

Service Code	Description	Triff Vat Excl	Reimbursable Portion	Member Out Of Pocket
8132	GROSS PULPAL DEBRIDE	216.00	194.00	22.00
8133	RE-CEMENTING OF INLA	132.00	119.00	13.00
8135	REMOVAL OF INLAYS AN	261.00	235.00	26.00
8136	ACCESS THROUGH CROWN	114.00	103.00	11.00
8140	FEE FOR TREATMENT AT	214.00	193.00	21.00
8141	INHALATION SEDATION	94.00	85.00	9.00
8143	INHALATION SEDATION	49.00	44.00	5.00
8144	INTRAVENOUS SEDATION	59.00	53.00	6.00
8131	EMERGENCY TREATMENT	132.00	119.00	13.00
8129	ADDITIONAL FEE/BENEF	321.00	289.00	32.00
8124	PULP VITALITY TEST	24.00	22.00	2.00
8123	CARIES SUSCEPTIBILIT	92.00	83.00	9.00
8121	DIAGNOSTIC PHOTOGRAP	93.00	84.00	9.00
8006	MODIFIER - THIRD AND	0.00	0.00	0.00
8012	MODIFIER - REDUCED S	0.00	0.00	0.00
8116	EXTRAORAL RADIOGRAPH	279.00	251.00	28.00
8115	EXTRA-ORAL FILM, PER	349.00	314.00	35.00
8114	HAND-WRIST RADIOGRAP	349.00	314.00	35.00
8113	OCCLUSAL RADIOGRAPHS	150.00	135.00	15.00
8112	INTRAORAL RADIOGRAPH	70.00	63.00	7.00
8110	STERILIZED INSTRUMEN	51.00	46.00	5.00
8109	INFECTION CONTROL/BA	20.00	18.00	2.00
8108	MAXIMUM FOR 8107	743.00	669.00	74.00
8107	INTRA-ORAL FILM	87.00	78.00	9.00
8106	PROVISION OF A WRITT	220.00	198.00	22.00
8105	APPOINTMENT NOT KEPT	0.00	0.00	0.00
8104	EXAMINATION OR CONSU	88.00	79.00	9.00
8102	COMPREHENSIVE CONSUL	303.00	273.00	30.00
8101	FULL MOUTH EXAMINATI	191.00	172.00	19.00
8010	MODIFIER - OPEN REDU	0.00	0.00	0.00
8009	MODIFIER - SECOND SU	0.00	0.00	0.00
8008	MODIFIER - AFTER HOU	0.00	0.00	0.00
8145	LOCAL ANAESTHETIC -	24.00	22.00	2.00
8185	GINGIVECTOMY OR GING	684.00	616.00	68.00
8186	GINGIVECTOMY OR GING	544.00	490.00	54.00
8188	BIOPSY - INTRA-ORAL	330.00	297.00	33.00
8117	STUDY MODELS - UNMOU	153.00	138.00	15.00
8118	EXTRAORAL RADIOGRAPH	279.00	251.00	28.00
8119	STUDY MODELS - MOUNT	672.00	605.00	67.00
8198	EXPOSURE OF A SINGLE	452.00	407.00	45.00
8199	EXPOSURE OF A SECOND	341.00	307.00	34.00
8192	APPOSITIONING	647.00	582.00	65.00
8193	OSSEO-INTEGRATED ABU	2,901.00	2,611.00	290.00
8194	PLACEMENT OF A SINGL	1,214.00	1,093.00	121.00
8195	PLACEMENT OF A SECON	910.00	819.00	91.00
8196	PLACEMENT OF A THIRD	609.00	548.00	61.00
8147	USE OF OWN MONITORIN	194.00	175.00	19.00
8149	NUTRITIONAL COUNSELI	0.00	0.00	0.00
8151	ORAL HYGIENE INSTRUC	132.00	119.00	13.00
8153	FOLLOW-UP VISIT FOR	94.00	85.00	9.00
8155	POLISHING ONLY (INCL	132.00	119.00	13.00
8157	RE-BURNISHING AND PO	132.00	119.00	13.00
8158	ENAMEL MICROABRASION	112.00	101.00	11.00
8159	SCALING AND POLISHIN	259.00	233.00	26.00
8137	TEMPORARY CROWN (EME	773.00	696.00	77.00
8138	REMOVE RETENTION POS	147.00	132.00	15.00
8161	TOPICAL APPLICATION	132.00	119.00	13.00
8162	TOPICAL APPLICATION	82.00	74.00	8.00
8163	FISSURE SEALANT, PER	87.00	78.00	9.00
8165	SEDATIVE FILLING	86.00	77.00	9.00
8166	APPLICATION OF DESEN	57.00	51.00	6.00
8167	TREATMENT OF HYPERSE	102.00	92.00	10.00
8173	SPACE MAINTAINER, FI	690.00	621.00	69.00
8221	LOCAL TREATMENT OF P	94.00	85.00	9.00
8223	LOCAL TREATMENT OF P	61.00	55.00	6.00
8225	TREATMENT OF SEPTIC	94.00	85.00	9.00
8227	TREATMENT OF SEPTIC	61.00	55.00	6.00
8229	APICOECTOMY INCLUDIN	647.00	582.00	65.00

Service Code	Description	Triff Vat Excl	Reimbursable Portion	Member Out Of Pocket
8231	FULL UPPER AND LOWER	3,226.00	2,903.00	323.00
8232	FULL UPPER OR LOWER	2,168.00	1,951.00	217.00
8233	PARTIAL DENTURE (RES	977.00	879.00	98.00
8234	PARTIAL DENTURE (RES	998.00	898.00	100.00
8235	PARTIAL DENTURE (RES	1,318.00	1,186.00	132.00
8236	PARTIAL DENTURE (RES	1,318.00	1,186.00	132.00
8237	PARTIAL DENTURE (RES	1,318.00	1,186.00	132.00
8238	PARTIAL DENTURE (RES	1,706.00	1,535.00	171.00
8239	PARTIAL DENTURE (RES	1,797.00	1,617.00	180.00
8240	PARTIAL DENTURE (RES	1,878.00	1,690.00	188.00
8241	PARTIAL DENTURE (RES	1,894.00	1,705.00	189.00
8243	SOFT BASE TO DENTURE	0.00	0.00	0.00
8244	IMMEDIATE DENTURE ?	1,234.00	1,111.00	123.00
8245	IMMEDIATE DENTURE ?	1,234.00	1,111.00	123.00
8251	CAST GOLD CLASP OR R	210.00	189.00	21.00
8253	WROUGHT GOLD CLASP	203.00	183.00	20.00
8255	STAINLESS STEEL CLAS	210.00	189.00	21.00
8257	LINGUAL BAR OR PALAT	282.00	254.00	28.00
8259	RELINE OF DENTURE	956.00	860.00	96.00
8261	RE-MODEL OF DENTURE	1,393.00	1,254.00	139.00
8175	SPACE MAINTAINER, RE	760.00	684.00	76.00
8176	PERIODONTAL SCREENIN	157.00	141.00	16.00
8177	ORAL HYGIENE INSTRUC	198.00	178.00	20.00
8178	ORAL HYGIENE EVALUAT	107.00	96.00	11.00
8179	PLAQUE REMOVAL (PERI	151.00	136.00	15.00
8180	SCALING AND POLISHIN	281.00	253.00	28.00
8182	ROOT PLANING - PER Q	522.00	470.00	52.00
8183	INTRA-MUSCULAR OR SU	59.00	53.00	6.00
8184	ROOT PLANING - PER S	417.00	375.00	42.00
8200	EXPOSURE OF A THIRD	224.00	202.00	22.00
8201	SINGLE TOOTH	132.00	119.00	13.00
8202	EACH ADDITIONAL TOOT	51.00	46.00	5.00
8205	EXTRACTION: 5 TEETH	0.00	0.00	0.00
8209	SURGICAL REMOVAL OF	566.00	509.00	57.00
8210	REMOVAL OF UNERUPTED	937.00	843.00	94.00
