42.50
9307	Casting and trimming of gnathostatic model, per model.	48.51	6.79	55.30
9309	New trimmed base to supplied model, per model	16.58	2.32	18.90
9311	Trimming of supplied model, per model	10.53	1.47	12.00
9312	Gingival tissue mask per implant	62.10	11.50	93.60
9313	Duplicating model, per model	43.25	6.05	49.30
9314	Refractory model, per unit	43.07	6.03	49.10
9315	Models and duplicate models (virgin model) for crown and bridge work inclusive of one removable die	59.20	8.30	67.50
9317	Sectional models for crown and bridge work inclusive of one removable die	52.02	7.28	59.30
9319	Each additional removable die for items 9315 and 9317 per die	13.51	1.89	15.40
9320	Pindex or indexed model tray per die (not more than 9319)	13.51	1.89	15.40
9321	Occlusion block, per block	53.68	7.52	61.20
9323	Occlusion block on baseplate, per block	65.26	9.14	74.40

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL R
9327	Infection control per Impression, denture (wax or acrylic) or any item in contact with body fluids	9.74	1.36	11.10
9329	Fit and supply of disposable articulator	25.09	3.51	28.60
9330	Delivery charge per completed procedure(invoiced)	17.63	2.47	20.10

NOTE: The tariff under all sections excludes the fees for models- occlusion blocks and delivery charge.
The totals under all sections are VAT inclusive. To obtain the VAT-exclusive amount use formula :- **Amount x 14/114**

SECTION 2

PROSTHETIC SERVICES USING ACRYLIC

NOTE: The tariff under this section excludes the fees for models and occlusion blocks.
The totals under all sections are VAT inclusive. To obtain the VAT-exclusive amount use formula: -Amount x 14/114

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL R
9331	Full upper and lower dentures	709.30	99.30	808.60
9333	Full upper or lower denture	415.09	58.11	473.20
9335	Set-up and waxing of full upper and lower dentures	244.74	34.26	279.00
9337	Set-up and waxing of full upper or lower denture	163.16	22.84	186.00
9339	Waxing and finishing of full upper and lower dentures	434.39	60.81	495.20
9341	Waxing and finishing of full upper or lower denture	242.90	34.00	276.90
9343	Additional fee for dentures on fully adjustable articulator at request of dentist	693.16	97.04	790.20
9345	Additional fee for immediate dentures, or tooth socketed	9.30	1.30	10.60

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL R
9346	Additional fee for immediate dentures, per tooth not socketed..	4.74	0.66	5.40
9347	Additional fee for each retry from the third and upwards at an agreed quantum of time to be calculated at hourly rate of	154.21	21.56	175.80
B. PARTIAL DENTURES				
9351	Set-up and finish of one-tooth denture	190.00	26.60	216.60
9352	Set-up and finish of two-tooth denture	202.11	28.29	230.40
9353	Set-up and finish of three-tooth denture	217.19	30.41	247.60
9354	Set-up and finish of four-tooth denture	229.30	32.10	261.40
9355	Set-up and finish of five-tooth denture	247.37	34.63	282.00
9356	Set-up and finish of six-tooth denture	295.70	41.40	337.10
9357	Set-up and finish of seven-tooth denture	351.67	49.23	400.90
9358	Set-up and finish of eight-tooth denture	372.81	52.19	425.00
9359	Set-up and finish nine or more tooth denture	381.84	53.46	435.30
9361	Set-up and waxing of one-tooth denture	53.60	7.50	61.10
9362	Set-up and waxing of two-tooth denture	65.70	9.20	74.90

