

2023 Abbreviated General Practitioner's Suggested Fee Guide, effective February 1, 2023

(A full copy of the Suggested Fee Guide can be found in public libraries)

Important: The abbreviated suggested guide provides some common dental procedures and suggested fees. This may not cover your specific treatment needs or the actual cost of your care. Dentists determine their own treatment fees for the services they provide. Talk to your dentist for more details on your treatment options and any associated costs.

ces Periodon			
Appliances, Periodontal			
311.00 + L	Maxillary Appliance Impression,		
	Insertion & Adjustment		
	-		
al Adjustment			
109.00	- one unit of time		
RATION			
139.00	Caries, Trauma & Pain Control		
46.90	Pulp Cap (direct)		
m Restoration	s - Non-Bonded		
/ Teeth			
140.00	- one surface		
2 177.00	- two surfaces		
3 203.00	- three surfaces		
234.00	- four surfaces		
269.00	- five surfaces (maximum/tooth)		
ent Anteriors			
	- one surface		
2 230.00	- two surfaces		
3 280.00	- three surfaces		
342.00	- four surfaces		
417.00	- five surfaces (maximum/tooth)		
Permanent Molars			
180.00	- one surface		
2 271.00	- two surfaces		
333.00	- three surfaces		
	- four surfaces		
	- five surfaces (maximum/tooth)		
	,		
	- one pin		
	- two pins		
	F		
Coloured Resto	orations, Bonded Technique		
	4		
	- one surface		
	- two surfaces		
	- three surfaces		
	- four surfaces		
	- five surfaces (maximum/tooth)		
	(
	- one surface		
	- two surfaces		
	- three surfaces		
	- four surfaces		
	- five surfaces (maximum/tooth)		
	al Adjustment 109.00 139.00 46.90 46.90 140.00 2 177.00 3 203.00 4 234.00 5 269.00 6 200.00 342.00 5 417.00 6 200.00 6 200.00 6 200.00 6 333.00 6 410.00 6 504.00 6 504.00 6 62.20 6 62.20 6 62.20		

NOTE: ONE UNIT OF TIME = 15 MINUTES, ONE HALF UNIT = 7½ MINUTES "IC" MEANS INDEPENDENT CONSIDERATION + E relates to additional expense of materials, + L relates to commercial or in house laboratory procedure

NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (iii) of GP Preamble

* Exam and Diagnosis must be performed by dentist. However, charting and measurements may be delegated to qualified staff.



No.	Sug. Fee	Description	No.	Sug. Fee	Description	
RESTORATION cont'd				Opening through artificial crown		
	nent Anteriors		39211	65.80	Anteriors and Bicuspids	
23111		- one surface	39212	65.80	Molars	
23112		- two surfaces	DEBIOD	ONTICE		
23113		- three surfaces	PERIOD(
2311 ² 2311 ⁵		four surfacesfive surfaces	Root Pla 43421	53.80	- one unit of time	
23113	300.00	(maximum/tooth)	43421	107.60	- two units	
Permanent Bicuspids			43423	161.40	- three units	
2331		- one surface	43424	215.20	- four units	
23312		- two surfaces	43427	26.90	- one half unit	
23313		- three surfaces	10127	20.00	one nan ame	
23314		- four surfaces	PROSTH	ODONTICS	- REMOVABLE	
23315		- five surfaces (maximum/tooth)	Complet	e Dentures	Standard	
Permanent Molars			51101		Maxillary	
2332	201.00	- one surface	51102	1036.00 + L	₋ - Mandibular	
23322		- two surfaces		s, Partial Ac		
23323		 three surfaces 			onal (with or without clasps)	
23324		- four surfaces	52101		Maxillary	
23325	5 560.00	 five surfaces (maximum/tooth) 		s, Partial Ca		
0000	0.40.00	5			connectors, Clasps, Rests	
23602	2 212.00	Bonded core, in conjunction with			- Maxillary	
		crown or fixed bridge retainer			- Mandibular	
Crowns	/oingle reste	rationa)			me/connectors, Clasps, Rests	
	s (single resto	Porcelain/Ceramic/Polymer Glass			Maxillary Mandibular	
	1 1001.00 + L 1 1001.00 + L		55202	1032.00 + 1	Mandibulai	
2730°			ORAL SI	IRGERY		
2700	000.00	odot ivictar	Surgical Removal of: Erupted Teeth			
2573	1 221.00 + F	Prefabricated Retentive Post	Uncomplicated			
			71101	168.00	- single tooth	
Restora	ation (other)		71109	143.00	- each additional tooth, same	
	Recement, rebond inlays/onlays/crowns				quadrant, same appointment	
veneers	veneers/posts/natural tooth fragments			Complicated		
29101 97.50 +L+E - one unit of time		Requiring		p and/or sectioning of tooth		
			71201	285.00	- each tooth	
	ONTICS		71209	242.00	 each additional tooth, same 	
-	my - Primary				quadrant	
32232	97.10	concurrent with restorations (but	Б			
		excluding final restoration)			on,removing bone and may include	
Root Canal Therapy (uncomplicated)			sectioning of tooth for removal of tooth			
		dures with appropriate radiographs,	Note: These codes are intended for particularly difficult extractions that require flap/bone/section			
	ng final restora		71211	433.00	- each tooth	
3311		- one canal	71211	368.00	- each tooth - each additional tooth, same	
3312		- two canals	71213	300.00	quadrant	
	1 1071.00	- three canals			quadrant	
	1 1185.00	- four canals or more	Impacted	d Teeth		
			72111	285.00	- soft tissue coverage	
Onen	nd Drain		72111	441.00	- EITHER bone removal	
3920°		Anteriors and Bicuspids	12211	441.00		
39202		Molars	72221	452.00	OR sectioning of tooth - bone removal AND sectioning	
00202			, '	.52.55	of tooth	
					01 (00(11	