8211	REMOVAL OF UNERUPTED	504.00	454.00	50.00
8212	REMOVAL OF UNERUPTED	284.00	256.00	28.00
8213	SURGICAL REMOVAL OF	566.00	509.00	57.00
8214	SURGICAL REMOVAL OF	437.00	393.00	44.00
8215	SURGICAL EXPOSURE OF	1,047.00	942.00	105.00
8168	BEHAVIOUR MANAGEMENT	0.00	0.00	0.00
8169	BITE PLATE FOR THE T	981.00	883.00	98.00
8170	MINOR OCCLUSAL ADJUS	289.00	260.00	29.00
8171	MOUTH PROTECTORS	147.00	132.00	15.00
8281	METAL (E.G. CHROME	2,463.00	2,217.00	246.00
8336	FIRST CANAL - MOLARS	821.00	739.00	82.00
8337	EACH ADDITIONAL CANA	243.00	219.00	24.00
8338	FIRST CANAL - ANTERI	910.00	819.00	91.00
8339	FIRST CANAL - MOLARS	1,250.00	1,125.00	125.00
8340	EACH ADDITIONAL CANA	303.00	273.00	30.00
8341	AMALGAM - ONE SURFAC	237.00	213.00	24.00
8342	AMALGAM - TWO SURFAC	331.00	298.00	33.00
8343	AMALGAM - THREE SURF	356.00	320.00	36.00
8344	AMALGAM - FOUR AND M	396.00	356.00	40.00
8345	PREFORMED POST RETEN	259.00	233.00	26.00
8346	RESTORATIVE MATERIAL	0.00	0.00	0.00
8347	PIN RETENTION FOR PL	129.00	116.00	13.00
8348	PIN RETENTION FOR PL	121.00	109.00	12.00
8349	CARVING OR CONTOURIN	51.00	46.00	5.00
8307	AMPUTATION OF PULP (	172.00	155.00	17.00
8301	DIRECT PULP CAPPING	164.00	148.00	16.00
8303	INDIRECT PULP CAPPIN	173.00	156.00	17.00
8304	RUBBER DAM APPLICATI	104.00	94.00	10.00
8305	APEXIFICATION OF ROO	173.00	156.00	17.00
8311	FOLLOW-UP VISIT FOR	0.00	0.00	0.00
8325	BLEACHING OF NON-VIT	310.00	279.00	31.00
8327	EACH ADDITIONAL VISI	150.00	135.00	15.00
8328	EACH ADDITIONAL CANA	243.00	219.00	24.00

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8329	EACH ADDITIONAL CANA	303.00	273.00	30.00
8330	REMOVAL OF FRACTURED	172.00	155.00	17.00
8332	SINGLE-CANAL TOOTH,	132.00	119.00	13.00
8333	MULTI-CANAL TOOTH, P	182.00	164.00	18.00
8334	RE-PREPARATION OF PR	194.00	175.00	19.00
8335	FIRST CANAL - ANTERI	593.00	534.00	59.00
8263	RELINING OF DENTURE IN	311.00	280.00	31.00
8265	TISSUE CONDITIONER,	203.00	183.00	20.00
8267	SOFT BASE RELINE PER	1,480.00	1,332.00	148.00
8269	REPAIR OF DENTURE OR	356.00	320.00	36.00
8270	ADD CLASP TO EXISTIN	178.00	160.00	18.00
8271	ADD TOOTH TO EXISTIN	178.00	160.00	18.00
8273	ADDITIONAL FEE/BENEF	159.00	143.00	16.00
8275	ADJUSTMENT OF DENTUR	94.00	85.00	9.00
8277	GOLD INLAY IN DENTUR	0.00	0.00	0.00
8279	METAL (E.G. CHROME	0.00	0.00	0.00
8381	INLAY - RESIN - ONE	369.00	332.00	37.00
8361	INLAY METALLIC - ON	896.00	806.00	90.00
8362	INLAY METALLIC - TW	1,307.00	1,176.00	131.00
8363	INLAY METALLIC - TH	1,726.00	1,553.00	173.00
8364	INLAY METALLIC - FO	1,928.00	1,735.00	193.00
8365	INLAY, METALLIC - FO	0.00	0.00	0.00
8366	PIN RETENTION AS PAR	194.00	175.00	19.00
8367	RESIN - ONE SURFACE	282.00	254.00	28.00
8368	RESIN - TWO SURFACES	350.00	315.00	35.00
8369	RESIN - THREE SURFAC	418.00	376.00	42.00
8370	RESIN - FOUR OR MORE	454.00	409.00	45.00
8371	INLAY CERAMIC/RESIN	1,469.00	1,322.00	147.00
8372	INLAY CERAMIC/RESIN	1,697.00	1,527.00	170.00
8373	INLAY CERAMIC/RESIN	2,152.00	1,937.00	215.00
8374	INLAY CERAMIC/RESIN	2,251.00	2,026.00	225.00
8375	PREFABRICATED RESIN	206.00	185.00	21.00
8376	PREFABRICATED POST A	713.00	642.00	71.00
8382	INLAY/ONLAY - RESIN	544.00	490.00	54.00
8383	INLAY/ONLAY - RESIN	899.00	809.00	90.00
8384	INLAY/ONLAY - RESIN	1,088.00	979.00	109.00
8391	CAST POST AND CORE I	652.00	587.00	65.00
8392	CAST POST (EACH ADDI	147.00	132.00	15.00
8393	CAST POST AND CORE I	983.00	885.00	98.00
8395	CAST POST AND CORE I	1,198.00	1,078.00	120.00
8396	CAST COPING	541.00	487.00	54.00
8397	CAST CORE WITH PINS	983.00	885.00	98.00
8398	CORE BUILDUP, INCLUD	583.00	525.00	58.00
8401	CAST FULL CROWN	2,378.00	2,140.00	238.00
8403	CAST THREE-QUARTER	2,088.00	1,879.00	209.00
8404	CROWN - 3/4 PORCELAI	1,088.00	979.00	109.00
8350	RESIN CROWN - ANTERI	438.00	394.00	44.00
8351	RESIN - ONE SURFACE	261.00	235.00	26.00
8352	RESIN - TWO SURFACES	328.00	295.00	33.00
8353	RESIN - THREE SURFAC	389.00	350.00	39.00
8354	RESIN - FOUR OR MORE	437.00	393.00	44.00
8355	COMPOSITE VENEERS	454.00	409.00	45.00
8132	GROSS PULPAL DEBRIDE	764.27	687.83	76.44
8133	RE-CEMENTING OF INLA	766.86	690.16	76.70
8135	REMOVAL OF INLAYS AN	769.46	692.50	76.96
8136	ACCESS THROUGH CROWN	772.06	694.84	77.22
8140	FEE FOR TREATMENT AT	774.65	697.17	77.48
8141	INHALATION SEDATION	777.25	699.51	77.74
8143	INHALATION SEDATION	779.85	701.85	78.00
8144	INTRAVENOUS SEDATION	782.44	704.18	78.26
8131	EMERGENCY TREATMENT	785.04	706.52	78.52
8129	ADDITIONAL FEE/BENEF	787.64	708.86	78.78
8124	PULP VITALITY TEST	790.23	711.19	79.04
8123	CARIES SUSCEPTIBILIT	792.83	713.53	79.30
8121	DIAGNOSTIC PHOTOGRAP	795.43	715.86	79.56
8006	MODIFIER - THIRD AND	798.02	718.20	79.82
8012	MODIFIER - REDUCED S	800.62	720.54	80.08
8116	EXTRAORAL RADIOGRAPH	803.22	722.87	80.34

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8115	EXTRA-ORAL FILM, PER	805.81	725.21	80.60
