BOARD NOTICE
RAADSKENNISGEWING

NOTICE 120 OF 2005

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 2006 on all dentists who send work to dental technician contractors, and all such dental technician contractors.

Board Notice 114 of 2004 published in Government Gazette No. 27017 dated 26 November 2004 is hereby repealed with effect from 1 January 2006.

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 120 VAN 2005

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 2006 bindend is op alle tandartse wat werk stuur aan tandtegnikus-kontrakteursen op alle sodanige tandtegnikus-kontrakteurs.

Raadskennisgewing 114 van 2004 soos gepubliseer in Staatskoerant No. 27017 gedateer 26 November 2004 word hiermee herroep met ingang 1 Januarie 2006.

BYLAE

1. ALGEMENE REëLS

001 (a) 'n Tandtegnikus Kontrakteur mag 'n hoer tarief vra as die tarief in hierdie skedule. Die hoer 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) Tensy anders bepaal in hierdie Bylae-

(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

(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 tandtegnkus-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 Aanhangsel A van hierdie Bylae, ten opsigte van elke pasient vir alle werk wat voltooi is vir sodanige pasient 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 Aanhangsel B van hierdie Bylae, aan die tandarts stuur ten opsigte van alle werk wat gedurende daar-die maand vir die betrokke

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.

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 Wf 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 Wf jaar.

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

005 Die Koste van half-edelmetale, onedelmetale ongemonteerde kunstande en voorafvervaardigde onderdele sal as 'n aparte item op die faktuur aangeteken word. Die gebruik van edelmetale of half-edelmetale en voorafvervaardigde komponente moet gesertifiseer word.

Recommended Global Fee Schedule for Third Party Reimbursement and Claiming Pattern Guideline.

1. This schedule provides for procedures performed by registered dental technician contractors.

2. 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 "Global Fee" appears on the account.

3. 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

4. **No** surcharges or handling fees, other than provided for in this schedule, shall be charged on any account rendered at the Global Fees.

5. 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 Aid.

6. Procedures or codes in this schedule shall not apply to computer-generated restorations.

7. THESE'GLOBAL FEES ARE ONLY A GUIDE,
You may only use the relevent 9000 codes for the actual services rendered, when invoicing

a. All **9700** Codes (materials) are average prices taken from the highest and the lowest accep

9. Global Fee Prices may vary from laboratory to laboratory due to the different cost of material
All **9000** codes other than **9700 -> 9780** are minimum fees and MAY NOT be charged at a

SCALE OF BENEFITS FEE STRUCTURE
FOR THIRD PARTY REIMBURSEMENTS

PROSTHETICS

Code	Description	VAT	Benefit (incl. VAT at 14%)	9000Code	Quantity	Composition of Code	Unit Price	Total	Dental Code
T002	Special tray	12.53	102.00	9301	1	Plaster model		18.00	
				9327	1	Infection control		12.00	
				9431	1	Special tray		72.00	
T003	Full upper and lower dentures	213.07	1,735.00	9301	4	Plaster model	18.00	72.00	8231
				9321	2	Occlusion block	66.00	13200	
				9327	4	Infection control	12.00	48.00	8643
				9330	2	Delivery charge	30.00	60.00	
				9331	1	Full U & L dentures	855.00	855.00	8645
				9431	2	special bay	72.00	144.00	
				9700	4	Denture teeth 1x 6/8	88.00	352.00	
				9722	2	Acrylic	36.00	72.00	
T004	Full upper or lower denture	119.37	972.00	9301	3	Plaster model	18.00	54.00	8232
				9321	1	Occlusion block	66.00	66.00	8649
				9327	3	Infection control	12.00	36.00	8651
				9330	1	Delivery charge	30.00	30.00	8244
				9333	1	F U/ or L.denture	502.00	502.00	8245
				9431	1	Special tray	72.00	72.00	8533
				9700	2	Denture teeth 1x 6/8	88.00	176.00	8652
				9722	1	Acrylic	36.00	36.00	8654
									8658
T005	Soft base to new denture	129.56				Soft base	735.00	735.00	8243
			1,055.00	9419	1	Soft base material	320.00	320.00	
				9720	1				
T006	Metal base to full upper or lower denture.	809	659.00	9303	1	Superhard model	25.00	25.00	
				9327	1	Infection control	12.00	12.00	8663
				9451	1	Metal base for full upper or lower denture	562.00	562.00	
				9742	1	Cobalt Chrome metal	60.00	60.00	
T007	One tooth partial denture	45.19	368.00	9301	2	Plaster model	18.00	36.00	8233
				9327	2	Infedon control	12.00	24.00	
				9330	1	Delivery charge	30.00	30.00	
				9351	1	One tooth partial	230.00	230.00	
				9702	1	Denture tooth - Odd	30.00	30.00	
				9722	1	Acrylic	18.00	18.00	
T008	Two tooth partial denture	48.88	398.00	9301	2		18.00	36.00	8234
				9327	2	Infection control	12.00	24.00	8534
				9330	1	Delivery charge	30.00	30.00	8653
				9352	1	Two tooth partial	230.00	230.00	8655
				9702	2	Denture teeth	30.00	60.00	8659
				9722	1	Acrylic	18.00	18.00	
T009	Three tooth partial denture	56.61	461.00	9301	2	Plaster model	18.00	36.00	8235
				9327	2	Infection control	12.00	24.00	8534
				9330	1	Delivery charge	30.00	30.00	8653
				9353	1	Three tooth partial	263.00	263.00	8655
				9700	3	Denture teeth 1x 6/8	30.00	90.00	8659
				9722	1	Acrylic	18.00	18.00	
T010	Four tooth partial denture	79.82	650.00	9301	2	Plaster model	18.00	36.00	8236
				9327	2	Infection control	12.00	24.00	8534
				9330	1	Delivery charge	30.00	30.00	8653
				9354	1	Four tooth partial	278.00	278.00	8655
				9700	3	Denture teeth 1 x 6/8	88.00	264.00	8659
				9722	1	Acrylic	18.00	18.00	

PROSTHETICS (Continued)