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL R
9363	Set-up and waxing of three-tooth denture	74.74	10.46	85.20
9364	Set-up and waxing of four-tooth denture	86.84	12.16	99.00
9365	Set-up and waxing of five-tooth denture	95.88	13.42	109.30
9366	Set-up and waxing of six-tooth denture	114.04	15.96	130.00
9367	Set-up and waxing of seven-tooth denture	125.35	17.56	142.90
9368	Set-up and waxing of eight-tooth denture	134.39	18.81	153.20
9369	Set-up and waxing of nine or more tooth denture	143.51	20.09	163.60
9371	Waxing and finishing of one-tooth denture	148.51	20.79	168.30
9372	Waxing and finishing of two-tooth denture	151.49	21.21	172.70
9373	Waxing and finishing of three-tooth denture	154.47	21.63	176.10
9374	Waxing and finishing of four-tooth denture	157.54	22.06	179.60
9375	Waxing and finishing of five-tooth denture	163.60	22.90	186.50
9376	Waxing and finishing of six-tooth denture	169.65	23.75	193.40
9377	Waxing and finishing of seven-tooth denture	211.14	29.56	240.70
9378	Waxing and finishing of eighth-tooth denture	220.26	30.84	251.10
9379	Waxing and finishing of nine or more tooth denture	232.28	32.52	264.80

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL R
9363	Set-up and waxing of three-tooth denture	74.74	10.46	85.20
9364	Set-up and waxing of four-tooth denture	86.84	12.16	99.00
9365	Set-up and waxing of five-tooth denture	95.86	13.42	109.28
9366	Set-up and waxing of six-tooth denture	114.04	15.96	130.00
9367	Set-up and waxing of seven-tooth denture	125.35	17.55	142.90
9368	Set-up and waxing of eight-tooth denture	134.39	18.81	153.20
9369	Set-up and waxing of nine-tooth denture	143.51	20.09	163.60
9371	Waxing and finishing of one-tooth denture	148.51	20.79	169.30
9372	Waxing and finishing of two-tooth denture	151.49	21.21	172.70
9373	Waxing and finishing of three-tooth denture	154.47	21.63	176.10
9374	Waxing and finishing of four-tooth denture	157.54	22.06	179.60
9375	Waxing and finishing of five-tooth denture	163.60	22.90	186.50
9376	Waxing and finishing of six-tooth denture	169.65	23.75	193.40
9377	Waxing and finishing of seven-tooth denture	211.14	29.56	240.70
9378	Waxing and finishing of eighth-tooth denture	220.26	30.84	251.10
9379	Waxing and finishing of nine-tooth denture	232.28	32.52	264.80

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9381	DELETE			
9382	DELETE			
9383	Additional fee for finishing denture in tooth colour material, per tooth	36.58	5.14	41.70
9385	Additional fee for supplying finished denture on duplicate model	68.95	9.65	78.60
	C. REPAIR SERVICE			
9391	Basic charge which includes repair of one fracture, or addition of one tooth, or addition of one clasp	91.14	12.76	103.90
9393	Additional charge for each additional fracture, or tooth, or clasp	36.75	5.15	41.90
9395	Additional fee for using wire strengthener	42.72	5.98	48.70
9397	Additional fee for using pre-formed strengthener	45.18	6.32	51.50
9398	Additional fee for using mesh strengthener in repair procedure	72.37	10.13	82.50
	D. ADDITIONAL SERVICES			
9401	Clear base	53.33	7.47	60.80
9403	Dox grinding of upper and lower dentures	68.07	9.53	77.60
9405	Inlay to artificial tooth, one surface only, per inlay	116.58	18.32	132.80
9406	Inlay to artificial tooth, multisurfaces e.g. horseshoe or L-type inlay, per inlay	149.83	20.97	170.80

CODE	SERVICE	VALUE	VAT:14%	TOTAL
NO		R	R	R
9407	Heka base technique per upper or lower denture	160.00	22.40	182.40
9409	Frego frame	69.39	9.71	79.10
9410	Bleaching tray	77.02	10.78	87.80
9411	Template per upper or lower denture	191.58	26.82	218.40
9413	Reline/rebase of single denture	241.32	33.78	275.10
9415	Remodel of single denture	371.23	51.97	423.20
9417	Soft base reline per denture	516.49	72.31	588.80
9419	Soft base to new denture, per denture	465.18	65.12	530.30
9421	Gum tinting per denture	112.63	15.77	128.40
9423	Ungual or palatal bar	90.53	12.67	103.20
9425	Cleaning and polishing of existing denture, per denture	73.95	10.35	84.30
9427	Mesh strengthener	62.87	8.79	71.60
9429	Theatre/ Consultation out of Laboratory per hour or part thereof	154.21	21.59	175.80
9431	Special Tray, acrylic, each	59.04	8.26	67.30
9432	Special Tray Ught Cure each	64.83	9.07	73.90
9433	Special Tray In base plate material, each	60.97	8.53	69.50
9435	Provision of single arm clasp, to partial denture	30.97	4.33	35.30
9437	Provision of double arm clasp, to partial denture	54.12	7.58	61.70
9439	Provision of single arm clasp with rest, to partial denture	70.18	9.82	80.00
9441	Provision of double arm clasp with rest, to partial denture	94.12	13.18	107.30