8114	HAND-WRIST RADIOGRAP	808.41	727.55	80.86
8113	OCCLUSAL RADIOGRAPHS	811.01	729.88	81.12
8112	INTRAORAL RADIOGRAPH	813.60	732.22	81.38
8110	STERILIZED INSTRUMEN	816.20	734.56	81.64
8109	INFECTION CONTROL/BA	818.80	736.89	81.90
8108	MAXIMUM FOR 8108	821.39	739.23	82.16
8107	INTRA-ORAL FILM	823.99	741.57	82.42
8106	PROVISION OF A WRITT	826.59	743.90	82.68
8105	APPOINTMENT NOT KEPT	829.18	746.24	82.94
8104	EXAMINATION OR CONSU	831.78	748.58	83.21
8102	COMPREHENSIVE CONSUL	834.38	750.91	83.47
8101	FULL MOUTH EXAMINATI	836.97	753.25	83.73
8416	PONTIC - CAST METAL	747.00	672.00	75.00
8417	PONTIC - RESIN WITH	940.00	846.00	94.00
8418	PONTIC - PORCELAIN F	940.00	846.00	94.00
8419	PROVISIONAL PONTIC	224.00	202.00	22.00
8420	SANITARY PONTIC	730.00	657.00	73.00
8422	POSTERIOR PONTIC	973.00	876.00	97.00
8424	ANTERIOR PONTIC	1,220.00	1,098.00	122.00
8432	INLAY/ONLAY RETAINER	448.00	403.00	45.00
8433	INLAY/ONLAY RETAINER	747.00	672.00	75.00
8434	INLAY/ONLAY RETAINER	903.00	813.00	90.00
8436	INLAY/ONLAY RETAINER	544.00	490.00	54.00
8437	INLAY/ONLAY RETAINER	899.00	809.00	90.00
8503	OCCLUSION ANALYSIS M	234.00	211.00	23.00
8505	PANTOGRAPHIC RECORDI	340.00	306.00	34.00
8508	ELECTROGNATHOGRAPHIC	349.00	314.00	35.00
8509	ELECTROGNATHOGRAPHIC	1,128.00	1,015.00	113.00
8514	RECEMENT BRIDGE	101.00	91.00	10.00
8594	REPAIR IMPLANT SUPPO	170.00	153.00	17.00
8585	CONNECTOR BAR	3,334.00	3,001.00	333.00
8586	STRESS BREAKER	1,242.00	1,118.00	124.00
8587	COPING METAL	150.00	135.00	15.00
8611	PONTIC - SANITARY	0.00	0.00	0.00
8613	PONTIC - POSTERIOR	0.00	0.00	0.00
8615	PONTIC - ANTERIOR/PR	0.00	0.00	0.00
8617	RETAINER CAST METAL	448.00	403.00	45.00
8631	ROOT CANAL THERAPY -	0.00	0.00	0.00
8633	ROOT CANAL THERAPY -	0.00	0.00	0.00
8635	APEXIFICATION/RECALC	140.00	126.00	14.00
8640	REMOVAL OF FRACTURED	0.00	0.00	0.00
8643	COMPLETE DENTURES -	0.00	0.00	0.00
8551	OCCLUSAL ADJUSTMENT	639.00	575.00	64.00
8552	VENEER - PORCELAIN (	810.00	729.00	81.00
8553	MINOR OCCLUSAL	274.00	247.00	27.00
8554	VENEER - RESIN (LABO	810.00	729.00	81.00
8595	REPAIR IMPLANT ABUTM	170.00	153.00	17.00
8597	LOCKS AND MILLED RES	112.00	101.00	11.00
8599	PRECISION ATTACHMENT	276.00	248.00	28.00
8667	SOFT BASE TO DENTURE	544.00	490.00	54.00
8671	PARTIAL DENTURE - CA	0.00	0.00	0.00
8672	ALTERED CAST TECHNIQ	70.00	63.00	7.00
8674	ADDITIVE PARTIAL DEN	820.00	738.00	82.00
8723	PROVISIONAL SPLINTIN	187.00	168.00	19.00
8725	PROVISIONAL SPLINTIN	272.00	245.00	27.00
8727	PROVISIONAL SPLINTIN	84.00	76.00	8.00
8731	PERIODONTAL ABSCESS	311.00	280.00	31.00
8737	ROOT PLANING - FOUR	404.00	364.00	40.00
8739	ROOT PLANING - ONE T	321.00	289.00	32.00
8741	GINGIVECTOMY/GINGIVO	527.00	474.00	53.00
8743	GINGIVECTOMY OR GING	420.00	378.00	42.00
8749	FLAP PROCEDURE ROOT	1,093.00	984.00	109.00
8751	FLAP PROCEDURE ROOT	906.00	815.00	91.00
8753	FLAP PROCEDURE ROOT	1,356.00	1,220.00	136.00
8755	FLAP PROCEDURE ROOT	1,099.00	989.00	110.00
8756	CLINICAL CROWN LENGT	667.00	600.00	67.00
8759	PEDICLE FLAPPED GRAF	500.00	450.00	50.00

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8582	CAST CORE WITH DOUBL	0.00	0.00	0.00
8583	CAST CORE WITH TRIPL	0.00	0.00	0.00
8584	DENTAL IMPLANT SUPPO	3,334.00	3,001.00	333.00
8761	MASTICATORY MUCOSAL	543.00	489.00	54.00
8839	DIAGNOSTIC SETUP (OR	137.00	123.00	14.00
8840	TREATMENT PLANNING F	472.00	425.00	47.00
8868	ORTHO TX - FIXED APP	4,793.00	4,314.00	479.00
8869	ORTHO TX - FIXED APP	5,607.00	5,046.00	561.00
8873	ORTHO TX - FIXED APP	7,112.00	6,401.00	711.00
8874	ORTHO TX - FIXED LIN	13,932.00	12,539.00	1,393.00
8875	ORTHO TX - FIXED APP	8,730.00	7,857.00	873.00
8876	ORTHO TX - FIXED LIN	16,312.00	14,681.00	1,631.00
8877	ORTHO TX - FIXED APP	10,177.00	9,159.00	1,018.00
8878	ORTHO TX - FIXED LIN	18,512.00	16,661.00	1,851.00
8879	ORTHO TX - FIXED APP	11,438.00	10,294.00	1,144.00
8880	ORTHO TX - FIXED LIN	20,542.00	18,488.00	2,054.00
8881	ORTHO TX - FIXED APP	10,177.00	9,159.00	1,018.00
8787	UNLISTED ORAL MEDICI	114.00	103.00	11.00
8811	TRACING AND ANALYSIS	41.00	37.00	4.00
8762	MASTICATORY MUCOSAL	818.00	736.00	82.00
8763	WEDGE RESECTION (ISO	320.00	288.00	32.00
8765	HEMISECTION OF A TOO	440.00	396.00	44.00
8766	BONE REGENERATION/RE	261.00	235.00	26.00
8767	BONE REGENERATION/RE	678.00	610.00	68.00
8768	UNLISTED PERIODONTAL	320.00	288.00	32.00
8769	MEMBRANE REMOVAL (US	320.00	288.00	32.00
8649	COMPLETE DENTURE - M	0.00	0.00	0.00
8651	COMPLETE DENTURE - M	0.00	0.00	0.00
8652	COMPLETE OVERDENTURE	3,334.00	3,001.00	333.00
8653	PARTIAL OVERDENTURE	1,999.00	1,799.00	200.00
8654	DENTURE FXD IMPL/ABU	3,749.00	3,374.00	375.00
8655	DENTURE FXD IMPL/ABU	2,252.00	2,027.00	225.00
8657	REPLACEMENT OF PRECI	133.00	120.00	13.00
8658	INTERIM COMPLETE DEN	1,003.00	903.00	100.00
8659	INTERIM PARTIAL DENT	802.00	722.00	80.00
8660	PERCUTANEOUS HOKE	346.00	311.00	35.00
8661	DIAGNOSTIC DENTURES	0.00	0.00	0.00