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)			Composition of Code			Dental Code
T011	Five tooth partial denture	83.75	682.00	9301	3	Plaster model	18.00	54.00	8237
				9321	1	Occlusion block	66.00	66.00	8534
				9327	2	Infection control	12.00	24.00	8653
		0.00		9330	1	Delivery charge	30.00	30.00	8655
				9355	1	Five tooth partial	300.00	300.00	8659
				9431	1	Special tray	72.00	72.00	
				9700	1	Denture teeth 1 x 6/8	88.00	88.00	
				9702	1	Denture teeth - Odd	30.00	30.00	
				9722	1	Acrylic	18.00	18.00	
T012	Six tooth partial denture	93.21	759.00	9301	3	Plaster model	18.00	54.00	8238
				9321	1	Occlusion block	66.00	66.00	8534
				9327	2	Infection control	12.00	24.00	8653
				9330	1	Delivery charge	30.00	30.00	8655
				9356	1	Six tooth partial	359.00	359.00	8659
				9431	1	Special tray	72.00	72.00	
				9700	1	Denture teeth 1 x 6/8	88.00	88.00	
				9702	1	Denture teeth - Odd	30.00	30.00	
				9722	1	Acrylic	36.00	36.00	
T013	Seven tooth partial denture	101.19	824.00	9301	3	Plaster model	18.00	54.00	8239
				9321	1	Occlusion block	66.00	66.00	8534
				9327	3	Infection control	12.00	24.00	8653
				9330	1	Delivery charge	30.00	30.00	8655
				9357	1	Seven tooth partial	424.00	424.00	8659
				9431	1	special tray	72.00	72.00	
				9700	1	Denture teeth 1 x 6/8	88.00	88.00	
				9702	1	Denture teeth - Odd	30.00	30.00	
				9722	1	Acrylic	36.00	36.00	
T014	Eight tooth partial denture	111.51	908.00	9301	3	Plaster model	18.00	54.00	8240
				9321	1	Occlusion block	66.00	66.00	8534
				9327	2	Infection control	12.00	24.00	8653
				9330	1	Delivery charge	30.00	30.00	8655
				9358	1	Eight tooth partial	450.00	450.00	8659
				9431	1	special tray	7200	72.00	
				9700	2	Denture teeth 1x 6/8	88.00	176.00	
				9722	1	Acrylic	36.00	36.00	
T015	Nine or more tooth partial denture								
T016	Lingual or palatal bar	23.33	190.00	9423	1	Lingual or palatal bar	110.00	110.00	8257
				9728	1	Cost of bar	72.50	80.00	
T017	Mesh strengthener	14.12	115.00	9427	1	Mesh Strengthener	77.00	77.00	
		+9729		9729	1	Cost of mesh	38.00	38.00	
T018	Provision single arm clasp to denture excluding cost of clasp	4.67	38.00	9435	1	Single arm clasp	38.00	38.00	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 excluding cost of clasp and rest	86.00	98.04	9439	1	Single arm clasp & rest	86.00	86.00	8255
T021	Provision double arm clasp with rest to denture excluding cost of clasp and rest	115.00	131.10	9441	1	Double arm clasp & rest	115.00	115.00	8255
T022	Provision of preformed clasp/rest to partial denture excluding cost of clasp	49.00	55.86	9443	1	Preformed clasp	49.00	49.00	8255
T023	Provision of rest only to partial denture excluding cost of rest	49.00	55.86	9445	1	Rest only	49.00	49.00	8255
T024	Provision of cast clasp to partial denture	171.00	194.94	9447	1	Cast clasp	171.00	171.00	8251
T025	Acrylic reline/rebase to single denture	43.23	352.00	9301	1	Plaster model	18.00	18.00	8259
				9327	1	Infection control	12.00	12.00	8665
				9330	1	Delivery charge	30.00	30.00	
				9413	1	Acrylic reline	292.00	292.00	
T026	Soft base reline to single denture	137.79	1,122.00	9303	1	Superhard model	25.00	25.00	8267
				9327	1	Infection control	12.00	12.00	8667
				9330	1	Delivery charge	30.00	30.00	
				9417	1	Soft base	735.00	735.00	
				9720	1	Soft base material	320.00	320.00	
TU27	Re-model of single denture	66.44	541.00	9301	2	Plaster model	18	36.00	8261
				9327	2	Infection control	12	24.00	
				9330	1	Delivery charge	30	30.00	
				9415	1	Remodel denture	451	451.00	

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)			Composition of Code			Dental Code
T028	Repair of first fracture / addition of clasp to denture	28.86	235.00	9301 9327 9330 9391	1 1 2 1	Plaster model Infection control Delivery charge Repair first	18.00 12.00 30.00 145.00	18.00 12.00 60.00 145.00	8269 8270 8846
T029	Repair of additional fracture/addition of clasp to denture	5.53	45.00	9393	1	Repair / second / subsequent	45.00	45.00	8269 8270
T030	Repair: Addition first tooth to denture	36.23	295.00	9301 9327 9330 9391 9702	2 2 2 1 1	Plaster model Infection control Delivery charge Repair first Denture teeth odd	18.00 12.00 30.00 145.00 30.00	36.00 24.00 60.00 145.00 30.00	8271
T031	Repair: Addition of second / subsequent tooth to denture	9.21	75.00	9393 9702	1 1	Repair second / subsequent Denture teeth odd	45.00 30.00	45.00 30.00	8271
T032	Repair Additional fee for using wire strengthener	6.39	52.00	9395	1	Wire strengthener	52.00	52.00	8269 8846
T033	Additional fee for using mesh strengthener	15.47	126.00	9398 9729	1 1	Mesh strengthener Cost of mesh strengthener	88.00 38.00	88.00 38.00	8269 8846
T034	Additional fee for using preformed strengthener	11.30	92.00	9397 9738	1 1	Preformed strengthener Cost of mesh	54.00 38.00	54.00 38.00	8269 8846
T035	Cleaning and polishing of existing denture, per denture	14.86	121.00	9425 9330	1 1 1	Cleaning of existing denture, per denture Delivery charge	91.00 30.00	91.00 30.00	None
T036	Finishing of acrylic work on any chrome cobalt or gold prosthesis	8.11	66.00	9450	1 1	Finishing of acrylic work on any chrome cobalt or gold prosthesis	66.00	66.00	8281 8663 8671
T037	Immediate dentures, per tooth socketed	1.47	12.00	9345	1	Immediate dentures, per tooth socketed	12.00	12.00	[8244] [8245]
T038	Immediate dentures, per tooth not socketed	0.74	6.00	9346	1	Immediate dentures, per tooth not socketed	6.00	6.00	[8244] [8245]
T039	Infection control per denture, try in or repair (T032, T035)	1.47	12.00	9327	1	X x Infection control per denture, try in or repair	12.00	12.00	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.

