
Revised Regulations of Anguilla: H3-2

HEALTH AUTHORITY OF ANGUILLA ACT (R.S.A. c. H3)**HEALTH SERVICES FEES AND CHARGES REGULATIONS**

Note: These Regulations are enabled under section 48 of the Health Authority of Anguilla Act, R.S.A. c. H3.

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7. Citation

SCHEDULE 1: Regional Jurisdiction

SCHEDULE 2: Prescribed Health Services Fees and Charges

Interpretation**1. (1) In these Regulations—**

“dependent”, in relation to a resident, means—

- (a) the spouse of the resident, if the spouse is legally entitled to be in Anguilla;
- (b) a child of the resident or of a spouse of the resident, if the child is legally entitled to be in Anguilla and is—
 - (i) under the age of 18 years,
 - (ii) 18 years of age or older and mentally or physically incapacitated, or
 - (iii) 18 years of age or older but not more than 22 years of age, and is attending a university, technical college, secondary school or other educational institution;

“insured resident” means a resident who has health insurance;

(R.A. 37/2010, s. 2)

“operating theatre” means use of the operating room including necessary equipment and supplies;

“private room and related health services” means the following services—

- (a) private room;
- (b) meals; and
- (c) necessary medical and nursing services;

“regional resident” means a person who—

- (a) is a citizen of a jurisdiction set out in Schedule 1;
- (b) has with a jurisdiction set out in Schedule 1 a connection of a kind which entitles that person to be regarded as belonging to that jurisdiction, or if it be so expressed, as being a native or national of that jurisdiction, for the purpose of its laws relating to immigration;

(R.A. 37/2010, s. 2)

“resident” means an individual who is legally entitled to be, and is ordinarily resident, in Anguilla and includes a dependent of that individual;

“semi-private room and related health services” means the following services—

- (a) semi-private room;
- (b) meals; and
- (c) necessary medical and nursing services;

“standard ward accommodation and related health services” means the following services—

- (a) standard ward accommodation;
- (b) meals; and
- (c) necessary medical and nursing services;

“surgery” includes use of necessary surgical equipment and supplies;

“uninsured resident” means a resident who does not have health insurance.

(R.A. 37/2010, s. 2)

(2) For the purposes of this section, an individual is ordinarily resident in Anguilla—

- (a) if the individual has his or her principal place of residence in Anguilla; or
- (b) if the individual had his or her principal place of residence in Anguilla and is temporarily absent from Anguilla—
 - (i) for the purpose of full-time attendance at a university, college, technical training school, secondary school or other educational institution,
 - (ii) on educational leave, or
 - (iii) for medical treatment,

and the individual intends to return and make his or her principal place of residence in Anguilla.

Prescribed health services fees and charges

2. (1) Subject to subsection (2) and to sections 4, 5 and 6, the fees and charges required to be paid to the Authority for a health service set out in Column 1 of Schedule 2 are the prescribed health services fees and charges set out opposite that health service—

- (a) if the person is an uninsured resident in, Column 2;
- (b) if the person is an insured resident or a regional resident, in Column 3; and
- (c) in any other case, in Column 4.

(2) When the prescribed health services fees and charges for the health services set out in Item 1 of Schedule 2 are provided by a private physician, those fees and charges shall be increased by 25%, but any amount that is less than a dollar shall be rounded up to the nearest dollar.

(R.A. 37/2010, s. 3)

Payment of prescribed health services fees and charges

3. (1) Subject to subsections (3) and (4), the estimated amount of the prescribed health services fees and charges payable to the Authority for health services provided by the Authority to an individual shall be paid in advance.

(2) Arrangements suitable to the Authority shall be made for payment of any prescribed health services fees and charges that exceed the amount estimated under subsection (1).

(3) When health services are provided in an emergency, arrangements suitable to the Authority shall be made for payment of the prescribed health services fees and charges at the earliest possible time.

(4) Subsection (1) does not apply to an individual to the extent that he or she is exempt under section 4, 5 or 6.

(5) If the prescribed health services fees and charges, or part of the prescribed health services fees and charges, provided by the Authority to an individual are not paid within 30 days after the date they are billed, the amount shall bear interest at the rate of 2.5% per month or part of a month calculated and compounded annually.

Exemption or partial exemption by Ministry of Health and Social Development

4. A resident who receives health services from the Authority and has a subsisting Medical Exemption Card from the Ministry of Health and Social Development is entitled to the exemption specified on the card from payment of the prescribed health services fees and charges.

Exemption for dental health services for resident children under 16 years of age

5. A resident who is under the age of 16 years is exempt from payment of the prescribed health services fees and charges for the dental health services set out in Item 16 of Schedule 2 if—

- (a) the dental health services are recommended by a dentist employed by the Authority; and
- (b) the resident attends at the time and place arranged by the dentist.