8536	CROWN-IMPLANT/ABUT -	1,838.00	1,654.00	184.00
8537	CROWN-IMPLANT/ABUT W	1,838.00	1,654.00	184.00
8538	CROWN-IMPLANT/ABUT C	1,838.00	1,654.00	184.00
8546	CROWN RETRAINER-IMPL	1,838.00	1,654.00	184.00
8965	PERIPHERAL NEURECTOM	877.00	789.00	88.00
8966	REPAIR OF ORONASAL F	1,220.00	1,098.00	122.00
8967	SURGICAL REMOVAL OF	1,218.00	1,096.00	122.00
8969	SURGICAL REMOVAL OF	1,952.00	1,757.00	195.00
8971	EXCISION OF TUMOUR O	392.00	353.00	39.00
8973	SURGICAL EXCISION OF	1,952.00	1,757.00	195.00
8975	HEMIRESECTION OF JAW	2,050.00	1,845.00	205.00
8977	SURGICAL REPAIR OF M	2,048.00	1,843.00	205.00
8979	HARVESTING OF AUTOGE	169.00	152.00	17.00
8981	SURGICAL EXPOSURE OF	804.00	724.00	80.00
8983	CORTICOTOMY - FIRST	583.00	525.00	58.00
8984	CORTICOTOMY - EACH A	294.00	265.00	29.00
8941	SURGICAL REMOVAL OF	722.00	650.00	72.00
8943	SURGICAL REMOVAL OF	388.00	349.00	39.00
8945	SURGICAL REMOVAL OF	221.00	199.00	22.00
8953	SURGICAL REMOVAL OF	0.00	0.00	0.00
8662	ADJUST COMPLETE OR P	261.00	235.00	26.00
8663	METAL BASE TO COMPLE	544.00	490.00	54.00
8664	REMOUNT CROWN OR BRI	261.00	235.00	26.00
8547	CROWN RETRAINER-IMPL	1,838.00	1,654.00	184.00
8548	CROWN RETRAINER-IMPL	1,838.00	1,654.00	184.00
8772	SUBMUCOSAL CONNECTIV	549.00	494.00	55.00
8847	REMOVABLE REPLACE	624.00	562.00	62.00
8848	FIXED REPAIR OR REPL	266.00	239.00	27.00
8849	RETAINER	624.00	562.00	62.00
8850	TREATMENT OF MPDS -	154.00	139.00	15.00
8851	TREATMENT OF MPDS -	81.00	73.00	8.00

Service Code	Description	Triff Vat Excl	Reimbursable Portion	Member Out Of Pocket
8852	OCCLUSAL ORTHOTIC AP	388.00	349.00	39.00
8855	CONSULTATION - CLEFT	187.00	168.00	19.00
8857	CONSULTATION - CLEFT	639.00	575.00	64.00
8858	ORTHO TX - FUNCTIONA	2,038.00	1,834.00	204.00
8861	ORTHO TX - PARTIAL F	1,356.00	1,220.00	136.00
8862	REMOVABLE APPLIANCE	2,204.00	1,984.00	220.00
8863	ORTHO TX - EACH ADDI	569.00	512.00	57.00
8865	ORTHO TX - PARTIAL F	3,616.00	3,254.00	362.00
8866	ORTHO TX - PARTIAL F	4,972.00	4,475.00	497.00
8867	ORTHO TX - FIXED APP	3,886.00	3,497.00	389.00
8958	TRACHEOSTOMY	829.00	746.00	83.00
8959	PHARYNGOSTOMY	829.00	746.00	83.00
8961	TOOTH TRANSPLANTATIO	877.00	789.00	88.00
8962	HARVEST ILIAC CREST	324.00	292.00	32.00
8963	HARVEST RIB GRAFT	371.00	334.00	37.00
8964	HARVEST CRANIUM GRAF	290.00	261.00	29.00
9009	ALVEOLAR RIDGE AUGME	887.00	798.00	89.00
9048	SURGICAL REMOVAL OF	392.00	353.00	39.00
9049	OSTEOTOMY - MANDIBLE	3,571.00	3,214.00	357.00
9050	OSTEOTOMY - TOTAL SU	6,533.00	5,880.00	653.00
9051	GENIOPLASTY	2,043.00	1,839.00	204.00
9052	MIDFACIAL EXPOSURE	3,236.00	2,912.00	324.00
8908	SURGICAL REMOVAL OF	1,332.00	1,199.00	133.00
8909	ORAL ANTRAL FISTULA	1,022.00	920.00	102.00
8911	CALDWELL-LUC PROCEDU	399.00	359.00	40.00
8917	BIOPSY OF ORAL TISSU	254.00	229.00	25.00
8919	BIOPSY OF BONE - NEE	392.00	353.00	39.00
8921	BIOPSY ? EXTRA-ORAL	641.00	577.00	64.00
8931	TREATMENT OF POST-EX	74.00	67.00	7.00
8933	TREATMENT OF HAEMORR	1,022.00	920.00	102.00
8935	TREATMENT OF SEPTIC	74.00	67.00	7.00
8856	CONSULTATION - CLEFT	92.00	83.00	9.00
9010	SINUS LIFT PROCEDURE	1,332.00	1,199.00	133.00
9011	INCISION AND DRAINAG	484.00	436.00	48.00
9013	INCISION & DRAINAGE	341.00	307.00	34.00
9015	APICECTOMY - ANTERIO	497.00	447.00	50.00
9016	APICECTOMY - POSTERI	877.00	789.00	88.00
9017	DECORTICATION SAUCE	1,806.00	1,625.00	181.00
9019	SEQUESTRECTOMY - INT	392.00	353.00	39.00
9021	SUTURE - RECONSTRUCT	497.00	447.00	50.00
9023	SUTURE - RECONSTRUCT	926.00	833.00	93.00
9024	DENTO-ALVEOLAR FRACT	461.00	415.00	46.00
9025	MANDIBLE FRACTURE -	1,021.00	919.00	102.00
9029	MANDIBLE FRACTURE -	1,586.00	1,427.00	159.00
9031	MANDIBLE FRACTURE -	2,351.00	2,116.00	235.00
9035	MAXILLA FRACTURE - L	1,436.00	1,292.00	144.00
9037	MAXILLA FRACTURE - L	2,351.00	2,116.00	235.00
9039	MAXILLA FRACTURE - L	3,372.00	3,035.00	337.00
9041	ZYGOMATIC ARCH FRACT	1,021.00	919.00	102.00
9043	ZYGOMATIC ARCH FRACT	2,043.00	1,839.00	204.00
9045	ZYGOMATIC ARCH FRACT	3,062.00	2,756.00	306.00
9046	PLACEMENT OF ZYGOMAT	2,022.00	1,820.00	202.00
9047	OSTEOTOMY - OPEN WIT	0.00	0.00	0.00
8888	ORTHO TX - FIXED LIN	23,577.00	21,219.00	2,358.00
9007	ALVEOLAR RIDGE AUGME	1,290.00	1,161.00	129.00
9008	ALVEOLAR RIDGE AUGME	399.00	359.00	40.00
8985	FRENULECTOMY/FRENULO	472.00	425.00	47.00
9096	EXCISION OF SALIVARY	1,606.00	1,445.00	161.00
9099	UNLISTED DENTAL PROC	0.00	0.00	0.00
9101	OBTURATOR PROSTHESIS	134.00	121.00	13.00
9102	OBTURATOR PROSTHESIS	364.00	328.00	36.00
9103	OBTURATOR PROSTHESIS	543.00	489.00	54.00
9104	OBTURATOR PROSTHESIS	820.00	738.00	82.00
9105	OBTURATOR PROSTHESIS	2,533.00	2,280.00	253.00
9106	OBTURATOR PROSTHESIS	820.00	738.00	82.00
9107	OBTURATOR PROSTHESIS	1,583.00	1,425.00	158.00
9108	MANDIBULAR RESECTION	1,946.00	1,751.00	195.00
9109	MANDIBULAR RESECTION	1,808.00	1,627.00	181.00
9110	MANDIBULAR RESECTION	364.00	328.00	36.00

