**Dental Fee Submission Form**

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| **Clinic** | **:** |  |
| **Address** | **:** |  |
|  |  |  |
|  |  |  |
| My clinic is participating in Community Health Assist Scheme (CHAS): | [ ]  Yes | [ ]  No |
|  | **Fee Range****1 Jul 2013 - 30 June 2014** |
| **Dental Treatment** | **General Practitioner**  | **Specialist** |
| **Crowns (per unit)***\* Includes laboratory fee and GST. Excludes consultation, x-ray and investigation fees.* |  |  |
| **Full Dentures (per arch)***\* Includes laboratory fee and GST. Excludes consultation, x-ray and investigation fees.* |  |  |
| **Impacted Wisdom Tooth Surgery**\* Includes GST. Excludes consultation, x-ray and investigation fees. |  |  |
| **Implants***\* Includes GST. Excludes prosthesis, consultation, OT consumables and x-ray fees.* ***Please specify type of implants (delete where necessary)****:**Conventional dental implants / short dental implants / mini implants* |  |  |
| **Orthodontics (non-surgical)***\* Inclusive of retainers and GST. Excludes consultation and investigation fees.* |  |  |
| **Root Canal Treatment****– Anterior Teeth***\* Includes GST. Excludes consultation, x-ray, investigation and re-treatment fees.* |  |  |
| **Root Canal Treatment****– Premolar Teeth***\* Includes GST. Excludes consultation, x-ray, investigation and re-treatment fees.* |  |  |
| **Root Canal Treatment****– Molar Teeth** *\* Includes GST. Excludes consultation, x-ray, investigation and re-treatment fees.* |  |  |
|  | [ ]  I wish to update the above information[ ]  I wish to display the above information[ ]  I wish to withdraw all information. |
| **Submitted by:** |  |  |
|  |  |  |
| Contact Person |  | Date |