(R.A. 37/2010, s. 4)

Exemptions and partial exemptions for resident children under 16 years of age

6. (1) The prescribed fees and charges payable to the Authority for health services provided by the Authority to a resident who is under the age of 16 years shall be 50% of the prescribed health services fees and charges.

(2) Notwithstanding subsection (1), a resident—

- (a) who is under the age of 16 years;
- (b) who is a student in a school in Anguilla;
- (c) who receives health services at the Princess Alexandra Hospital during school hours; and
- (d) who is accompanied to the hospital by a teacher,

is exempt from payment of prescribed health services fees and charges for hospital out-patients fees and charges (Items 8 and 9 of Schedule 2) and drug fees and charges (Item 14 of Schedule 2).

(R.A. 37/2010, s. 5)

(3) Notwithstanding subsection (1), a resident—

- (a) who is under the age of 16 years; and
- (b) who is a student in a school in Anguilla,

is exempt from payment of prescribed health services fees and charges for the following laboratory tests under Item 11 of Schedule 2—

- (c) CBC (Complete Blood Count);
- (d) sickle cell;
- (e) stool (under 5 OCP); and
- (f) blood group.

(R.A. 37/2010, s. 5)

Citation

7. These Regulations may be cited as the Health Services Fees and Charges Regulations, Revised Regulations of Anguilla, H3-2.

SCHEDULE 1

(Section 1)

REGIONAL JURISDICTIONS

Antigua and Barbuda
The Bahamas
Barbados
Belize
Bermuda
British Virgin Islands
Cayman Islands
Dominica
Dominican Republic
Grenada
Guyana
Haiti
Jamaica
Montserrat
Saint Christopher and Nevis
Saint Lucia
Saint Martin
Saint Vincent and the Grenadines
Sint Maarten
Suriname
Trinidad and Tobago
Turks and Caicos Islands.

(R.A. 37/2010, s. 6)

SCHEDULE 2

(Section 2)

PRESCRIBED HEALTH SERVICES FEES AND CHARGES

ITEM	COLUMN 1		COLUMN 2	COLUMN 3	COLUMN 4
	HEALTH SERVICE		PRESCRIBED HEALTH SERVICES FEES AND CHARGES		
			UNINSURED RESIDENT	INSURED RESIDENT OR REGIONAL RESIDENT	ALL OTHER
			EC\$	EC\$	EC\$
1.	HOSPITAL IN-PATIENT				
	(a)	Standard Ward Accommodation and Related Health Services	100.00	200.00	275.00
	(b)	Semi-Private Room and Related Health Services	150.00	300.00	375.00
	(c)	Private Room and Related Health Services	200.00	350.00	425.00
	(d)	Medical Attention	100.00	200.00	275.00
	(e)	Intensive Care Unit/Stabilisation	300.00	500.00	600.00
	(f)	Operating Theatre—			
		Major Surgery—			
		Operating Theatre use	750.00	1,800.00	2,250.00
		Surgery	1,500.00	3,000.00	3,750.00
		Anaesthetic – Major and Minor	750.00	1,200.00	1,500.00
		Minor Surgery—			
		Operating Theatre	600.00	900.00	1,200.00
Surgery	750.00	1,200.00	1,800.00		
(g)	All Consumables used in procedure	Cost plus 50%	Cost plus 50%	Cost plus 50%	
2.	HOME VISIT CHARGES				
	Patient confined to home requests a visit by a nurse		50.00	200.00	300.00
3.	OUT-PATIENT MATERNITY (All of the following)		1,000.00	2,000.00	2,625.00
	Post-Natal Care				
	Ante-Natal Care (including Laboratory tests)				
	Normal Delivery				
4.	CLINICS (Consultation)				
	Child		50.00	50.00	80.00
	Adult		120.00	120.00	160.00