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Service Code	Description	Triff Vat Excl	Reimbursable Portion	Member Out Of Pocket
9111	GLOSSAL RESECTION PR	762.00	686.00	76.00
9123	ORTHOPAEDIC APPLIANC	92.00	83.00	9.00
9125	SPEECH AID/OBTURATOR	366.00	329.00	37.00
8987	REDUCTION OF MYLOHYO	877.00	789.00	88.00
8989	REMOVAL TORUS MANDIB	877.00	789.00	88.00
8991	REMOVAL OF TORUS PAL	877.00	789.00	88.00
8993	SURGICAL REDUCTION O	392.00	353.00	39.00
8995	GINGIVECTOMY - PER J	780.00	702.00	78.00
8997	SULCOPLASTY / VESTIB	2,011.00	1,810.00	201.00
9003	REPOSITION MENTAL FO	1,218.00	1,096.00	122.00
9004	LATERALIZATION OF IN	1,963.00	1,767.00	196.00
9005	ALVEOLAR RIDGE AUGME	2,050.00	1,845.00	205.00
9053	CORONOIDECTOMY (INTR	1,217.00	1,095.00	122.00
9027	MANDIBLE FRACTURE -	1,433.00	1,290.00	143.00
9075	CONDYLECTOMY CORONO	2,433.00	2,190.00	243.00
9076	TMJ ARTROCENTESIS	472.00	425.00	47.00
9077	TMJ INTRA-ARTICULAR	147.00	132.00	15.00
9079	TRIGGER POINT INJECT	113.00	102.00	11.00
9081	CONDYLECTOMY (WARD/K	974.00	877.00	97.00
9083	TMJ SRTHROPLASTY	2,433.00	2,190.00	243.00
9085	REDUCTION OF TMJ DIS	196.00	176.00	20.00
9087	REDUCTION OF TMJ DIS	392.00	353.00	39.00
9089	REDUCTION OF TMJ DIS	974.00	877.00	97.00
9091	REDUCTION OF TMJ DIS	2,433.00	2,190.00	243.00
9092	JOINT RECONSTRUCTION	6,498.00	5,848.00	650.00
9093	REMOVAL OF SALIVARY	440.00	396.00	44.00
9156	CRANIAL IMPLANT PROS	990.00	891.00	99.00
9157	FACIAL IMPLANT PROST	494.00	445.00	49.00
9158	FACIAL IMPLANT PROST	990.00	891.00	99.00
9159	OCULAR IMPLANT PROST	494.00	445.00	49.00
9055	OSTEOTOMY - SEGMENTE	3,410.00	3,069.00	341.00
9057	OSTEOTOMY - SEGMENTE	3,410.00	3,069.00	341.00
9059	RECONSTRUCT MAXILLA	6,417.00	5,775.00	642.00
9060	RECONSTRUCT MAXILLA	7,203.00	6,483.00	720.00
9061	PALATAL OSTEOTOMY	2,244.00	2,020.00	224.00
9062	RECONSTRUCT MAXILLA	8,191.00	7,372.00	819.00
9063	RECONSTRUCT MAXILLA	8,196.00	7,376.00	820.00
9065	RECONSTRUCT MAXILLA	12,282.00	11,054.00	1,228.00
9066	SURGICAL EXPANSION -	1,952.00	1,757.00	195.00
9069	GLOSSECTOMY - PARTIA	1,462.00	1,316.00	146.00
9071	GENIOHYOIDOTOMY	877.00	789.00	88.00
9072	CLOSE SECONDARY ORO-	6,417.00	5,775.00	642.00
9074	TMJ ARTHROSCOPY DIAG	969.00	872.00	97.00
9095	EXCISION OF SUBLINGL	1,083.00	975.00	108.00
9126	SPEECH AID/OBTURATOR	820.00	738.00	82.00
9127	SPEECH AID/OBTURATOR	1,808.00	1,627.00	181.00
9128	SPEECH AID/OBTURATOR	92.00	83.00	9.00
9129	SPEECH AID/OBTURATOR	726.00	653.00	73.00
9130	SPEECH AID APPLIANCE	364.00	328.00	36.00
9131	SPEECH AID APPLIANCE	820.00	738.00	82.00
9132	SPEECH AID APPLIANCE	1,808.00	1,627.00	181.00
9133	SPEECH AID APPLIANCE	92.00	83.00	9.00
9134	UNSPECIFIED SPEECH A	0.00	0.00	0.00
9135	AURICULAR PROSTHESIS	2,264.00	2,038.00	226.00
9136	AURICULAR PROSTHESIS	2,953.00	2,658.00	295.00
9137	NASAL PROSTHESIS - S	2,264.00	2,038.00	226.00
9138	NASAL PROSTHESIS - C	2,953.00	2,658.00	295.00
9139	OCULAR PROSTHESIS -	820.00	738.00	82.00
9140	OCULAR PROSTHESIS -	2,036.00	1,832.00	204.00
9141	OCULAR PROSTHESIS -	2,953.00	2,658.00	295.00
9142	ORBITAL PROSTHESIS -	2,036.00	1,832.00	204.00
9143	ORBITAL PROSTHESIS -	2,953.00	2,658.00	295.00
9148	UNSPECIFIED BODY PRO	2,036.00	1,832.00	204.00
9149	UNSPECIFIED BODY PRO	2,953.00	2,658.00	295.00
9150	FACIAL PROSTHESIS S	1,583.00	1,425.00	158.00
9151	FACIAL PROSTHESIS S	2,036.00	1,832.00	204.00
9155	CRANIAL PROSTHESIS	820.00	738.00	82.00
9162	SURGICAL SPLINT - CO	820.00	738.00	82.00
9191	SURGICAL PLACEMENT O	261.00	235.00	26.00

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9192	SURGICAL PLACEMENT O	176.00	158.00	18.00
9198	SURGICAL REMOVAL OF	432.00	389.00	43.00
9220	REPAIR CLEFT HARD PA	3,584.00	3,226.00	358.00
9222	REPAIR CLEFT HARD PA	4,549.00	4,094.00	455.00
9224	REPAIR CLEFT HARD PA	6,780.00	6,102.00	678.00
9226	REPAIR CLEFT SOFT PA	3,002.00	2,702.00	300.00
9228	REPAIR CLEFT SOFT PA	4,361.00	3,925.00	436.00
9230	REPAIR SUBMUCOSAL CL	3,247.00	2,922.00	325.00
9232	VELOPHARYNGEAL RECON	3,342.00	3,008.00	334.00
9234	VELOPHARYNGEAL RECON	3,572.00	3,215.00	357.00
9238	REPAIR ORONASAL FIST	2,043.00	1,839.00	204.00
9240	REPAIR ORONASAL FIST	3,566.00	3,209.00	357.00
9246	SECONDARY PERIOSTEAL	1,782.00	1,604.00	178.00
9248	LIPADHESION	667.00	600.00	67.00
9163	SURGICAL TEMPLATE -	224.00	202.00	22.00
9164	SURGICAL TEMPLATE -	820.00	738.00	82.00
9165	SURGICAL CONFORMER -	224.00	202.00	22.00
9166	SURGICAL CONFORMER -	820.00	738.00	82.00
9167	TRISMUS APPLIANCE (S	92.00	83.00	9.00
9168	TRISMUS APPLIANCE (C	820.00	738.00	82.00
9169	ORTHOSES APPLIANCE	1,808.00	1,627.00	181.00
9270	RECONSTRUCT NOSE DUE	1,941.00	1,747.00	194.00
9272	PARANASAL AUGMENTATI	0.00	0.00	0.00
9274	ANTERIOR TABLE, FRON	0.00	0.00	0.00
9174	UNSPECIFIED BURN APP	0.00	0.00	0.00
9175	THEATRE ATTENDANCE (	303.00	273.00	30.00
9180	SURGICAL PLACEMENT O	1,327.00	1,194.00	133.00
9181	SURGICAL PLACEMENT O	1,327.00	1,194.00	133.00