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL R
9443	Provision of preformed Roach clasp, to partial denture	40.09	5.61	45.70
9445	Provision of rest only to partial denture	40.09	5.61	45.70
9447	Cast Clasp	141.58	19.82	161.40
9448	Casting and trimming of Model from impression inside occlusion block or wax try in	25.79	3.61	29.40
9450	Finishing of acrylic work on any chrome cobalt or gold prosthesis	53.95	7.55	61.50

COBALT CHROME/ GOLD PROSTHETIC SERVICES

A. FULL METAL DENTURES				
9451	Metal base for full upper or full lower denture each	487.90	68.30	556.20
B. PARTIAL METAL DENTURES				
9453	Basic charge - which excludes models and any special trays (see item 9431 to 9433) which may be required by the dentist	426.14	59.66	485.80
9455	Additional charge for each one arm clasp	16.93	2.37	19.30
9457	Additional charge for each Roach clasp	29.39	4.11	33.50

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL R
9459	Additional charge for each rest	15.88	2.22	18.10
9461	Additional charge for continuous clasp, per tooth	16.93	2.37	19.30
9463	Additional charge for lingual bar, per tooth passed	40.97	5.73	46.70
9465	Additional charge for palatal bar	65.88	9.22	75.10
9467	Additional charge for onlay	175.53	24.57	200.10
9469	Additional charge for saddle with finishing line, per tooth	28.95	4.05	33.00
9471	Additional charge for saddle without finishing line, per tooth	16.49	2.31	18.80
9473	Additional charge for horseshoe saddle, per tooth	28.95	4.05	33.00
9475	Additional charge for fitting of tooth to metal backing, per tooth	19.65	2.75	22.40
9479	Additional charge for fitting one distal-extension hinge	59.12	8.28	67.40
9480	Additional charge per milled edge per tooth	51.40	7.20	58.60
9481	Additional charge for each soldering joint	71.67	10.03	81.70
9483	Additional charge for soldering retention	87.19	12.21	99.40
9485	Additional charge for each additional retention soldering joint	26.58	3.72	30.30
9487	Additional charge for each welding joint	87.54	12.26	99.80
9489	Additional charge for fitting swing lock	71.58	10.02	81.60

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL R
9491	Additional charge for each backing cast	70.26	9.84	80.10
9493	Additional charge for each Steels backing or pontic cast (Plastic work to be charged in addition)	76.49	10.71	87.20
C. CHROME COBALT AND REPAIRS				
9495	Basic fee for the repairing of or addition to any appliance necessitating the casting of a model (9301)	110.70	15.50	126.20
9497	Basic fee if a new section is to be fabricated and where item 9495 does not apply (9301)	126.23	17.67	143.90

SECTION 4

CROWN AND BRIDGE PROSTHETIC SERVICES

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

The totals under all sections are VAT inclusive. To obtain the VAT-exclusive amount use formula: • Amount x 14/114

A. PORCELAIN (CERAMIC) SERVICES				
9501	Ceramic jacket crown/Ceromer crown or pontic	487.02	68.18	555.20
9502	Ceramic metal substitute coping	391.75	54.85	446.60
9505	Porcelain veneer crown or pontic	642.63	89.97	732.60