	Over 65 years	30.00	50.00	80.00	
5.	VACCINATION				
	Vaccination	25.00	50.00	100.00	
	Vaccination certificates for persons over 18 years	25.00	50.00	80.00	
6.	ROUTINE MEDICAL EXAMINATION AT A CLINIC				
	Including issue of certificate (except student at school)	75.00	150.00	200.00	
	Including issue of certificate (student at school)	25.00	50.00	80.00	
7.	MEDICAL REPORT, COMPLETION OF HEALTH OR INJURY FORM FOR SOCIAL SECURITY OR OTHER PERSON				
	Each Report/Form	100.00	200.00	250.00	
8.	HOSPITAL OUT-PATIENT DEPARTMENT				
	(a)	HOSPITAL OUT-PATIENT DEPARTMENT (Consultation)			
		Child	110.00	120.00	180.00
		Adult	120.00	180.00	240.00
		Over 65 years	100.00	100.00	100.00
		Consultation with a specialist	180.00	180.00	190.00
	(b)	Nebulising (Adult) (In addition to above)	65.00	125.00	160.00
		Nebulising (Child) (In addition to above)	30.00	65.00	95.00
	(c)	Medical Records			
		Copies of Medical Reports	2.00 per page	2.00 per page	4.00 per page
		Transfer/Referral Reports			
		-Emergency Cases	100.00	100.00	100.00
		-Outpatients	100.00	100.00	200.00
		-Transit Permits (Deceased)	200.00	200.00	200.00
9.	HOSPITAL OUT-PATIENTS				
	Minor Surgery (e.g. Suturing, Plaster of Paris)	150.00	300.00	400.00	
10.	RADIOLOGICAL, ELECTROCARDIOGRAM, ULTRA-SOUND AND CT SCAN FEES AND CHARGES				
	RADIOLOGICAL, ELECTROCARDIOGRAM FEES (Per X-Ray Plate)				
	(a)	UPPER EXTREMITIES			
		Fingers, Hand, Wrist (Each)	130.00	195.00	260.00
		Forearm (Radius/Ulna), Elbow (Each)	130.00	260.00	390.00
		Humerus, Shoulder, Clavicle (Each)	162.50	325.00	455.00
	(b)	LOWER EXTERMITIES			
		Toes, Foot, Ankle, Heel (Each)	130.00	260.00	390.00
		Leg (Tibia/Fibula), Knee (Each)	130.00	260.00	390.00
		Thigh (Femur) (Each)	195.00	390.00	520.00

		Hip (Each)	195.00	390.00	520.00
		Both Hips	260.00	520.00	650.00
		Pelvis	260.00	455.00	585.00
	(c)	ABDOMEN			
		Kidney/Uterus/Bladder (KUB-Supine Ab)	195.00	390.00	520.00
		Erect	130.00	520.00	682.50
		Erect and Spine	260.00	910.00	682.50
		Lateral Decubitus (LAT-decubitus)	195.00	390.00	520.00
		Barium Swallow	325.00	650.00	780.00
		Barium Meal	390.00	780.00	910.00
		Barium Meal & Follow through	390.00	780.00	910.00
		Barium Enema	455.00	910.00	1,040.00
		Intravenous Pyelogram (IVP)			
	(d)	SPINE			
		Cervical	260.00	585.00	715.00
		Thoracic	260.00	650.00	780.00
		Lumbar	260.00	390.00	487.50
		Lumbosacral/Sacrocoecyx	325.00	780.00	975.00
		Sacrum	260.00	390.00	487.50
		Coccyx	130.00	260.00	325.00
	(e)	HEAD			
		Skull	195.00	455.00	585.00
		Sinuses, Mastroids, Facial Bones, Mandible, Nasal Bones, Temporo-Mandibular Joint (TMJ)	195.00	390.00	520.00
	(f)	CHEST			
		Posterior/Anterior (PA)	195.00	390.00	520.00
		Posterior/Anterior and Lateral (PA and LAT)	260.00	520.00	650.00
		Lateral/Oblique	130.00	260.00	390.00
		Ribs	195.00	520.00	650.00
		Apical	130.00	260.00	390.00
		Clavicle	162.50	325.00	455.00
		Sternum, LAT-decubitus	195.00	390.00	520.00
	(g)	Electrocardiogram (ECG)	195.00	390.00	520.00
	(h)	Portable Services	26.00	65.00	130.00
	(i)	Duplicates	26.00	65.00	130.00

	ULTRASOUND FEES					
	(j)	Popliteal and transcranial	195.00	390.00	520.00	
	(k)	Thyroid	260.00	390.00	520.00	
	(l)	Breast, Chest (Each)	195.00	390.00	520.00	
	(m)	Carotid Doppler-Bilateral	260.00	520.00	650.00	
	(n)	Gall Bladder, Pancreas	260.00	468.00	585.00	
	(o)	Bladder	195.00	390.00	520.00	
	(p)	Testicular	260.00	390.00	520.00	
	(q)	Vaginal, Prostate, Renal/Kidney/Ureter/Bladder, Urethra, Liver	260.00	468.00	585.00	
	(r)	Abdominal	325.00	468.00	585.00	
	(s)	Pelvis	260.00	455.00	585.00	
	(t)	Deep Venous Doppler—Upper or lower	234.00	520.00	650.00	
		Peripheral arterial Doppler—Upper or Lower	234.00	520.00	650.00	
	(u)	SOFT TISSUE				
		Soft tissue—A-V Fistula/graft, Chest/Abdominal wall, Face, Musculoskeletal (MSK), Neck, Other	130.00	260.00	390.00	
	(v)	Echocardiogram	390.00	780.00	780.00	
	(w)	PREGNANCY				
		Obstetric first semester	130.00	416.00	546.00	
		Obstetric second trimester	260.00	520.00	650.00	
		Obstetric third trimester	260.00	520.00	650.00	
		AFI/UA-MCA/Cervix	130.00	260.00	390.00	
		Baby Gender/3D	130.00	260.00	390.00	
	CT SCAN FEES					
	(x)	With Contrast (Each Part)	1,000.00	1,200.00	1,300.00	
	(y)	Without Contrast (Each Part)	750.00	925.00	1,150.00	
	(z)	With/without Contrast (Each Part)	1,100.00	1,250.00	1,450.00	
	11.	LABORATORY FEES				
		(a)	ROUTINE CHEMISTRIES			
			Albumin	35.00	70.00	105.00
			Alkaline Phosphatase	35.00	70.00	105.00
			Alanine Transaminase (ALT)	35.00	70.00	105.00
			Amylase	35.00	70.00	105.00
Aspartate Aminotransferase (AST)			35.00	70.00	105.00	
Bilirubin Unconjugated and Conjugated (BUBC)			42.00	84.00	126.00	