9182	SURGICAL PLACEMENT O	664.00	598.00	66.00
9183	SURGICAL PLACEMENT O	1,150.00	1,035.00	115.00
9184	SURGICAL PLACEMENT O	700.00	630.00	70.00
9185	SURGICAL PLACEMENT O	469.00	422.00	47.00
9187	COST OF ENDOSTEAL IM	0.00	0.00	0.00
9333	FULL UPPER OR LOWER	0.00	0.00	0.00
9335	SET-UP AND WAXING O	0.00	0.00	0.00
9337	SET-UP AND WAXING O	0.00	0.00	0.00
9339	WAXING AND FINISHIN	0.00	0.00	0.00
9341	WAXING AND FINISHIN	0.00	0.00	0.00
9343	ADDITIONAL FEE FOR	0.00	0.00	0.00
9345	ADDITIONAL FEE FOR	0.00	0.00	0.00
9346	ADDITIONAL FEE FOR	0.00	0.00	0.00
9347	ADDITIONAL FEE FOR	0.00	0.00	0.00
9170	FACIAL PALSY APPLIAN	543.00	489.00	54.00
9171	COMMISSURE SPLINT	224.00	202.00	22.00
9172	ORAL RETRACTOR DYNA	224.00	202.00	22.00
9112	GLOSSAL RESECTION PR	1,140.00	1,026.00	114.00
9113	RADIATION CARRIER -	820.00	738.00	82.00
9114	RADIATION CARRIER -	2,264.00	2,038.00	226.00
9115	RADIATION SHIELD - S	820.00	738.00	82.00
9116	RADIATION SHIELD - C	2,264.00	2,038.00	226.00
9117	RADIATION CONE LOCAT	820.00	738.00	82.00
9118	CHEMOTHERAPEUTIC AGE	820.00	738.00	82.00
9119	FEEDING AID PROSTHES	726.00	653.00	73.00
9120	ORTHOPAEDIC APPLIANC	726.00	653.00	73.00
9121	ORTHOPAEDIC APPLIANC	1,074.00	967.00	107.00
9188	COST OF PREFABRICATE	0.00	0.00	0.00
9189	COST OF OTHER IMPLA	0.00	0.00	0.00
9190	SURGICAL PLACEMENT O	347.00	312.00	35.00
9160	BODY IMPLANT PROSTHE	2,201.00	1,981.00	220.00
9161	SURGICAL SPLINT - SI	224.00	202.00	22.00
9301	CASTING AND TRIMMIN	0.00	0.00	0.00
9303	CASTING AND TRIMMIN	0.00	0.00	0.00
9305	CASTING AND TRIMMIN	0.00	0.00	0.00
9307	CASTING AND TRIMMIN	0.00	0.00	0.00
9309	NEW TRIMMED BASE TO	0.00	0.00	0.00
9311	TRIMMING OF SUPPLIE	0.00	0.00	0.00
9312	GINGIVAL TISSUE MAS	0.00	0.00	0.00

**BOMAID GENERAL DENTIST TARRIFS EFFECTIVE
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Service Code	Description	Triff Vat Excl	Reimbursable Portion	Member Out Of Pocket
9313	DUPLICATING MODEL,	0.00	0.00	0.00
9314	REFRACTORY MODEL, P	0.00	0.00	0.00
9315	MODELS AND DUPLICAT	0.00	0.00	0.00
9317	SECTIONAL MODELS FO	0.00	0.00	0.00
9319	EACH ADDITIONAL REM	0.00	0.00	0.00
9320	INDEXED OR MODEL T	0.00	0.00	0.00
9321	OCCLUSION BLOCK, PE	0.00	0.00	0.00
9323	OCCLUSION BLOCK ON	0.00	0.00	0.00
9327	INFECTION CONTROL	0.00	0.00	0.00
9329	FIT AND SUPPLY OF D	0.00	0.00	0.00
9330	DELIVERY / COLLECTI	0.00	0.00	0.00
9331	FULL UPPER AND LOWE	0.00	0.00	0.00
9368	SET-UP AND WAXING O	0.00	0.00	0.00
9403	DOX GRINDING OF UPP	0.00	0.00	0.00
9405	INLAY TO ARTIFICIA	0.00	0.00	0.00
9406	INLAY TO ARTIFICIA	0.00	0.00	0.00
9407	HEKA BASE TECHNIQUE	0.00	0.00	0.00
9409	FREGO FRAME	0.00	0.00	0.00
9411	TEMPLATE PER UPPER	0.00	0.00	0.00
9435	PROVISION OF SINGL	0.00	0.00	0.00
9252	REPAIR CLEFT LIP - U	1,591.00	1,432.00	159.00
9254	REPAIR CLEFT LIP - B	1,638.00	1,474.00	164.00
9256	REPAIR CLEFT LIP - B	2,531.00	2,278.00	253.00
9258	REPAIR ANTERIOR NASA	639.00	575.00	64.00
9260	REVISION OF SECONDAR	639.00	575.00	64.00
9262	REVISION OF SECONDAR	1,444.00	1,300.00	144.00
9264	ABBE-FLAP - TWO STAG	1,634.00	1,471.00	163.00
9266	RECONSTRUCT COLUMELL	966.00	869.00	97.00
9268	RECONSTRUCT NOSE DUE	1,229.00	1,106.00	123.00
9369	SET-UP AND WAXING O	0.00	0.00	0.00
9371	WAXING AND FINISHIN	0.00	0.00	0.00
9372	WAXING AND FINISHIN	0.00	0.00	0.00
9373	WAXING AND FINISHIN	0.00	0.00	0.00
9374	WAXING AND FINISHIN	0.00	0.00	0.00
9375	WAXING AND FINISHIN	0.00	0.00	0.00
9376	WAXING AND FINISHIN	0.00	0.00	0.00
9377	WAXING AND FINISHIN	0.00	0.00	0.00
9378	WAXING AND FINISHIN	0.00	0.00	0.00
9379	WAXING AND FINISHIN	0.00	0.00	0.00
9383	ADDITIONAL FEE FOR	0.00	0.00	0.00
9385	ADDITIONAL FEE FOR	0.00	0.00	0.00
9391	BASIC CHARGE WHICH	0.00	0.00	0.00
9393	ADDITIONAL CHARGE F	0.00	0.00	0.00
9395	ADDITIONAL FEE FOR	0.00	0.00	0.00
9397	ADDITIONAL FEE FOR	0.00	0.00	0.00
9398	ADDITIONAL FEE FOR	0.00	0.00	0.00
9401	CLEAR BASE	0.00	0.00	0.00
9122	ORTHOPAEDIC APPLIANC	1,808.00	1,627.00	181.00
9351	SET-UP AND FINISH O	0.00	0.00	0.00
9352	SET-UP AND FINISH O	0.00	0.00	0.00
9365	SET-UP AND WAXING O	0.00	0.00	0.00
9366	SET-UP AND WAXING O	0.00	0.00	0.00
9367	SET-UP AND WAXING O	0.00	0.00	0.00
9417	SOFT BASE RELINE PE	0.00	0.00	0.00
9485	ADDITIONAL CHARGE F	0.00	0.00	0.00
9487	ADDITIONAL CHARGE F	0.00	0.00	0.00
9489	ADDITIONAL CHARGE	0.00	0.00	0.00
9491	ADDITIONAL CHARGE	0.00	0.00	0.00
9250	REPAIR CLEFT LIP - U	1,172.00	1,055.00	117.00
9353	SET-UP AND FINISH O	0.00	0.00	0.00
9354	SET-UP AND FINISH O	0.00	0.00	0.00
9355	SET-UP AND FINISH O	0.00	0.00	0.00
9356	SET-UP AND FINISH	0.00	0.00	0.00
9357	SET-UP AND FINISH O	0.00	0.00	0.00
9358	SET-UP AND FINISH O	0.00	0.00	0.00
9359	SET-UP AND FINISH N	0.00	0.00	0.00
9361	SET-UP AND WAXING O	0.00	0.00	0.00
9362	SET-UP AND WAXING O	0.00	0.00	0.00

**BOMAID GENERAL DENTIST TARRIFS EFFECTIVE
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Service Code	Description	Triff Vat Excl	Reimbursable Portion	Member Out Of Pocket
