Serial Number 1951/67

THE SOCIAL SECURITY (DENTAL BENEFITS) REGULATIONS 1946, AMENDMENT NO. 2

B. C. FREYBERG, Governor-General ORDER IN COUNCIL

At the Government Buildings at Wellington, this 29th day of March, 1951

Present:

THE HON. K. J. HOLYOAKE PRESIDING IN COUNCIL

Pursuant to the Social Security Act, 1938, His Excellency the Governor-General, acting by and with the advice and consent of the Executive Council, doth hereby make the following regulations.

REGULATIONS

- 1. These regulations may be cited as the Social Security (Dental Benefits) Regulations 1946, Amendment No. 2, and shall be read together with and deemed part of the Social Security (Dental Benefits) Regulations 1946* (hereinafter referred to as the principal regulations).
- 2. The principal regulations are hereby amended by revoking the Schedule, and substituting the following Schedule:—

"SCHEDULE

" DENTAL BENEFITS AND FEES

" For Contracting Dentists

	Loi Comitae	ning Den	11010						
Examination and prophylax	is (twice e	ach year), each t	ime `		s. 10	d. 6		
Synthetic fillings—									
Each separate filling									
Note.—The ma	ıxımum fee	for an	y numbe	r of synt	hetic				
fillings inserted in an shall be 30s.	anterior too	th at any	one perio	od of treat	ment				
Each of two or more app	Each of two or more approximal fillings when done together								
Amalgam fillings—									
Each simple filling in a	interior and	l back to	and in	duding se	econd				
premolars	incerior and	L Dator to	, who has	Juding 5	Joona	7	6		
Simple cavity in molar (inaludina +	wo filling	·o in ocal		00 of	•	•		
upper molars, and	meruamg	an buc	cai and	ություւ ւ	ssure	10			
extensions)		• •	• •		• •	10	6		
Two surface approximo-o	cclusal filln	ıgs—							
In premolars						12	6		
In molars						15	0		
Mesio-occluso-distal—									
In premolar						21	0		
In molar						25	Õ		
Restoration premolar			• • •	• •	• • •	$\frac{1}{25}$	ŏ		
Restoration molar				••	• • •	30	ŏ		
Maximum fees for any o			of an a 4	41. / 1		90	U		
root canal treat		caoment	or one to	our (exer	uding				
	,	• •				~~			
Premolar	• •	• •	• •	• •		25	0		
Molar	• •		• •			30	0		
Oxyphosphate cement fillings						7	6		
Note.—This fee is payable only in respect of anterior teeth, and									
only if the teeth have no	t fully erup	${f ted.}^-$							
*Statutour Pogulations 1046	louinl number	1040/100	mage 505						

*Statutory Regulations 1946, Serial number 1946/189, page 537.

Amendment No. 1: Statutory Regulations 1948, Serial number 1948/191, page 563.

"SCHEDULE—continued

"For Contracting Destiets continued

" F	or Contr	acting D	entists-	continue	1			
Emergency temporary dr	essing						s. 5	d. 0
Note.—This fee					garry to of	Ford	•	
urgent relief to a pat	iont mb	one omy	ta himaa	o is neces	tment with	10ru		
an appointment. In	all atha	o presen	etanees	ii ior trea Iroggings	ane include	d in		
the fee for the comp			stances (nessings	are menude	um		
Partial pulpectomy (per			iduous t	ooth)			21	0
Root canal treatment—	папень	and dec	iduous t	eeth)	• •	• •	21	U
Pulp removal and ro	ot filling						21	0
Treatment of septic					ot filling	hut	21	v
without X-ray:					ot minig,	Dut	30	0
Extractions—	maximi	iiii iee	• •	• •	••	• •	90	U
Extractions with loca	langet	hatio						
Permanent and			other the	n normai	ant malar	a		
One tooth		is recuit (in permai	iene moran	, —	7	6
P71		• •	• •	• •	• •	• •	12	6
Three teeth		• •		• •	••	• •	17	6
Four teeth,					th in exces		1.	U
four	or any	number	or decid		on in exces		22	6
Permanent mola		• •	• •	• •	••	• •	22	U
One tooth						_	10	6
Two teeth			• • •	• •	• •	•	17	6
Three teeth		• •	• •	• •	••	• •	22	6
Four teeth		• •	• • •	• •	• •	• •	27	6
Extractions with niti			• •	• •	••	• •	~ .	U
Permanent and			other the	an nermai	nent molar	· · · · · ·		
One tooth				in perma	iciit inolai.	.,	12	6
	• •	• •	• • •		••		17	6
Three teeth		• • •	• • •		• •		25	ő
Four teeth,					th in exces			0
· ·	or any	number	or decid		••		31	6
Permanent mola		••	••	• •	••	• •	0.	•
One tooth							15	0
Two teeth		••	• •	• • •	• •		21	ŏ
Three teeth		••	• •	••		• • •	$\overline{25}$	ŏ
Four teeth		• • •	• • •	• •	• • •		31	6
X-rays—	• •	••	• •	• •	••	• •		•
Bite wing (two films	: one ea	ch side)					10	6
For root treatment (t				d one aft	er)		10	6
= 01 1000 treatment (0 4111111	, опо с	.c.o.c an	OHO WIV	~_,	• •		•

"For Contracting Authorities

The fees specified above, less 25 per cent."

T. J. SHERRARD, Clerk of the Executive Council.

EXPLANATORY NOTE

[This note is not part of the regulations, but is intended to indicate their general effect.]

The principal regulations provide for payment from the Social Security Fund of fees in respect of certain dental services as specified in the Schedule to the regulations, and also of fees for such additional dental services as may be fixed by a Principal Dental Officer of the Department of Health. Since the inception of dental benefits "standard" fees have been paid from the fund in respect of certain additional dental services and these amending regulations substitute a new Schedule which, in effect, re-enacts the original Schedule with the incorporation of those fees.

Issued under the authority of the Regulations Act, 1936. Date of notification in *Gazette*: 5th day of April, 1951. These regulations are administered in the Department of Health.