	Blood Urea Nitrogen (BUN)	35.00	70.00	105.00
	Calcium (Ca)	35.00	70.00	105.00
	Cholesterol	35.00	70.00	105.00
	Creatine Kinase (CK)	35.00	70.00	105.00
	Creatine Kinase-Muscle and Brain (CK-MB)	42.00	84.00	126.00
	Chloride (Cl)	35.00	70.00	105.00
	Cerebrospinal Fluid Protein (CSF Protein)	42.00	84.00	126.00
	Carbon Dioxide (CO2)	35.00	70.00	105.00
	Iron (Fe)	49.00	98.00	147.00
	Gamma-glutamyl Transferase (GGT)	35.00	70.00	105.00
	Glucose	35.00	70.00	105.00
	Potassium (K)	35.00	70.00	105.00
	Lactate Dehydrogenase (LDH)	35.00	70.00	105.00
	Lipase	42.00	84.00	126.00
	Magnesium (Mg)	42.00	84.00	126.00
	Sodium (Na)	35.00	70.00	105.00
	Phosphorous (PHOS)	35.00	70.00	105.00
	Creatinine (CREAT)	35.00	70.00	105.00
	Total Bilirubin (T-Bili)	35.00	70.00	105.00
	Total Protein (T-Protein)	35.00	70.00	105.00
	Triglycerides (Trig)	35.00	70.00	105.00
	Urine Protein (U-Protein)	35.00	70.00	105.00
	Uric Acid	35.00	70.00	105.00
	Total Iron Binding Capacity (TIBC)	49.00	98.00	147.00

(b)	PROFILES			
	RENAL PROFILE (Any or all of the following)	294.00	588.00	882.00
	Blood Urea Nitrogen (BUN)			
	Creatinine			
	Sodium (Na)			
	Potassium (K)			
	Chloride (Cl)			
	Bicarbonate (HCO ₃)			
	Uric Acid			
	Calcium (Ca)			
	Phosphorus (PHOS)			
	Magnesium (Mg)			
	LIVER PROFILE (Any or all of the following)	301.00	602.00	903.00
	Alkaline Phosphatase			
	Gamma-glutamyl Transferase (GGT)			
	Amylase			
	Aspartate Amino Transferase / Glutamic Oxalacetic Transaminase (AST/GOT)			
	Alanine Transaminase / Glutamate Pyruvate Transaminase (ALT/GPT)			
	Total Bilirubin (T-Bili)			
	Conjugated and Unconjugated Bilirubin			
	Total Protein			
	Albumin			
	Lactate Dehydrogenase (LDH)			
	CARDIAC PROFILE (Any or all of the following)	224.00	448.00	672.00
	Creatine Phosphokinase (CPK)			
	Lactate Dehydrogenase (LDH)			
	Aspartate Amino Transferase / Glutamic oxalacetic Transaminase (AST/GOT)			
	Creatine Kinase-Muscle and Brain (CK-MB)			
	Troponin			
	ANAEMIA SCREENING	98.00	196.00	294.00
	Iron (Fe)			
	Total Iron Binding Capacity (TIBC)			

		DIABETIC PROFILE 1	84.00	140.00	210.00
		Fasting Blood Sugar (FBS)	35.00	70.00	105.00
		2 Hr Post Prandial	49.00	70.00	105.00
		DIABETIC PROFILE 2	84.00	140.00	210.00
		Fasting Blood Sugar (FBS)	35.00	70.00	105.00
		2 Hr Post Glucose Drink	49.00	70.00	105.00
		DIABETIC PROFILE 3	49.00	70.00	98.00
		1 Hr Glucose	49.00	70.00	98.00

		GLUCOSE TOLERANCE TEST (Any or all of the following)	210.00	420.00	518.00
		Fasting Blood Sugar (FBS)			
		½ Hr			
		1 Hr			
		1½ Hrs			
		2 Hrs			
		3 Hrs			
		Glycosylated Haemoglobin (HB A1C)			
		LIPID PROFILE (Any or all of the following)	112.00	224.00	336.00
		Cholesterol			
		High Density Lipoprotein Cholesterol (HDL)			
		Low Density Lipoprotein Cholesterol (LDL)			
		Very Low Density Lipoprotein Cholesterol (VLDL CHOL)			
		Triglycerides			
		(CHOL/HDL) Ratio			
		24 URINE COLLECTION	147.00	224.20	336.00
		Creatinine Clearance			
		Urine Protein			
		Urine Volume	42.00	112.00	140.00

