Dental Charges Committee Regulations 197	3

Western Australia

Western Australia

Dental Charges Committee Regulations 1973

	CONTENTS	
1. 2. 3.	Citation Application for review of account Determination by Committee	1 1 1
	Schedule	2
	Notes	
	Compilation table	6

As at 13 Jul 2001 Version 01-a0-09 page i

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.

As at 13 Jul 2001 Version 01-a0-09 page 1

Schedule

Form 1

Dental Act 1939

APPLICATION FOR REVIEW OF CHARGES

Dental (Charges Committee			
16 Rheo	la Street			
WEST I	PERTH, W.A. 6005			
I				
	Surname (Block letters) Other Na	imes		
of		st Code lephone		
		•		
attached dentist of	nake application for a review by the Dental Chargaccount setting out the amount claimed by Mr f	icate certify	ing wh	at is
	be a reasonable charge or remuneration in respect the account relates.	ct of the den	tai ser	vices
	rt of this request I furnish the following informat	tion: —		
(a)	Prior to commencing the dental treatment I	Yes		
, ,	was informed of the nature of treatment and the proposed charges	No		
(b)	I was quoted an estimate of proposed charges,			
	T T	Verbally	Y	es
		•	N	0
		in writing	Y	es
			N	0
(c)	The amount stated in the account received		Yes	No
(0)	differs from the original quotation. Nature of difference, if any		103	110
(d)	I have discussed my grievance with the dentist		Yes	No
, ,	involved	!		

Schedule

(e)	In support of the request I offer the following additional information:
Signed: .	
Dated:	

0	_ 1		_	_1		ı	_
S	С	n	е	a	u	ı	е

Form 2

Dental Act 1939

APPLICATION FOR REVIEW OF CHARGES

(Name and address of ap	plicant)
services rendered to you by Mr	dication for review of the account for dental denta
The matter is under review and you application in early course.	u will be advised of the result of your
	Chairman, DENTAL CHARGES COMMITTEE.

Form 3

Dental Act 1939

APPLICA	ATION FOR REVIEW OF C	HARGES
(Name and ac	ldress of applicant)	
The Dental Charges Co	ommittee has investigated the acco	
	, dentist, of on (date)	
the sum of \$	and the Committee consider for the dental services received to	ers a reasonable amount
The Committee bases i	ts decision on the following facts:	
	Chairman,	
	DENTAL CHA	ARGES COMMITTEE.

Notes

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 <i>Dental Charges Co</i>	ommittee Regulation	<i>is 1973</i> as at 13 Jul 2001