	Description	Excl. VAT	Benefit (incl. VAT at 14%)			Composition of Code			Dental Code
	Partial denture metal framework	135.58	1,104.00	9301	1	Plaster model	18.00	18.00	8281
				9303	1	Hard model	25.00	25.00	8671
				9327	2	Infection control	12.00	24.00	
				9431	1	Special tray	72.00	72.00	
				9453-9493	1	(Average of)	905.00	905.00	
				9741	1	Casting alloy	60.00	60.00	

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)			Composition of Code			Dental Code
T042	Basic fee incorporating new fabricated inclusive materials and soldering	46.18	376.00	9301	1	Plaster model	18.00	18.00	8269
				9303	1	Hard model	25.00	25.00	8270
				9327	2	Infection control	12.00	24.00	8271
				9330	1	Delivery charge.	30.00	30.00	
				9497	1	Cobalt chrome section	133.00	133.00	
				9741	1	Casting alloy	60.00	60.00	
				9481	1	Additional charge. for soldering retention	86.00	86.00	

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)			Compositionof Code			Dental Code
T080	First CLASS IV, MO, DO inlay / onlay in dental arch	77.00	627.00	9301	1	Plaster model	18.00	18.00	8361
				9315	1	Model + die	73.00	73.00	8362
				9320	1	Pindex	17.00	17.00	8432
				9327	2	Infection control	12.00	24.00	
				9330	1	Delivery charge	30.00	30.00	
				9525	1	Inlay/onlay	397.00	397.00	
				9748	1	Non precious metal	68.00	68.00	
T081	Second and subsequent CLASS IV, MO, DO inlays / onlays in same arch	61.28	499.00	9319	1	Extra die	17.00	17.00	8361
				9320	1	Pindex	17.00	17.00	8362
				9525	1	Inlay/onlay	397.00	397.00	8432
				9748	1	Non precious metal	68.00	68.00	

CERAMIC INLAYS, ONLAYS, CROWNS (Continued)

Code	Description	Excl. VAT	Benefit (Incl. VAT at 14%)	Composition of Code					Dental code
T082	First full metal crown, MOD inlay / onlay. three quarter crown in dental arch	89.40	728.00	9301	1	Plaster model	18.00	18.00	8363
				9315	1	Crown & bridge model	73.00	73.00	8364
				9319	1	Extra die	17.00	17.00	8401
				9320	1	Pindex	17.00	17.00	8403
				9327	2	Infection control	12.00	24.00	8433,8434,
				9330	1	Delivery charge	30.00	30.00	8441,8442,
				9521	1	Crown/MOD/¾ crown	481.00	481.00	8538
				9748	1	Non precious metal	68.00	68.00	8548
To83	Second and subsequent MOD inlay / onlay, threequarter crown , full metal crown in arch.	71.60	583.00	9319	1	Extra die	17.00	17.00	8363,8364 8401,8403
				9320	1	Pindex	17.00	17.00	8433,8434,
				9521	1	Crown/MOD/3/4 crown	481.00	481.00	8441,8442,
				9748	1	Non-precious metal	68.00	68.00	8538,8548,

CERAMIC INLAYS, ONLAYS, CROWNS

Code	Description	Excl. VAT	Benefit (Incl. VAT at 14%)	Composition of Code					Dental Code
T084	First ceramic inlay / onlay / veneer / cerom in dental arch Where Pressable ceramics are used 9314 may not be used but subsituted with	102.5	835.00	9301	1	Plaster model	18.00	18.00	8371 - 8374 8436-8438 552
				9314	1	Refractory model	51.00	51.00	
				9315	1	Crown & bridge model	73.00	73.00	
				9319	1	Extra die	17.00	17.00	
				9320	1	Pindex	17.00	17.00	
				9327	2	Infection control	1200	24.00	
				9330	1	Delivery charge	30.00	30.00	
				9512	1	Inlay / Veneer	605.00	605.00	
T085	Second and subsequent ceramic veneer in same arch as T084 where pressable ceramics are used 9314 may not be used but substitued with	84.7	690.00	9314	1	Refractory model	51.00	51.00	8371-8374 8436-8438 8552
				9319	1	Extra die	17.00	17.00	
				9320	1	Pindex	17.00	17.00	
				9512	1	Inlay / Veneer	605.00	605.00	

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Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)			Composition of Code			Dental Code
086	First resin inlay / onlay, indirect, in dental arch.	475	389.00	9301	1	Plaster model	18.00	18.00	8381-8384
				9315	1	Crown & bridge model	73.00	73.00	8554
				9319	1	Extra die	17.00	17.00	
				9320	1	Pindex	17.00	17.00	
				9327	2	Infection control	12.00	24.00	
				9330	1	Delivery charge	30.00	30.00	
				9524	1	Resin inlay	130.00	130.00	
				9760	1	Cost of resin	80.00	80.00	
087	Second and Subsequent resin inlay / onlay in same arch as T086	29.96	244.00	9319	1	Extra die	17.00	17.00	8381-8384
				9320	1	Pindex	17.00	17.00	85%
				9524	1	Resin inlay	130.00	130.00	
				9760	1	Cost of resin	80.00	80.00	

Code	Description	Excl. VAT	Benefit (incl. VAT at 14%)			Composition of Code			Dental Code
090	Cast single post and core	42.12	343.00	9545	1	Post	237.00	237.00	8391
				9730	1	Cost of burn out component	38.00	38.00	
				9748	1	Non precious metal	68.00	68.00	8581
091	Cast multiple past and core	61.41	500.00	9546	1	Multiple post	394.00	394.00	8391+8392
				9730	1	Cost of burn out component	38.00	38.00	
				9740	1	Non precious metal	68.00	68.00	8582,8583
093	Cast first coping or abutment thimble where no other work is done	33.41	272.00	9315	1	Crown & bridge model	73.00	73.00	
				9319	1	Extra die	17.00	17.00	8587
				9320	2	Pindex	17.00	34.00	
				9327	1	Infection control	12.00	12.00	
				9330	1	Delivery charge	30.00	30.00	
				9535	1	Coping / abutment thimble	38.00	38.00	
				9748	1	Non precious metal	68.00	68.00	
094	Subsequent abutment / coping thimble	53.30	434.00	9319	1	Extra die	17.00	17.00	
				9320	1	Pindex	17.00	17.00	8587
				9535	1	Coping / abutment thimble	332.00	332.00	
				9748	1	Non precious metal	68.00	68.00	