		CEREBROSPINAL FLUID (CSF) (Any or all of the following)	210.00	420.00	630.00
		Glucose			
		Cerebrospinal Fluid Protein (CSF Protein)			
		White Blood Cells (WBC)			
		Red Blood Cells (RBC)			
		India Ink Preparation-Cryptococcus			
		Culture			
		COMPLETE BLOOD COUNT (CBC) (Any or all of the following) (See exception in section 6(3))	56.00	112.00	168.00
		Haemoglobin			
		Packed Cells Volume/Haematocrit (PCV/HCT)			
		Mean Corpuscular Volume (MCV)			
		Mean Corpuscular Haemoglobin Concentration (MCHC)			
		Mean Corpuscular Haemoglobin (MCH)			
		Platelets			
		Automated Differential Count	28.00	56.00	84.00
		Manual Differential Count and Red Blood Cell Morphology			
		Erythrocyte Sedimentation Rate (ESR), Reticulocyte Count, Body Fluids Cell Count, Sickie Screen	28.00	56.00	84.00
		COAGULATION PROFILE			
		Prothrombin Time / International Normalized Ratio- (PT/INR),	28.00	56.00	84.00
		Partial Thromboplastin Time (PTT)	28.00	56.00	84.00
		ANTE-NATAL PROFILE (Any or all of the following)	308.00	616.00	924.00
		Complete Blood Count (CBC)			
		Sickle			
		Group and Rh Typing			
		Venereal Disease Research Laboratory (VDRL)			
		Human Immunodeficiency Virus (HIV) [By Informed Consent Only]			
		Hepatitis B (HBS Ag)			
		Fasting Blood Glucose			

	(c)	SPECIAL CHEMISTRIES			
		THYROID PROFILE	245.00	364.00	490.00
		FREE T3, FREE T4	75.60	112.00	210.00
		Thyroid Stimulating Hormone (TSH)	93.80	140.00	252.00
		HORMONAL PROFILE	560.00	980.00	980.00
		Luteinizing Hormone (LH), Follide-Stimulating Hormone (FSH), Prolactin, Estradiol	75.60	112.00	210.00
		Testosterone	93.80	140.00	224.00
		Progesterone	78.40	117.60	168.00
	(d)	TROPONIN	93.80	187.60	210.00
	(e)	ONCOLOGY			
		Prostate Specific Antigen (PSA)	112.00	168.00	224.00
		Micro-albumin	70.00	140.00	210.00
	(f)	SEROLOGY TESTS			
		β -HCG Pregnancy Test, VDRL, Infectious Mononucleosis Antibody-(IM), Rheumatoid Factor (RF), C-Reactive Protein (CRP), Sytemic Lupus-(SLE), Anti-Sterptolysino (ASTO)	Each 42.00	Each 84.00	Each 126.00
		Hepatitis B Surface Antigen (HBS Ag)	84.00	168.00	252.00
		Human Immunodeficiency Virus (HIV)	56.00	112.00	168.00
		Hepatitis C Virus (HCV)	112.00	224.00	336.00
	(g)	MICROBIOLOGY CULTURES			
		Antibody to the Hepatitis-B Surface Antigen (Anti HBS), Urine, Pus, Wound, Stool, Urethral, Throat			
		Blood	140.00	224.00	336.00
		High Vaginal Swab (HVS), Vaginal, Eye, Nasal, Ear, Sputum, Sterile Body Fluids-Synovial, etc, Catheter Tips	Each 70.00	Each 140.00	Each 110.00
		Other	70.00	140.00	110.00
		Urinalysis	28.00	56.00	84.00
		Stool Ova, Cysts and Parasites (Stool-OCP)	42.00	84.00	126.00
		Stool-Occult Blood	28.00	56.00	84.00
		Gram Stain	28.00	56.00	84.00
		Potassium Hydroxide (KOH) Preparation—Fungal Elements	28.00	56.00	84.00
		Ziehl-Neelsen Stain (Zn Stain), Acid Fast Bacillus Smear –(AFB Smear)	28.00	56.00	84.00