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9507	Post-solder invested joint, per joint	130.86	18.3	149.21
9511	Inlay in porcelain veneer crown	212.11	29.6	241.81
9512	Ceramic, inlay/onlay, bridge retainer	498.86	69.8	568.71
9515	Porcelain shoulder per unit (not applicable to pontics)	42.90	6.01	48.91
9520	Addition fee for crown- & bridge work performed on a movable condyle articulator per unit	20.61	2.86	23.51
B. GOLD AND ACRYLIC VENEER SERVICES				
9521	Full metal crown, MOD, three-quarter crown	396.67	55.5	452.21
9524	Indirect Composite Resin inlay	107.28	15.02	122.30
9525	Class IV, MO, DO, cervical/occlusal inlay	327.19	45.81	373.00
9526	Additional fee for one piece casting of crown or inlay on post.	99.82	13.96	113.80
9531	Pin-ledge Inlay	371.05	51.95	423.00
9533	Full metal pontic	293.33	41.07	334.40
9535	Coping or abutment thimble cast	274.56	38.44	313.00
9537	Precision lock and rest cast	389.82	54.58	444.40
9538	Lock and rest cast	186.32	26.08	212.40
9539	Casting of rest only	111.23	15.57	126.80
9541	Metal inlay or post, cast direct	117.46	16.44	133.90
9543	Gold/pre-solder invested joint	116.93	16.37	133.30

CODE	SERVICE	VALUE	VAT:14%	TOTAL
No				
		R	A	R
9545	Cast post with thimble, indirect	195.70	27.40	223.10
9546	Multiple Post	324.03	45.37	369.40
9547	Manufacture cast post and core to existing crown	255.17	35.73	290.90
9549	C.S.P. attachment (Steiger)	863.86	120.94	984.80
9550	Milling milled edge per unit	274.56	38.44	313.00
9551	Telescope crown	677.54	94.86	772.40
9553	Composite/acrylic veneer crown/pontic, indirect	541.49	75.81	617.30
9555	DELETE			
9557	Composite/acrylic jacket crown, indirect	381.84	53.46	435.30
9559	Composite/acrylic veneer post crown	535.17	74.93	610.10
9560	Indirect Composite Resin Veneer	226.23	31.67	257.90
9561	Composite/acrylic jacket crown, direct	260.61	36.49	297.10
9563	Temporary acrylic/composite crown per unit	186.40	26.10	212.50
9564	Heat formed template supplied to dentist for the manufacture of temporary restorations	93.25	13.05	106.30
9565	Composite/acrylic-facing replaced	216.84	30.36	247.20
9566	Porcelain/Ceromor facing replaced	394.12	55.18	449.30
9569	Waxing of crown to existing denture	153.33	21.47	174.80
9570	Additional fee for each remake at an agreed quantum of time to be calculated at an hourly rate of	154.21	21.59	175.80

SECTION 5

ORTHODONTIC APPLIANCES

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

The totals under all sections are VAT inclusive, To obtain the VAT-exclusive amount use formula: $\text{Amount} \times 14/114$

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL R
	A. ORTHODONTIC SERVICES			
9571	Basic charge which includes acrylic base	192.60	26.97	219.60
9572	Basic charge non acrylic base	93.07	13.03	106.10
9573	Additional charge for fitting first expansion screw	36.67	5.13	41.80
9575	Additional fee for fitting subsequent expansion screws	30.70	4.30	35.00
9576	Additional fee for full aclusal bite plate	107.80	15.11	123.00
9577	Additional fee for bite plate anterior	36.67	5.13	41.80
9578	Additional fee for bite plate posterior	36.67	5.13	41.80
9579	Additional fee for fitting tongue guard	45.35	6.35	51.70
9581	Additional fee for flat or inclined plane	27.54	3.86	31.40
9583	Additional fee for Adams Crib	33.51	4.69	38.20
9585	Additional fee for Jackson Crib	34.47	4.83	39.30
9587	Additional fee for ball clasp	39.21	5.49	44.70
9589	Additional fee for single arm clasp	30.53	4.27	34.80
9591	Additional fee for double arm clasp	53.33	7.47	60.80
	SPRINGS			
9593	Additional fee for fitting single loop finger spring	24.56	3.44	28.00
9595	Additional fee for fitting double loop finger spring	29.56	4.14	33.70