Code	Description	Excl. VAT 174.51	Benefit (incl. VAT at 14%)			Composition of Code			Dental Code
T100	First Ceramic bonded crown dental arch Where metal coping is used 9502 must be replaced 9748	17451	1,421.00	9301 9315 9319 9320 9327 9330 9505 9502	1 1 1 1 2 1 1 1	Plaster model Crown & bridge model Extra die Pindex Infection control Delivery charge Crown Metal subsitute coping	18.00 73.00 17.00 17.00 12.00 30.00 776.00 466.00	18.00 73.00 17.00 17.00 24.00 30.00 776.00 466.00	8411 8445 8537,8547, 8592
		156.70							
T101	Ceramic Bonded crown or pontic, second or subsequent crowns in arch When metal coping is used 9502 must be replaced 9748	156.70	1,276.00	9319 9320 9505 9502	1 1 1 1	Extra die Pindex Crown/ pontic Metal subsitute coping	17.00 17.00 776.00 466.00	17.00 17.00 776.00 466.00	8411 8445 8537,8547, 8592 8418
T102	First ceramic jacket crown per dental arch arch where platinum foil or a double die technique is used.	158.05	1287.00	9301 9314 9315 9319 9320 9327 9330 9501 9502	1 1 1 1 1 2 1 1 1	Plaster model Refractory model Crown & bridge model Extra die Pindex Infection control Delivery charge Ceramic jacket crown/Ceromer crown Metal subsitute coping	18.00 51.00 73.00 17.00 17.00 12.00 30.00 591.00 466.00	18.00 51.00 73.00 17.00 17.00 24.00 30.00 91.00 591.00 66.00 466.00	8409 8404 8442 8443 8536 8546

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 same arch where, platinum foil or a double die technique is used.	140.25	1,14200	9314 9319 9320 9501 9502		Refractory model, per unit Extra die Pindex Ceramic jacket crown/Ceromer crown Metal substitute	51.00 17.00 17.00 591.00 466.00	51.00 17.00 17.00 591.00 466.00	8409,8404, 8442,8443, 8536,8546, 8415, 8611 8613,8615,
T104	Facing replacement	89.68	657.00	9301 9315 9319 9320- 9327 9330 9566	1 1 1 1 2 1 1	Plaster model Crown & bridge model Extra die Pindex Infection control Delivery charge Porcelain/ceromer facing	18.00 73.00 17.00 17.00 12.00 30.00 478.00	18.00 73.00 17.00 17.00 24.00 30.00 478.00	8413
T105	Positioning precision attachment. per attachment including soldering	30.09 + cost of attachment	245.00	9782 9724	1 1	Precision attachment cost of attachment	201.40	245.00	8599
T106	Positioning burnout precision attachment	35.61 + cost of attachment	290.00	9780 9724	1 1	Precision attachment cost of attachment	241.23	290.00	8599
T107	Temporary acrylic crown in dental arch	39.67	323.00	9301 9303 9327 9330 9563	1 1 2 1 1	Plaster model Superhard model x 2 Infedon control Delivery charge Temporary crown	18.00 25.00 12.00 30.00 226.00	18.00 25.00 24.00 30.00 226.00	8137 8410
T108	Additional temporary crown/pontic per unit in same arch	27.75	226.00	9563	1	Temporary crown	226.00	226.00	8137 8410 8447
T109	Porcelain shoulder, maxillary crowns 1 - 6, mandibular crowns 1 - 4 only	6.39	52.00	9515	1	Porcelain shoulder	52.00	52.00	8411, 8445, 8537,8547, 8592

Code	Description	ExcL VAT	Benefit (incl. VAT at 14%)			Composition of Code			Dental Code
T110	Maryland bridge retainer, first retainer	79.09	644.00	9301	1	Plaster model	18.00	18.00	
				9315	1	Crown & bridge model	73.00	73.00	8617
				9319	1	Extra die	17.00	17.00	
				9320	1	Pindex	17.00	17.00	
				9327	2	Infection control	12.00	24.00	
				9330	1	Delivery charge	30.00	30.00	
				9525	1	Inlay / onlay	397.00	397.00	
				9748	1	Cost of metal	68.00	68.00	
T111	Second or subsequent retainer	61.28	499.00	9319	1	Extra die	17.00	17.00	
				9320	1	Pindex	17.00	17.00	8617
				9525	1	Inlay / onlay	397.00	397.00	
				9748	1	Cost of metal	68.00	68.00	
T112	Pre-solder invested joint -per joint	20.14	164.00	9543	1	Pre-solder investedjoint	142.00	142.00	
				9756	1	Cost of solder	22.00	22.00	
T113	Post-solder invested joint -per joint	22.11	180.00	9507	1	Post solder investedjoint	158.00	158.00	
				9756	1	Cost of solder	22.00	22.00	
T114	Full metal pontic	51.95	423.00	9533	1	Full metal pontic	355.00	355.00	8416
				9748	1	Cost of metal	68.00	68.00	8611
									8613,8615