	(h)	BLOOD BANKING			
		Compatibility Testing (Each Unit)	350.00	700.00	840.00
		Direct Coombs Test	35.00	70.00	105.00
		Indirect Coombs Test	35.00	70.00	105.00
		Blood Group-ABO/Rh (See exception in section 6(3))	28.00	56.00	84.00
	(i)	HISTOLOGY SPECIMENS (OVERSEAS)			
		LARGE SPECIMENS			
		Uterus, Breast, Prostate (more than one biopsy), Multiple Gastric Biopsy, Fibroids, Lip of Cervix, Cone of Cervix, Breast Lumps, Other Large Specimens > 120mls, Multiple Specimens on a Patient	420.00	840.00	980.00
		SMALL SPECIMENS			
		Appendix, Gall Bladder, Single Biopsies, Other Small Specimens in 120mls	420.00	840.00	980.00
	(j)	CYTOLOGY (OVERSEAS)			
		Liquid Prep	100.00	100.00	100.00
		Pap Smear	70.00	140.00	210.00
		HPV-Cervix	320.00	320.00	320.00
		Liquid Prep & HPV-Cervix	350.00	350.00	350.00
		Fine Needle Aspirate (FNA)	210.00	420.00	630.00
12.	DIALYSIS SERVICES				
		Per Session	1,000.00	1,800.00	2,000.00
13.	PHYSIOTHERAPY				
		Evaluation	135.00	175.00	300.00
		Follow-Up			
14.	DRUGS AND SUPPLIES				
	(a)	Drugs			
		Drugs Procured—OECS Pharmaceutical Procurement Service	Cost Plus 40%	Cost Plus 40%	Cost Plus 40%
		Others	Cost Plus 60%	Cost Plus 60%	Cost Plus 60%
	(b)	Dispensing Fee (which includes containers, labels, etc.) Per Prescription or Item on a Prescription	10.00	10.00	10.00
	(c)	Consumables for Out-Patient Services and Medical Supplies	Cost Plus 40%	Cost Plus 40%	Cost Plus 40%
15.	AMBULANCE SERVICES				
		Per One-Way Trip (Emergency)	60.00	100.00	150.00
		Per One-Way Trip (Non-Emergency)	80.00	150.00	200.00

16.	DENTAL SERVICES			
	Periodic Oral Evaluation	50.00	100.00	150.00
	Limited Oral Evaluation	50.00	90.00	135.00
	Comprehensive Oral Evaluation	50.00	100.00	150.00
	Intraoral—Series With Bitewing	160.00	320.00	500.00
	Periapical	40.00	80.00	135.00
	Bitewing	40.00	80.00	135.00
	Panoramic Film	170.00	340.00	500.00
	Diagnostic Casts	70.00	140.00	250.00
	Prophylaxis—Adult	80.00	160.00	250.00
	Prophylaxis—Child	60.00	120.00	150.00
	Fluoride With Prophylaxis—Child	75.00	150.00	240.00
	Fluoride Without Prophylaxis—Child	20.00	40.00	60.00
	Fluoride Without Prophylaxis—Adult	30.00	60.00	80.00
	Fluoride With Prophylaxis—Adult	105.00	210.00	275.00
	Nutritional Counselling	30.00	60.00	90.00
	Tobacco Counselling	30.00	60.00	90.00
	Oral Hygiene Instruction	30.00	60.00	90.00
	Sealant, Per Tooth	30.00	60.00	90.00
	Amalgam—1 Surface	75.00	150.00	200.00
	Amalgam—2 Surfaces	85.00	170.00	220.00
	Amalgam—3 Surfaces	95.00	190.00	235.00
	Amalgam—4+ Surfaces	100.00	200.00	300.00
	Resin—1 Surface, Anterior	90.00	180.00	250.00
	Resin—2 Surfaces, Anterior	105.00	210.00	270.00
	Resin—3 Surfaces, Anterior	120.00	240.00	350.00
	Resin—4+ Surfaces, Anterior	130.00	260.00	360.00
	Resin Composite—1 Surface, Posterior	110.00	220.00	280.00
	Resin Composite—2 Surfaces, Posterior	130.00	260.00	350.00
	Resin Composite—3 Surfaces, Posterior	140.00	280.00	380.00
	Resin Composite—4+ Surfaces, Posterior	150.00	300.00	400.00
	Inlay, Porcelain / Ceramic, 1 Surface	700.00	1,400.00	1,650.00
	Inlay, Porcelain / Ceramic, 2 Surfaces	750.00	1,500.00	1,800.00
	Inlay, Porcelain / Ceramic 3 Surfaces	800.00	1,600.00	2,000.00
	Crown, Porcelain and Base Metal	1,000.00	2,000.00	2,300.00
	Provisional Crown	80.00	160.00	240.00