9363	SET-UP AND WAXING O	0.00	0.00	0.00
9364	SET-UP AND WAXING O	0.00	0.00	0.00
9437	PROVISION OF DOUBLE	0.00	0.00	0.00
9439	PROVISION OF SINGLE	0.00	0.00	0.00
9441	PROVISION OF DOUBLE	0.00	0.00	0.00
9443	PROVISION OF PREFOR	0.00	0.00	0.00
9445	PROVISION OF REST O	0.00	0.00	0.00
9447	CAST CLASP	0.00	0.00	0.00
9448	CASTING AND TRIMMIN	0.00	0.00	0.00
9450	FINISHING OF ACRYLI	0.00	0.00	0.00
9451	METAL BASE FOR FULL	0.00	0.00	0.00
9453	BASIC CHARGE - WHIC	0.00	0.00	0.00
9455	ADDITIONAL CHARGE F	0.00	0.00	0.00
9457	ADDITIONAL CHARGE F	0.00	0.00	0.00
9459	ADDITIONAL CHARGE F	0.00	0.00	0.00
9461	ADDITIONAL CHARGE F	0.00	0.00	0.00
9463	ADDITIONAL CHARGE F	0.00	0.00	0.00
9465	ADDITIONAL CHARGE F	0.00	0.00	0.00
9467	ADDITIONAL CHARGE F	0.00	0.00	0.00
9535	ABUTMENT THIMBLE CA	0.00	0.00	0.00
9537	PRECISION LOCK AND	0.00	0.00	0.00
9538	LOCK AND REST CAST	0.00	0.00	0.00
9539	CASTING OF REST ONL	0.00	0.00	0.00
9541	METAL INLAY OR POST	0.00	0.00	0.00
9543	GOLD/PRE-SOLDER INV	0.00	0.00	0.00
9545	CAST POST WITH THIM	0.00	0.00	0.00
9546	MULTIPLE POST	0.00	0.00	0.00
9547	MANUFACTURE CAST PO	0.00	0.00	0.00
9549	C.S.P. ATTACHMENT (	0.00	0.00	0.00
9551	TELESCOPE CROWN	0.00	0.00	0.00
9553	COMPOSITE/ACRYLIC V	0.00	0.00	0.00
9557	COMPOSITE/ACRYLIC J	0.00	0.00	0.00
9559	COMPOSITE/ACRYLIC V	0.00	0.00	0.00
9560	INDIRECT COMPOSITE	0.00	0.00	0.00
9561	COMPOSITE/ACRYLIC J	0.00	0.00	0.00
9563	TEMPORARY ACRYLIC/C	0.00	0.00	0.00
9564	HEAT FORMED TEMPLAT	0.00	0.00	0.00
9565	COMPOSITE/ACRYLIC-F	0.00	0.00	0.00
9566	PORCELAIN/ CEROMER	0.00	0.00	0.00
9569	WAXING OF CROWN TO	0.00	0.00	0.00
9570	ADDITIONAL FEE FOR	0.00	0.00	0.00
9571	BASIC CHARGE WHICH	0.00	0.00	0.00
9572	BASIC CHARGE NON AC	0.00	0.00	0.00
9469	ADDITIONAL CHARGE F	0.00	0.00	0.00
9471	ADDITIONAL CHARGE F	0.00	0.00	0.00
9473	ADDITIONAL CHARGE F	0.00	0.00	0.00
9475	ADDITIONAL CHARGE F	0.00	0.00	0.00
9479	ADDITIONAL CHARGE	0.00	0.00	0.00
9481	ADDITIONAL CHARGE F	0.00	0.00	0.00
9483	ADDITIONAL CHARGE F	0.00	0.00	0.00
9413	RELINE/REBASE OF SI	0.00	0.00	0.00
9415	REMODEL OF SINGLE D	0.00	0.00	0.00
9493	ADDITIONAL CHARGE F	0.00	0.00	0.00
9495	BASIC FEE FOR THE R	0.00	0.00	0.00
9419	SOFT BASE TO NEW DE	0.00	0.00	0.00
9421	GUM TINTING PER DEN	0.00	0.00	0.00
9423	LINGUAL OR PALATAL	0.00	0.00	0.00
9425	CLEANING AND POLISH	0.00	0.00	0.00
9427	MESH STRENGTHENER	0.00	0.00	0.00
9429	THEATRE/ CONSULTATI	0.00	0.00	0.00
9431	SPECIAL TRAY, ACRYL	0.00	0.00	0.00
9432	SPECIAL TRAY LIGHT	0.00	0.00	0.00
9433	SPECIAL TRAY IN BAS	0.00	0.00	0.00
9525	CLASS IV, MO, DO, C	0.00	0.00	0.00
9526	ADDITIONAL FEE FOR	0.00	0.00	0.00
9531	PIN-LEDGE INLAY	0.00	0.00	0.00
9533	FULL METAL PONTIC	0.00	0.00	0.00

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Service Code	Description	Triff Vat Excl	Reimbursable Portion	Member Out Of Pocket
9611	ADDITIONAL FEE FOR	0.00	0.00	0.00
9641	FRANKEL APPLIANCE	0.00	0.00	0.00
9643	CHIN CAP	0.00	0.00	0.00
9645	BIONATOR	0.00	0.00	0.00
9646	DIAGNOSTIC SET-UP	0.00	0.00	0.00
9730	COST OF PRE-FABRICA	0.00	0.00	0.00
9497	BASIC FEE IF A NEW	0.00	0.00	0.00
9501	CERAMIC JACKET CROW	0.00	0.00	0.00
9502	CERAMIC METAL SUBST	0.00	0.00	0.00
9505	CERAMIC BONDED CROW	0.00	0.00	0.00
9507	POST-SOLDER INVESTE	0.00	0.00	0.00
9511	INLAY IN PORCELAIN	0.00	0.00	0.00
9512	CERAMIC, INLAY/ONLA	0.00	0.00	0.00
9515	PORCELAIN SHOULDER	0.00	0.00	0.00
9520	ADDITION FEE FOR CR	0.00	0.00	0.00
9521	FULL METAL CROWN, M	0.00	0.00	0.00
9524	INDIRECT COMPOSITE	0.00	0.00	0.00
9613	ADDITIONAL FEE FOR	0.00	0.00	0.00
9615	ADDITIONAL FEE FOR	0.00	0.00	0.00
9617	INVISIBLE RETAINER	0.00	0.00	0.00
9619	ADDITIONAL FEE FOR	0.00	0.00	0.00
9620	ADDITIONAL FEE LIP B	0.00	0.00	0.00
9621	ADDITIONAL FEE FOR	0.00	0.00	0.00
9622	ADDITIONAL FEE FOR	0.00	0.00	0.00
9623	ADDITIONAL FEE FOR	0.00	0.00	0.00
9625	ADDITIONAL FEE FOR	0.00	0.00	0.00
9627	ADDITIONAL FEE FOR	0.00	0.00	0.00
9629	ADDITIONAL FEE FOR	0.00	0.00	0.00
9631	MOUTH PROTECTOR (GU	0.00	0.00	0.00
9633	ORAL SCREEN	0.00	0.00	0.00
9635	ANDRESEN OR NORWEGI	0.00	0.00	0.00
9637	TOOTH POSITIONER	0.00	0.00	0.00
9639	GUNNING SPLINT	0.00	0.00	0.00
9573	ADDITIONAL CHARGE F	0.00	0.00	0.00
9595	ADDITIONAL FEE FOR	0.00	0.00	0.00
9597	ADDITIONAL FEE FOR	0.00	0.00	0.00
9599	ADDITIONAL FEE FOR	0.00	0.00	0.00
9603	ADDITIONAL FEE FOR	0.00	0.00	0.00
9605	ADDITIONAL FEE FOR	0.00	0.00	0.00
9607	ADDITIONAL FEE FOR	0.00	0.00	0.00
9609	ADDITIONAL FEE FOR	0.00	0.00	0.00
9732	COST OF OTHER ATTAC	0.00	0.00	0.00
9774	COST OF INVISIBLE R	0.00	0.00	0.00
9776	COST OF MOUTH PROTE	0.00	0.00	0.00
9778	COST OF ARCH WIRE	0.00	0.00	0.00
9647	SNORING APPLIANCE	0.00	0.00	0.00
9575	ADDITIONAL FEE FOR	0.00	0.00	0.00
9576	ADDITIONAL FEE FOR	0.00	0.00	0.00
9577	ADDITIONAL FEE FOR	0.00	0.00	0.00
9578	ADDITIONAL FEE FOR	0.00	0.00	0.00
9579	ADDITIONAL FEE FOR	0.00	0.00	0.00