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	174.88 + metal and components	1,424.00	9746 / 9748	1	Metal		Neg	a579 8584
				9736	1	Implant components		Neg	8660
				9788	1	Super structure	1,424.00	1,424.00	
T121	Crown and bridge implant abutment, excluding metal components and crown	38.32 + metal and components	312.00	9301	1	Plaster model	18.00	18.00	8579 8592
				9315	1	Crown & bridge model	73.00	73.00	8536,8537,
				9319	1	Extra die	17.00	17.00	8538,8546,
				9320-	1	Pindex	17.00	17.00	8547,8548,
				9327	2	Infection control	12.00	24.00	
				9330	1	Delivery charge	30.00	30.00	
				9734	1	Implant components		Neg	
				9786	1	Wax & finish abutment	133.00	133.00	
T122	First Acrylic veneer crown in arch	100.95	822.00	9301	1	Plaster model	18.00	18.00	8407 8446
				9303	1	Superhard model	25.00	25.00	
				9327	2	Infection control	12.00	24.00	
				9330	1	Delivery charge	30.00	30.00	
				9553	1	Composite/Acrylic veneer crown, indirect	657.00	657.00	
				9748	1	Cost of metal	68.00	68.00	
T123	Additional Acrylic veneer crown/Pontic	89.04	725.00	9553	1	Composite/Acrylic veneer crown, indirect	657.00	657.00	8407 8446 8417
				9748	1	Cost of metal	68.00	68.00	

ORTHODONTICS

Code	Description	Excl. VAT	Benefit Incl. VAT at 14%)			Composition of Code			Dental Code
T140	Simple Appliance	67.4(	548.80	9330	1	Delivery Charge	30.00	30.00	8862 - 8863
				9327	2	Infection control	12.00	24.00	8847,8849
				9301	2	Cast Plaster Model	18.00	36.00	8858
				9571	1	Basic Charge Acrylic Base	236.00	236.00	
				9583	2	Add Fee Adams Crib	41.00	82.00	
				9613	1	Add Fee Buccal Arch	42.00	4200	
				9625	2	Add Fee Soldering Joint	30.00	60.00	
				9778	1	Cost Hard Spring Wire	2.30	2.30	
				9767	2	Soldering materail	3.85	7.70	
				9763	1	Orthdontic Acrylic	12.80	12.80	
				9772	1	r/a Case	16.00	16.00	
T141	Intermediate Appliance	81.1(	660.80	9330	1	Delivery charge	30.00	30.M)	8862 - 8863
				9327	2	Infection control	12.00	24.00	8849,8847
				9301	2	Cast Plaster Model	18.00	36.00	8858
				9571	1	Basic Charge Acylic Base	236.00	236.00	
				9583	2	Add Fee Adams Crib	41.00	82.00	
				9589		Add Fee Single Arm Clasp	38	76.00	
				9625	2	Add Fee Soldering Joint	30	60.00	
				9613	1	Add Fee buccal arch	42	42.00	
				9595	1	Add Fee Double Loop spring	36	36.00	
				9778	1	cost Hard Spring wire	2.30	2.30	
				9767	2	Soldering Material	3.85	7.70	
				9763	1	orthodontic Acrylic	12.80	12.80	
				9772	1	R/A Case	16.00	16.00	
T142	Advanced Appliance	99.41	810.10	9330	1	Delivery Charge	30.00	30.00	8858
				9327	2	Infection Control	12.00	24.00	
				9301	2	Cast Plaster Models	18.00	36.00	
				9571	1	Basic Charge Acrylic Base	236.00	236.00	
				9573	1	Fit F i i Expasion Screw	45.00	45.00	
				9575	1	Add Fee Expasion Screws	35.00	35.00	
				9578	2	Add Fee Post Bite	45.00	90.00	
				9583	2	Add fee Adams Cni	41.00	82.00	
				9589	2	Add Fee Single Arm Clasp	38.00	76.00	
				9593	2	Add Fee Single Loop Spring	30.00	60.00	
				9611	1	Add Fee Labial Arch	35.00	35.00	
				9778	1	Cost Hard Spring Wire	2.30	2.30	
				9763-	1	Orthodontic Acrylic	12.80	12.80	
				9766	2	Cost Expansion Screw	15.00	30.00	
				9772	1	R/A Case	16.00	16.00	

MOUTH PROTECTORS AND MYO FUNCTIONAL APPLIANCES, MISCELLANEOUS

Code	Description	Excl. VAT	Benefit			Composition of Code			Dental
T171	Andresen or Norwegian appliance	91.31	743.51	9301	2	Plaster model	18.00	36.00	8858
				9327	2	Infection control	12.00	24.00	
				9330	1	Delivery charge	30.00	30.00	
				9571	1	Basic charge	192.63	192.63	
				9621	1	Extra-oral arch	75.88	75.88	
				9635	1	Anderson or norweigian	385.00	385.00	
T172	Frankel Appliance	104.95	854.63	9301	2	Plaster model	18.00	36.00	8858
				9327	2	Infection control	12.00	24.00	
				9330	1	Delivery charge	30.00	30.00	
				9571	1	Basic charge	192.63	192.63	
				9641	1	Appliance - Frankel	572.00	572.00	
T173	Bionator	87.44	712.00	9301	2	Plaster model	18.00	36.00	8858
				9327	2	Infection control	12.00	24.00	
				9330	1	Delivery charge	30.00	30.00	
				9571	1	Basic Charge	236.00	236.00	
				9645	1	Appliance - Bionator	386.00	386.00	
T175	Chincap	63.37	516.00	9301	2	Plaster model	18.00	36.00	8858
				9327	2	Infection control	12.00	24.00	(8861,8865
				9330	1	Delivery charge	30.00	30.00	8866)
				9571	1	Basic charge	236.00	236.00	
				9643	1	Chincap	190.00	190.00	
T176	Spring retainer/snapper	87.00	708.42	9301	1	Plaster model	18.00	18.00	8847
				9327	2	Infection control	12.00	24.00	8849
				9330	1	Delivery charge	30.00	30.00	
				9571	1	Basic charge	236.00	236.00	
				9611	1	Labial arch	28.42	28.42	
				9646	1	Diagnostic set-up:	372.00	372.00	
T180	Mouth protector	32.67 + cost of material	266.00	9301	2	Plaster model	18.00	36.00	8171
				9327	2	Infection control	12.00	24.00	
				9330	1	Delivery charge	30.00	30.00	
				9631	1	Mouth protector	176.00	176.00	
				9776	1	Cost of material		Neg.	
T181	Oral screen	40.04	326.00	9301	2	Plaster model	18.00	36.00	8858
				9327	2	Infection control	12.00	24.00	
				9330	1	Delivery charge	30.00	30.00	
				9571	1	Basic charge	236.00	236.00	

MOUTH PROTECTORS AND MYO FUNCTIONAL APPLIANCES, MISCELLANEOUS (Continued)