	Re-cement Inlay	50.00	100.00	150.00
	Re-cement Cast or Post and Core	50.00	100.00	150.00
	Re-cement Crown	50.00	100.00	150.00
	Stainless Steel Crown, Primary Tooth	75.00	150.00	200.00
	Resin Crown	190.00	380.00	450.00
	Prefabricated Coated Steel Crown	75.00	150.00	210.00
	Sedative Filling	50.00	100.00	150.00
	Core Buildup, Including Pins	275.00	550.00	770.00
	Pin Retention, Per Tooth	50.00	100.00	150.00
	Cast Post and Core	300.00	600.00	800.00
	Additional Cast and Post Additional Tooth	275.00	550.00	700.00
	Prefabricated Post and Core	175.00	350.00	500.00
	Post Removal	75.00	150.00	210.00
	Labial Veneer, Laminate	330.00	660.00	810.00
	Labial Veneer, Resin Laminate	350.00	700.00	900.00
	Labial Veneer, Porcelain/Laminate	1,000.00	2,000.00	2,300.00
	Crown Repair	95.00	190.00	275.00
	Unspecified Restorative	75.00	150.00	210.00
	Pulp Cap, Direct	75.00	150.00	210.00
	Pulp Cap, Indirect	75.00	150.00	210.00
	Therapeutic Pulpotomy	75.00	150.00	210.00
	Pulp Debridement Primary Tooth/Permanent Tooth	75.00	150.00	210.00
	Pulpal Therapy, Anterior Primary	75.00	150.00	210.00
	Pulpal Therapy, Posterior Primary	75.00	150.00	210.00
	Root Canal, Anterior	475.00	950.00	1,250.00
	Root Canal, Bicuspid	575.00	1,150.00	1,400.00
	Root Canal, Molar	650.00	1,300.00	1,500.00
	Root Canal Retreat, Anterior	300.00	600.00	800.00
	Root Canal Retreat, Bicuspid	400.00	800.00	1,000.00
	Root Canal Retreat Molar	500.00	1,000.00	1,300.00
	Apical/Periradicular Surgical, Anterior	450.00	900.00	1,200.00
	Apical/Periradicular Surgical, Bicuspid	500.00	1,000.00	1,300.00
	Apical/Periradicular Surgical, Molar	650.00	1,300.00	1,500.00
	Retrograde Filling	75.00	140.00	230.00
	Unspecified Endodontic Procedure	250.00	500.00	700.00
	Gingivectomy/plasty—4+	150.00	300.00	500.00

Gingival Flap Procedure including Root Planning—4+	225.00	450.00	600.00
Provisional Splint, Extracoronaral	150.00	300.00	500.00
Periodontal Scaling/Root Planning—1-4 Teeth/Quadrant	200.00	400.00	600.00
Periodontal Scaling/Root Planning—5+ Teeth/Quadrant	350.00	700.00	1,000.00
Full Mouth Debridement	300.00	600.00	900.00
Complete Upper	850.00	1,700.00	2,100.00
Complete Full Upper Denture	850.00	1,700.00	2,100.00
Complete Lower	850.00	1,700.00	2,100.00
Immediate Lower	900.00	1,800.00	2,200.00
Immediate Upper	900.00	1,800.00	2,200.00
Upper Partial-Resin Base	600.00	1,200.00	1,400.00
Lower Partial—Resin Base	600.00	1,200.00	1,400.00
Upper Partial—Cast Metal	1,100.00	2,200.00	2,700.00
Lower Partial—Cast Metal	1,100.00	2,200.00	2,700.00
Adjust Complete Denture Upper	75.00	150.00	250.00
Adjust Complete Denture Lower	75.00	150.00	250.00
Adjust Partial Denture Upper	75.00	150.00	250.00
Adjust Partial Denture Lower	75.00	150.00	250.00
Repair Broken Denture Base	400.00	800.00	1,100.00
Repair Missing or Broken Teeth, Per Tooth, Complete	125.00	250.00	375.00
Repair Resin Saddle or Base	250.00	500.00	700.00
Repair Cast Framework	500.00	1,000.00	1,300.00
Repair Broken Clasp	150.00	300.00	450.00
Repair Missing or Broken Teeth, Per Tooth, Partial	150.00	300.00	450.00
Add Tooth to Existing Part	150.00	300.00	450.00
Add Clasp to Existing Part	150.00	300.00	450.00
Rebase Complete Upper Denture	350.00	700.00	900.00
Rebase Complete Lower Denture	350.00	700.00	900.00
Rebase Upper Partial Denture	350.00	700.00	900.00
Rebase Lower Partial Denture	350.00	700.00	900.00
Reline Complete Upper Denture	300.00	600.00	800.00
Reline Complete Lower Denture	300.00	600.00	800.00
Reline Upper Partial Denture	300.00	600.00	800.00
Reline Lower Partial Denture	300.00	600.00	800.00