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL R
9597	Additional fee for fitting Buccal retraction spring	21.67	3.03	24.70
9599	Additional fee for fitting apron spring	57.28	8.02	65.30
9601	DELETE			
9603	Additional fee for fitting coffin spring	54.30	7.60	61.90
9605	Additional fee for fitting Quad Helix	61.05	8.55	69.60
9607	Additional fee for fitting flapper or "T"-spring	45.35	6.35	51.70
9609	Additional fee for fitting all springs with tubing, each	50.79	7.11	57.90
	ARCHES			
9611	Additional fee for fitting labial arch	28.42	3.98	32.40
9613	Additional fee for fitting buccal arch	34.30	4.80	39.10
9615	Additional fee for fitting Roberts retractor	64.03	8.97	73.00
9617	Invisible Retainer	84.74	11.86	96.60
9619	Additional fee for fitting twinwire arch extra-oral arch	79.74	11.16	90.90
9620	Additional fee Lip bumper	33.51	4.69	38.20
9621	Additional fee for fitting extra-oral arch	75.88	10.62	86.50
9622	Additional fee for fitting space maintainer arch	33.51	4.69	38.20

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL R
	WELDING AND SOLDERING			
9623	Additional fee for each spot-welding joint	14.82	2.08	16.90
9625	Additional fee for each soldering joint	24.30	3.40	27.70
9627	Additional fee for each invested soldering joint	67.46	9.44	76.90
9629	Additional fee for each hook for elastic traction	21.67	3.03	24.70
	B. MOUTH PROTECTORS AND MYO FUNCTIONAL APPLIANCES			
9631	Gum guard	143.60	20.10	163.70
9633	Oral Screen	176.05	24.65	200.70
9635	Andresen or Norwegian appliance	315.35	44.15	359.50
9637	Tooth positioner	363.33	50.87	414.20
9639	Gunning splint	484.30	67.80	552.10
9641	Frankel appliance	467.28	65.42	532.70
9643	Chin cap	155.00	21.70	176.70
9645	Bionator	315.79	44.21	360.00
9646	Diagnostic set-up	303.51	42.49	346.00
	C. FIXED APPLIANCES			
9651	pinched or swaged band with welded attachment (excluding	92.46	12.94	105.40

CODE	SERVICE	VALUE	VAT:14%	TOTAL
9653	Pinched or swaged band with soldered attachment	122.19	17.11	139.30
	D. ADDITIONAL SERVICES			
9662	Additional fee for each remake at an agreed quantum of time to be calculated at an hourly rate of	154.21	21.59	175.80

	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	See codes 9587 and 9433			
9728	Cost of lingual palatal bar			
9729	Cost of mesh strengthener			
9730	Cost of pre-fabricated turn-out component per component			
9732	Cost of other attachment components e.g. Nylon caps, sleeves etc			
9734	Cost of solder bar and clips, per gram or per clip			
9736	Cost of implant components			
9738	Cost of preformed strengthener			
9739	Additional Charge Goldplating			

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL 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	*** was duplicate of 9758			
9760	Composite restoration material			
9761	Ceramic material			
	C. ORTHODONTIC SERVICES			
9762	Cost of anterior orthodontic attachment, per attachment			
9763	Orthodontic material			
9764	Cost of posterior orthodontic attachment, per attachment			
9765	preformed components			
9766	Cost of expansion screw, per screw			
9767	Soldering material			
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 R	VAT:14% R	TOTAL R
9780	Positioning and finishing of complete (male and female) pre-fabricated burn-out attachment	241.23	33.77	275.00
9782	Positioning and soldering of complete (male and female) precision attachment	201.40	28.20	229.60
9783	Implant stent per unit	186.40	26.10	212.50
9784	Alignment of dolder bar and clips	254.65	35.65	290.30
9786	Triming , waxing and finishing of implant abutment - crown and bridge work only, per abutment	109.56	15.34	124.90
9787	Waxing, milling and finishing of a custom abutment	214.03	29.97	244.00
9788	Implant superstructure (edentulous cases) including placing of preformed parts , per section cast	1,171.49	164.01	1,335.50
9789	Finishing of prosthesis on implant structure per arch	427.37	59.83	487.20