Code	Description	Excl. VAT	Benefit			Composition of Code			Dental
T182	Space maintainer, fixed including material	65.09	530.00	9301	1	Plaster model	18.00	36.00	8173
				9327	2	Infection control	12.00	24.00	8847
				9330	1	Delivery charge	30.00	30.00	8849
				9572	1	Basic charge, appliance without Acrylic	114.00	114.00	
				9622	1	Space maintainer arch	41.00	40.00	
				9625	2	Fee soldering joint	30.00	60.00	
				9651	2	Pinched band	113.00	226.00	
T183	Space maintainer. removable	54.40	443.00	9301	2	Plaster model	18.00	36.00	8173
				9327	2	Infection control	12.00	24.00	8847
				9330	1	Delivery charge	30.00	30.00	8849
				9571	1	Basic charge Acrylic	236.00	236.00	
				9583	2	Adams crib	41.00	82.00	
				9611	1	Labial arch	35.00	35.00	
T184	Cast and trim gnathostatic study models.	21.37	174.00	9307	2	Study models	60.00	120.00	8117
				9327	2	Infection control	12.00	24.00	8119
				9330	1	Delivery charge	30.00	30.00	
T185	Bite plate for TMJ disfunction	56.37	459.00	9301	2	Plaster model	18.00	36.00	8169
				9327	2	Infection control	12.00	24.00	
				9330	1	Delivery charge	30.00	30.00	8852
				9571	1	Basic charge Acrylic	236.00	236.00	
				9576	1	Additional fee for full aclusal bite plate	133.00	133.00	
T186	Dual laminate bite plate	52.68	429.00	9301	2	Plaster model	18.00	36.00	8169
				9327	2	Infection control	12.00	24.00	
				9571	1	Basic charge Acrylic	236.00	236.00	8852
				9576	1	Additional fee for full aclusal bite plate	133.00	133.00	
				9779	1	Durasoft Material		Neg.	
T187	Invisible retainer	20.02	163.00	9301	2	Plaster model	18.00	36.00	8849
				9327	2	Infection control	12.00	24.00	8847
				9617	1	Invisible retainer plus material	103.00	103.00	

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		2.21	18.0(
9303	Casting and trimming of model in superhard stone (diestone) per model		3.07	25.N
9305	Casting and trimming of study model, per model		5.65	46.0(
9307	Casting and trimming of gnathostatic model, per model..		7.37	60.M
9309	New trimmed base to supplied model, per model		2.58	21.0(
9311	Trimming of supplied model, per model		1.60	13.N
9312	Gingival tissue mask per implant		11.67	95.0(
9313	Duplicating model, per model		6.51	53.00
9314	Refractory model, per unit		6.26	51.00
9315	Models and duplicate models (virgin model) for crown and bridge work inclusive of one removable die		8.96	73.00
9317	Sectional models for crown and bridge work inclusive of one removable die		7.86	64.00
9319	Each additional removable die for items 9315 and 9317 per die		2.09	17.00
9320	indexed or model tray per die (not more than 9319)		2.09	17.00
9321	Occlusion block, per block		8.11	66.00
9323	Occlusion block on baseplate, per block		9.82	80.00
9327	Infection control per impression, denture (wax or acrylic) or any item in contact with body fluids		1.47	12.00
9329	Fit and supply of disposable articulator		3.68	30.00
9330	Delivery charge per completed procedure (maximum 4)		3.68	30.00

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	VAT:14%	TOTAL
		R	R	R
9331	Full upper and lower dentures		105.00	855.00
9333	Full upper or lower denture		61.65	502.00
9335	Set-up and waxing of full upper and lower dentures		36.60	298.00
9337	Set-up and waxing of full upper or lower denture		24.44	199.00
9339	Waxing and finishing of full upper and lower dentures		63.98	521.00
9341	Waxing and finishing of full upper or lower denture		35.86	292.00
9343	Additional fee for dentures on fully adjustable articulator at request of dentist		104.14	848.00
9345	Additional fee for immediate dentures, or tooth socketed		1.47	12.00

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9346	Additional fee for immediate dentures, per tooth not socketed..		0.74	6.00
9347	Additional fee for each retry from the third and upwards at an agreed quantum of time to be calculated at hourly rate of		23.46	191.00
	B. PARTIAL DENTURES			
9351	Set-up and finish of one-tooth denture		28.25	230.00
9352	Set-up and finish of two-tooth denture		29.96	244.00
9353	Set-up and finish of three-tooth denture		32.30	263.00
9354	Set-up and finish of four-tooth denture		34.14	278.00
9355	Set-up and finish of five-tooth denture		36.84	300.00
9356	Set-up and finish of six-tooth denture		44.09	359.00
9357	Set-up and finish of seven-tooth denture		52.07	424.00
9358	Set-up and finish of eight-tooth denture		55.26	450.00
9359	Set-up and finish nine or more tooth denture		56.61	461.00
9361	Set-up and waxing of one-tooth denture		8.11	66.00
9362	Set-up and waxing of two-tooth denture		9.95	81.00

CODE No	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9363	Set-up and waxing of three-tooth denture		11.30	92.00
9364	Set-up and waxing of four-tooth denture		13.14	107.W
9365	Set-up and waxing of five-tooth denture		14.49	118.W
9366	Set-up end waxing of six-tooth denture		17.19	140.00
9367	set-up and waxing of seven-tooth denture		18.79	153.00
9368	set-up and waxing of eight-tooth denture		20.26	165.00
9369	Set-up and waxing of nine or m e tooth denture		21.61	176.00
9371	Waxing and finishing of one-tooth denture		21.98	179.00
9372	Waxing and finishing of two-tooth denture		22.47	183.00
9373	Waxing and finishing of three-todh denture		22.84	186.00
9374	Waxing and finishing of four-tooth denture		23.33	190.00
9375	Waxing and finishing of five-tooth denture		24.32	198.00
9376	Waxing end finishing of six-tooth denture		25.18	205.00
9377	Waxing and finishing of seven-tooth denture		31.07	253.00
9378	Waxing and finishing of eighth-tooth denture		32.42	264.00
9379	Waxing and finishing of nine or m e tooth denture		34.26	279.00