	Reline Upper Denture (Laboratory)	450.00	900.00	1,200.00
	Reline Lower Denture (Laboratory)	450.00	900.00	1,200.00
	Reline Upper Partial (Laboratory)	450.00	900.00	1,200.00
	Reline Lower Partial (Laboratory)	450.00	900.00	1,200.00
	Interim Complete Denture Lower	700.00	1,400.00	1,650.00
	Interim Partial Denture Upper	700.00	1,400.00	1,650.00
	Interim Partial Denture Lower	700.00	1,400.00	1,650.00
	Tissue Conditioning Upper, Per Unit	400.00	800.00	1,150.00
	Tissue Conditioning Lower, Per Unit	400.00	800.00	1,150.00
	Modify Removable Prosthetics	450.00	900.00	1,200.00
	Unspecified Removable Prosthetics	200.00	400.00	550.00
	Pontic Noble Metal	900.00	1,800.00	2,200.00
	Pontic Porcelain Fused to High Noble Metal	900.00	1,800.00	2,200.00
	Pontic Porcelain Fused to Precious Base Metal	850.00	1,700.00	2,100.00
	Pontic Porcelain Fused to Noble Metal	900.00	1,800.00	2,200.00
	Pontic Porcelain / Ceramics	850.00	1,700.00	2,100.00
	Pontic Resin With High Noble Metal	900.00	1,800.00	2,200.00
	Pontic Resin With Precious Base Metal	850.00	1,700.00	2,100.00
	Pontic Resin With Noble Metal	800.00	1,600.00	2,000.00
	Provisional Pontic	300.00	600.00	800.00
	Maryland Bridge	900.00	1,800.00	2,200.00
	Crown—Porcelain / Ceramic	900.00	1,800.00	2,200.00
	Re-cement Bridge	130.00	260.00	375.00
	Prefabricated Post and Core, Bridge	300.00	300.00	400.00
	Additional Cast Post—Same Tooth, Bridge	275.00	550.00	700.00
	Deciduous Tooth Extraction	50.00	100.00	150.00
	Permanent Tooth Extraction	125.00	250.00	375.00
	Extract Erupted Tooth or Exposed Root (Surgical)	300.00	600.00	800.00
	Surgical Removal of Erupted Tooth	400.00	800.00	1,100.00
	Remove Impacted Tooth—Soft	450.00	900.00	1,200.00
	Remove Impacted Tooth—Part Bony	475.00	950.00	1,250.00
	Remove Impacted Tooth—Complete Bony	475.00	950.00	1,250.00
	Remove Impacted Tooth Unusual Difficulty	510.00	1,020.00	1,350.00
	Tooth Re-implantation	155.00	310.00	425.00
	Biopsy of Oral Tissue—Hard	200.00	400.00	600.00
	Biopsy of Oral Tissue—Soft	150.00	300.00	400.00

	Incision and Drainage	95.00	190.00	300.00	
	Incision and Drainage Intraoral	95.00	190.00	300.00	
	Incision and Drainage Extra	195.00	390.00	540.00	
	Incision and Drainage Extraoral	165.00	330.00	450.00	
	Remove Foreign Body	450.00	900.00	1,200.00	
	Suture Traumatic Wound	75.00	150.00	275.00	
	Complicated Suture <5cm	75.00	150.00	275.00	
	Complicated Suture >=5cm	85.00	175.00	300.00	
	Maxi Soft/Hard Tissue Repair	75.00	150.00	275.00	
	Frenulectomy	150.00	300.00	400.00	
	Excise Hyperplastic Tissue	300.00	600.00	800.00	
	Excise Percicoronal Gingival	75.00	150.00	275.00	
	Palliative (Emergency)	75.00	150.00	275.00	
	Local Anesthetic. Non-Operational / Surgical	75.00	150.00	275.00	
	Non-Intravenous Sedation	75.00	150.00	275.00	
	Office Visits	50.00	100.00	150.00	
	After Hours Emergency Office Visit	125.00	250.00	400.00	
	Post Surgical Complications	75.00	150.00	275.00	
	Internal Bleach Per Tooth	150.00	300.00	400.00	
	17.	NUTRITION COUNSELLING SERVICES			
Initial Counselling		100.00	150.00	225.00	
Follow-up Counselling		50.00	80.00	120.00	
18.	PSYCHIATRIC SERVICES ¹				
	(a)	IN-PATIENT			
		Standard Accommodation and Related Health Services (Per Day)	130.00	200.00	275.00
		Private Room and Related Health Services (Per Day)	200.00	350.00	425.00
		Dispensing Fee – Pharmaceuticals			
		-Oral (Per Tablet)	0.25	0.50	0.75
		-Injections (Each)	5.00	7.50	10.00
		(b)	OUT-PATIENT		
	Initial Visit		60.00	120.00	180.00
	Counselling (Per Session)				
	-General		60.00	80.00	120.00
	-Intermediate		80.00	100.00	150.00
	-Complex		100.00	120.00	180.00

¹ This item is deemed to have come into operation on 1 January 2010 and everything done on or after that date to have been lawfully done. (R.A. 37/2010, s.8).

		Dispensing Fee – Pharmaceuticals			
		-Oral (Per Tablet)	0.25	0.50	0.75
		-Injections (Each)	5.00	7.50	10.00

(R.A. 37/2010, s. 7 and R.A. 13/2021, s. 2)
