Western Australia

Dental Charges Committee Regulations 1973

Compare between:

[13 Jul 2001, 01-a0-09] and [30 Aug 2010, 01-b0-02]

Western Australia

Dental Act 1939

Dental Charges Committee Regulations 1973

##### 1. Citation

 These regulations may be cited as the *Dental Charges Committee Regulations 1973* 1.

##### 2. Application for review of account

 A person who wishes to have the Dental Charges Committee review an account for fees or remuneration charged in respect of a dental service shall make application in writing to the Committee in Form 1 in the Schedule and shall forward to the Committee the original of the account received.

##### 3. Determination by Committee

 The Committee shall acknowledge receipt of the application referred to in regulation 1 in Form 2 in the Schedule and after making a determination on the account submitted for review shall forward to the applicant a certificate in Form 3 in the Schedule evidencing the amount therein specified as being reasonable in relation to the service therein specified.

Schedule

Form 1

*Dental Act 1939*

**APPLICATION FOR REVIEW OF CHARGES**

Dental Charges Committee

16 Rheola Street

WEST PERTH, W.A. 6005

I ..................................................... ...................................................................

Surname (Block letters) Other Names

 Post Code .......................

of .................................................................. Telephone .......................

hereby make application for a review by the Dental Charges Committee of the attached account setting out the amount claimed by Mr. ......................................

dentist of ................................................... and for a certificate certifying what is found to be a reasonable charge or remuneration in respect of the dental services to which the account relates.

In support of this request I furnish the following information: —

|  |  |  |
| --- | --- | --- |
|  (a) Prior to commencing the dental treatment I was informed of the nature of treatment and the proposed charges | YesNo |  |
|  |
|  |
|  (b) I was quoted an estimate of proposed charges, |  |  |
|  | Verbally | Yes |
|  |  | No |
|  | in writing | Yes |
|  |  | No |
|  |  |  |
|  (c) The amount stated in the account received differs from the original quotation. |  | Yes  | No |
|  |  |
|  Nature of difference, if any .............................. |  |  |  |
|  (d) I have discussed my grievance with the dentist involved............................................................ |  | Yes  | No |
|  |  |
|  ........................................................................... ........................................................................... |  |  |  |
|  (e) In support of the request I offer the following additional information:...................................... |  |  |  |
|  ........................................................................... ........................................................................... ........................................................................... |  |  |  |

Signed: ...............................................................................

Dated:. ................................................................................

Form 2

*Dental Act 1939*

**APPLICATION FOR REVIEW OF CHARGES**

...........................................................................................................

 (Name and address of applicant)

...........................................................................................................

...........................................................................................................

Receipt is acknowledged of an application for review of the account for dental services rendered to you by Mr. ......................... , dentist, of ................................

in respect of (details of service) ................................ on (date) .............................

in the sum of $ .....................................

The matter is under review and you will be advised of the result of your application in early course.

Chairman,
DENTAL CHARGES COMMITTEE.

Form 3

*Dental Act 1939*

**APPLICATION FOR REVIEW OF CHARGES**

...........................................................................................................

 (Name and address of applicant)

...........................................................................................................

...........................................................................................................

The Dental Charges Committee has investigated the account rendered to you by Mr. ........................................ , dentist, of ........................................... in respect of (details of service) ................................. on (date) ...................................... in the sum of $ .......................... and the Committee considers a reasonable amount of fees or remuneration for the dental services received to be $ ..........................

The Committee bases its decision on the following facts:

Chairman,
DENTAL CHARGES COMMITTEE.

Notes

1 This is a compilation of the *Dental Charges Committee Regulations 1973* and includes the amendments made by the other written laws referred to in the following table 1a. The table also contains information about any reprint.

Compilation table

| **Citation** | **Gazettal** | **Commencement** |
| --- | --- | --- |
| *Dental Charges Committee Regulations 1973* | 7 Dec 1973 p. 4491‑3 | 7 Dec 1973 |
| **Reprint of the *Dental Charges Committee Regulations 1973* as at 13 Jul 2001** |

1a On the date as at which this compilation was prepared, provisions referred to in the following table had not come into operation and were therefore not included in this compilation. For the text of the provisions see the endnotes referred to in the table.

Provisions that have not come into operation

|  |  |  |  |
| --- | --- | --- | --- |
| **Short title** | **Number and year** | **Assent** | **Commencement** |
| *Health Practitioner Regulation National Law (WA) Act 2010* s. 15(2)(c) 2 | 35 of 2010 | 30 Aug 2010 | To be proclaimed (see s. 2(b)) |

2 On the date as at which this compilation was prepared, the *Health Practitioner Regulation National Law (WA) Act 2010* s. 15(2)(c) had not come into operation. It reads as follows:

15. Codes of practice, regulations and rules repealed

 (2) These regulations are repealed:

 (c) the *Dental Charges Committee Regulations 1973*;