CODE NO	SERVICE	VALUE R	VAT:14% R	TOTAL R
9381	DELETE			
9382	DELETE			
9383	Additional fee for finishing denture in tooth colour material, per tooth		5.40	44.00
9385	Additional fee for supplying finished denture on duplicate model		10.32	84.00
	C. REPAIR SERVICE			
9391	Basic charge which includes repair of one fracture, or addition of one tooth, or addition of one clasp		17.81	145.00
9393	Additional charge for each additional fracture, or tooth, or clasp		5.53	45.00
9395	Additional fee for using wire strengthener		6.39	52.00
9397	Additional fee for using preformed strengthener		6.63	54.00
9398	Additional fee for using mesh strengthener in repair procedure		10.81	88.00
	D. ADDITIONAL SERVICES			
9401	Clearbase		7.98	65.00
9403	Dox grinding of upper and lower dentures		10.32	84.00
9405	Inlay to artificial tooth, one surface only, per inlay		17.32	141.00
9406	Inlay to artificial tooth, multisurfaces e.g. horseshoe or L-type inlay, per inlay		22.35	182.00

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9407	Heka base technique per upper or lower denture		23.95	195.00
9409	Fregoframe		10.32	84.00
9410	Bleachingtray		11.67	95.00
9411	Template per upper or lower denture		28.00	228.00
9413	Reline/rebase of single denture		35.86	292.00
9415	Remodel of single denture		55.39	451.00
9417	Soft base reline per denture (excluing material)		90.26	735.00
9419	Soft base to new denture, per denture (excluding material)		90.26	735.00
9421	Gum tinting per denture		16.82	137.00
9423	Lingual or palatal bar		13.51	110.00
9425	Cleaning and polishing of existing denture, per denture		11.18	91.00
9427	Mesh strengthener		9.46	77.00
9429	Theatre/ Consultation out of Laboratory per hour or part thereof		23.46	191.00
9431	Special Tray, acrylic, *each*		8.84	72.00
9432	Special Tray Light Cure each		9.70	79.00
9433	Special Tray in base plate material, *each*		9.09	74.00
9435	Provision of single arm clasp, to partial denture		4.67	38.00
9437	Provision of double arm clasp, to partial denture		8.11	66.00
9439	Provision of single arm clasp with rest, to partial denture		10.56	86.00
9441	Provision of double arm clasp with rest, to partial denture		14.12	115.00

CODE	SERVICE	VALUE	VAT:14%	TOTAL
9443	Provision of preformed Roach clasp, to partial denture (excluding material)		6.02	49.00
9445	Provision of rest only to partial denture		6.02	49.00
9447	Cast Clasp		21.00	171.00
9448	Casting and trimming of Model from impression inside occlusion block or wax try in		3.93	32.00
9450	Finishing of acrylic work on any chrome cobalt or gold prosthesis		8.11	66.00

SECTION 3

COBALT CHROME / GOLD PROSTHETIC SERVICES

	A FULL METAL DENTURES			
9451	Metal base for full upper or full lower denture each		71.47	852.00
	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		62.26	507.00
9455	Additional charge for each one arm clasp		2.58	21.00
9457	Additional charge for each Roach clasp		4.42	36.00

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9459	Additional charge for each rest		2.46	20.00
9461	Addtional charge for continuous clasp, per tooth		2.58	21.00
9463	Additional charge for lingual bar, per tooth passed		6.02	49.00
9465	Addtional charge for palatal bar		9.82	80.00
9467	Additional charge for onlay		26.40	215.00
9469	Additional charge for saddle with finishing line, per tooth		4.42	36.00
9471	Additional charge for saddle without finishing line, per tooth		2.58	21.00
9473	Additional charge for horseshoe saddle, per tooth		4.42	36.00
9475	Additional charge for fitting of tooth to metal backing, per tooth		2.95	24.00
9479	Addtional charge for fitting one distal-extension hinge		8.96	73.00
9480	Additional charge per milled edge per tooth		7.74	63.00
9481	Additional charge for each soldering joint		10.56	86.00
9483	Addtional charge for soldering retention		12.89	105.00
9485	Additional charge for each additional retention soldering joint		3.93	32.00
9487	Additional charge for each welding joint		13.02	106.00
9489	Additional charge for fitting swing lock		10.81	88.00

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9491	Additional charge for each backing cast		10.32	84.00
9493	Additional charge for each Steels backing or pontic Cast (Plastic work to be charged in addition)		11.18	91.00
	C. CHROME COBALT AND REPAIRS			
9495	Basic fee for the repairing of or addition to any appliance necessitating the casting of a model (9301)		16.33	133.00
9497	Basic fee if a new section is to be fabricated and where item 9495 does not apply (9301)		18.67	152.00

SECTION.4

CROWN AND BRIDGE PROSTHETIC SERVICES

	A. PORCEWN (CERAMIC) SERVICES			
9501	Ceramic jacket crown/Ceromer crown or pontic		72.58	591.00
9502	Ceramic metal substitute coping		57.23	466.00
9505	Ceramic Bonded crown or pontic		95.30	776.00
9507	Post-solder invested joint, per joint		19.40	158.00
9511	Inlay in porcelain veneer crown		31.56	257.00
9512	Ceramic, inlay/onlay, bridge retainer		74.30	605.00
9515	Porcelain shoulder per unit (not applicable to pontics)		6.39	52.00
9520	Addition fee for crown- & bridge work performed on a movable condyle articulator per unit		3.19	26.00
	B. GOLD AND ACRYUC VENEER SERVICES			
9521	Full metal crown, MOD, threequarter crown		59.07	481.00
9524	Indirect Composite Resin inlay		15.96	130.00
9525	Class IV, MO, DO, cervical/occlusal inlay		48.75	397.00
9526	Additional fee for one piece casting of crown or inlay on post.		14.98	122.00
9531	Pin-ledge inlay		55.39	451.00
9533	Full metal pontic		43.60	355.00
9535	abutment thimble cast		40.77	332.00
9537	Precision lock and rest cast		58.21	474.00
9538	Lack and rest cast		27.63	225.00
9539	Casting of rest only		16.46	134.00
9541	Metal inlay or post, cast direct		17.32	141.00
9543	Gold/pre-solder Invested joint		17.44	142.00