9581	ADDITIONAL FEE FOR	0.00	0.00	0.00
9583	ADDITIONAL FEE FOR	0.00	0.00	0.00
9585	ADDITIONAL FEE FOR	0.00	0.00	0.00
9587	ADDITIONAL FEE FOR	0.00	0.00	0.00
9589	ADDITIONAL FEE FOR	0.00	0.00	0.00
9591	ADDITIONAL FEE FOR	0.00	0.00	0.00
9593	ADDITIONAL FEE FOR	0.00	0.00	0.00
9734	COST OF DOLDER BAR	0.00	0.00	0.00
9736	COST OF IMPLANT COM	0.00	0.00	0.00
9738	COST OF PREFORMED S	0.00	0.00	0.00
9740	COST OF GOLD WIRE,	0.00	0.00	0.00
9741	COST OF COBALT CHRO	0.00	0.00	0.00
9742	COST OF SPECIALISED	0.00	0.00	0.00
9744	COST OF PRECIOUS CA	0.00	0.00	0.00
9746	COST OF SEMI-PRECIO	0.00	0.00	0.00
9748	COST OF NON-PRECIOU	0.00	0.00	0.00
9752	COST OF PLATINUM FO	0.00	0.00	0.00

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9754	COST OF GOLD SOLDER	0.00	0.00	0.00
9755	ETCHING FOR BONDING	0.00	0.00	0.00
9756	COST OF SILVER SOLD	0.00	0.00	0.00
9757	CEROMER MATERIAL -	0.00	0.00	0.00
9758	FIBER RE-ENFORCED M	0.00	0.00	0.00
9760	COMPOSITE RESTORATI	0.00	0.00	0.00
9761	CERAMIC MATERIAL	0.00	0.00	0.00
9762	COST OF ANTERIOR OR	0.00	0.00	0.00
9763	ORTHODONTIC MATERIA	0.00	0.00	0.00
8843	ORTHO TX - FIXED LIN	0.00	0.00	0.00
8846	REPAIR ORTHODONTIC A	0.00	0.00	0.00
8600	COST OF IMPLANT COMP	0.00	0.00	0.00
8770	COST OF BONE REGENER	0.00	0.00	0.00
8560	COST OF CERAMIC BLOC	0.00	0.00	0.00
8561	GOLD FOIL CLASS I OR	0.00	0.00	0.00
8563	GOLD FOIL CLASS V	0.00	0.00	0.00
8565	GOLD FOIL CLASS III	0.00	0.00	0.00
8570	FABRICATION OF COMPU	0.00	0.00	0.00
8499	THE RELEVANT BHF SER	0.00	0.00	0.00
8590	IMPLANT MAINTENANCE	0.00	0.00	0.00
8592	CROWN - IMPLANTABUT	0.00	0.00	0.00
8308	BLEACHING OF VITAL T	0.00	0.00	0.00
8309	SUPPLY OF AND INSTRU	0.00	0.00	0.00
8310	SUPPLY OF BLEACHING	0.00	0.00	0.00
8197	COST OF IMPLANTS/COM	0.00	0.00	0.00
8220	USE OF SUTURE PROVID	0.00	0.00	0.00
8379	COST OF POSTS/ KOSTE	0.00	0.00	0.00
8306	COST OF MINERAL TRIO	0.00	0.00	0.00
8172	COST OF ORTHOTIC DEV	0.00	0.00	0.00
8189	RE-EXAMINATION - EXI	0.00	0.00	0.00
8190	CONSULTATION - SECON	0.00	0.00	0.00
9764	COST OF POSTERIOR O	0.00	0.00	0.00
9766	COST OF EXPANSION S	0.00	0.00	0.00
9768	COST OF BUCCAL TUBE	0.00	0.00	0.00
9770	COST OF J-HOOK, PER	0.00	0.00	0.00
9772	COST OF LINGUAL BUT	0.00	0.00	0.00
9653	PINCHED OR SWAGED B	0.00	0.00	0.00
9662	ADDITIONAL FEE FOR	0.00	0.00	0.00
9700	DIATORICS 1 X 6/8	0.00	0.00	0.00
9702	DIATORICS ODDS AN	0.00	0.00	0.00
9704	DIATORICS, ODDS, PO	0.00	0.00	0.00
9720	SOFT BASE MATERIAL	0.00	0.00	0.00
9722	ACRYLIC PER DENTURE	0.00	0.00	0.00
9724	COST OF PRECISION A	0.00	0.00	0.00
9726	PREFORMED BALL OR R	0.00	0.00	0.00
M8007	MODIFIER - MAXIMUM M	0.00	0.00	0.00
M8025	MODIFIER - HANDLING	0.00	0.00	0.00
BONUS	BONUS	0.00	0.00	0.00
COPAY	CO-PAYMENT	0.00	0.00	0.00
8890	MONTHLY PAYMENT	0.00	0.00	0.00
8891	ORTHODONTIC TRANSFER	0.00	0.00	0.00
8892	ORTHODONTIC RE-TREAT	0.00	0.00	0.00
8773	COST OF INTRAPOCKET	0.00	0.00	0.00
8841	ORTHO TX - FIXED LIN	0.00	0.00	0.00
8842	ORTHO TX - FIXED LIN	0.00	0.00	0.00
8013	MODIFIER - MULTIPLE	0.00	0.00	0.00
8957	ALVEOLOTOMY OR ALVEO	639.00	575.00	64.00
M8009	MODIFIER - SECOND SU	0.00	0.00	0.00
8837	DIAG & TREAT PLAN	243.00	219.00	24.00
9779	DUAL LAMINATE MATER	191.00	172.00	19.00
9780	POSITIONING AND FIN	0.00	0.00	0.00
9782	POSITIONING AND SOL	0.00	0.00	0.00
9784	ALIGNMENT OF DOLDER	0.00	0.00	0.00
9786	TRIMMING, WAXING AN	0.00	0.00	0.00
9787	WAXING, MILLING AND	0.00	0.00	0.00
9788	IMPLANT SUPERSTRUCT	0.00	0.00	0.00
9789	FINISHING OF PROSTH	0.00	0.00	0.00
80008	MODIFIER REF NHN OXY	0.00	0.00	0.00

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Service Code	Description	Triff Vat Excl	Reimbursable Portion	Member Out Of Pocket
M8003	MODIFIER - MINIMUM A	0.00	0.00	0.00
M8005	MODIFIER 8005	377.00	339.00	38.00
9728	COST OF LINGUAL / P	0.00	0.00	0.00
9729	COST OF MESH STRENG	0.00	0.00	0.00
8023	MODIFIER - FABRICATI	0.00	0.00	0.00
8025	MODIFIER - HANDLING	0.00	0.00	0.00
8099	LAB FEES	0.00	0.00	0.00
8111	DENTAL TESTIMONY	0.00	0.00	0.00
8011	MODIFIER - UNUSUAL C	0.00	0.00	0.00
8001	MODIFIER 8001	0.00	0.00	0.00
8003	HOSPITAL VIST (BY A	0.00	0.00	0.00
8005	MODIFIER - MAXIMUM M	377.00	339.00	38.00
8438	INLAY/ONLAY RETAINER	121.00	109.00	12.00
8690	ORTHODONTIC TREATMEN	0.00	0.00	0.00
8150	TOBACCO COUNSELING	0.00	0.00	0.00
8882	ORTHO TX - FIXED LIN	5,394.00	4,855.00	539.00
8883	ORTHO TX - FIXED APP	20,900.00	18,810.00	2,090.00
8884	ORTHO TX - FIXED LIN	7,413.00	6,672.00	741.00
8885	ORTHO TX - FIXED APP	23,222.00	20,900.00	2,322.00
8886	ORTHO TX - FIXED LIN	9,577.00	8,619.00	958.00
8887	ORTHO TX - FIXED APP	2,856.00	2,570.00	286.00
8937	SURGICAL REMOVAL OF	983.00	885.00	98.00
8139	APPOINTMENT NOT KEPT	0.00	0.00	0.00
8160	REMOVAL OF GROSS CAL	0.00	0.00	0.00
8146	RESIN BONDING FOR RE	0.00	0.00	0.00
8120	TREATMENT PLAN COMPL	0.00	0.00	0.00
8122	BACTERIOLOGICAL STUD	0.00	0.00	0.00
8007	SUBSEQUENT CONSUL	0.00	0.00	0.00
8002	MODIFIER 8002	0.00	0.00	0.00