**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 | | | |