Western Australia

Dental Charges Committee Regulations 1973

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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 | Yes  No |  | |
|  | |
|  | |
| (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*. The following table contains information about these regulations.

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** | | |