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9545	Cast post with thimble, indirect		29.11	237.00
9546	Multiple Post		48.39	394.00
9547	Manufacture cast post and core to existing crown		37.95	309.00
9549	C.S.P. attachment (Steiger)		129.56	1,055.00
9550	Milling milled edge per unit		40.77	332.00
9551	Telescope crown		100.82	821.00
9553	Composite/acrylic veneer crown/pontic, indirect		80.68	657.00
9555	DELETE			
9557	Composite/acrylic jacket crown, indirect		56.74	462.00
9559	Composite/acrylic veneer post crown		79.70	649.00
9560	Indirect Composite Resin Veneer		33.77	275.00
9561	Composite/acrylic jacket crown, direct		38.93	317.00
9563	Temporary acrylic/composite crown per unit		27.75	226.00
9564	Heat formed template supplied to dentist for the manufacture of temporary restorations		13.88	113.00
9565	Composite/acrylic-facing replaced		32.42	264.00
9566	Porcelain/ Ceromor facing replaced		58.70	478.00
9569	Waxing of crown to existing denture		23.09	188.00
9570	Additional fee for each remake at an agreed quantum of time to be calculated at an hourly rate of		23.46	191.00

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: - **Amount** x **14/114**

CODE NO	**SERVICE**	**VALUE**	**VAT:14%**	TOTAL
		R	**R**	**R**
	A. ORTHODONTIC **SERVICES**			
9571	Basic charge which includes acrylic base		**28.98**	**236.00**
9572	Basic charge non acrylic base		**14.00**	**114.00**
9573	Additional charge for fitting first expansion screw		**5.53**	**45.00**
9575	Additional fee for fitting subsequent expansion screws		**4.67**	**38.00**
9576	Additional fee for full aclusal bite plate		**16.33**	**133.00**
9577	Addiional fee for bite plate anterior		**5.53**	**45.00**
9578	Additional fee for bite plate posterior		**5.53**	**45.00**
9579	Addional fee for fitting tongue guard		**6.88**	**56.00**
9581	Additional fee for flat or inclined plane		**4.18**	**34.00**
9583	Additional fee for Adams Crib		**5.04**	**41.00**
9585	Additional fee for Jackson Crib		**5.18**	**42.00**
9587	Additional fee for ball clasp (excluding material)		**5.89**	**48.00**
9589	Additional fee for single arm clasp		**4.67**	**38.00**
9591	Additional fee for double arm clasp		**7.98**	**65.00**
	SPRINGS			
9593	Additional fee for fitting single loop finger spring		**3.68**	**30.00**
9595	Additional fee for fitting double loop finger spring		**4.42**	**36.00**

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9597	Additional fee for fitting Buccal retraction spring		3.32	27.00
9599	Additional fee for fitting apron spring		8.60	70.00
9601	DELETE			
9603	Additional fee for fitting coffin spring		8.23	67.00
9605	Additional fee for fitting Quad Helix		9.21	75.00
9607	Additional fee for fitting flapper or "T"-spring		6.88	56.00
9609	Additional fee for fitting all springs with tubing, each		7.37	60.00
	ARCHES			
9611	Additional fee for fitting labial arch		4.30	35.00
9613	Additional fee for fitting buccal arch		5.16	42.00
9615	Additional fee for fitting Roberts retractor		9.58	78.00
9617	Invisible Retainer		12.65	103.00
9619	Additional fee for fitting twinwire arch extra-oral arch		11.91	97.00
9620	Additional fee Lip bumper		5.04	41.00
9621	Additional fee for fitting extra-oral arch		11.42	93.00
9622	Additional fee for fitting space maintainer arch		5.04	41.00

CODE NO	SERVICE	VALUE	VAT:14%	TOTAL
		..	R	R
	WELDING AND SOLDERING			
9623	Additional fee for each spot-welding joint		2.33	19.00
9625	Additional fee for each soldering joint		3.68	30.00
9627	Additional fee for each invested soldering joint		9.95	81.00
9629	Additional fee for each hook for elastic traction		3.32	27.00
	B. MOUTH PROTECTORS AND MYO FUNCTIONAL APPLIANCES			
9631	Gurnguard		21.61	176.00
9633	Oral Screen		26.53	216.00
9635	Andresen or Norwegian appliance		47.28	385.00
9637	Tooth positioner		54.65	445.00
9639	Gunning splint		72.70	592.00
9641	Frankel appliance		70.25	572.00
9643	Chin cap		23.33	190.00
9645	Bionator		47.40	386.00
9646	Diagnostic set-up		45.68	372.00
	C. FIXED APPLIANCES			
9651	Pinched or swaged band with welded attachment (excluding		13.88	113.00

CODE No	SERVICE	VALUE	VAT:14%	TOTAL
		R	R	R
9653	Pinched or swaged band with soldered attachment		18.30	149.00
	D. **ADDITIONAL SERVICES**			
9662	Additional fee for each remake at an agreed quantum of time to be calculated at an hourly rate of		23.46	191.00

	A. PROSTHETIC/RESTORATIVE SERVICES			
9700	Diatorics 1 X 6/8			
9702	Diatorics, odds, anterior			
9704	Diatorics, odds, posterior			
9720	Soft base material per denture			
9722	acrylic per denture			
9724	Cost of precision attachment, per attachment			
9726	Preformed Ball or Roach Clasp			
9728	Cost of lingual / palatal bar			
9729	Cost of mesh strengthener			
9730	Cost of prefabricated 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			
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			
9755	Etching For bonding (metal or Ceramic)			
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	VAT: 14%	TOTAL
		R	R	R
9780	Positioning and finishing of complete (male and female) pre-fabricated burn-out attachment		35.61	290.00
9782	Positioning and soldering of complete (male and female) precision attachment		30.09	245.00
9783	Implant stent per unit		27.75	228.00
9784	Alignment of dolder bar and clips		38.07	310.00
9786	Triming, waxing and finishing of implant abutment - crown and bridge work only, per abutment		16.33	133.00
9787	Waxing, milling and finishing of a custom abutment		31.56	257.00
9788	Implant superstructure (edentulous cases) including placing of preformed parts, per section cast		174.88	1,424.00
9789	Finishing of prosthesis on Implant structure per arch		63.37	516.00