

## Agreement on fees between dental practitioners and the European Union and the table of JSIS reimbursements

Nature of treatments	Honor. Max 1/4/2003	Max. reimb. J.S.I.S.*
	EUR	EUR
<b>1. Consultations</b>		
General pract.	23,90	18,44
Dental surgeon / Stomatologist	37,33	31,19
<b>2. Treatment</b>		
Intra-oral X-ray	13,21	12,69
Panoramic / Cephalometric X-ray	52,87	39,66
<i>Normal filling (1 or 2 sides)</i>	47,58	29,75
<i>Normal filling (3 or 4 sides)</i>	71,37	59,49
<i>Monoradicular endodontics</i>	58,16	39,66
<i>Pluriradicular endodontics</i>	84,59	59,49
Screws / Pins (per tooth)	59,73	33,47
Inlay gold	372,88	185,92
Ceram. inlay	477,35	185,92
Ceram. facet	477,35	185,92
<i>Facet (composite)</i>	112,90	89,24
Descaling (complete)	59,73	31,73
<i>Topical fluoruration</i>	26,44	19,83
<i>Fissure scaling (per tooth)</i>	15,86	14,87
<b>3. Surgery</b>		
Normal extraction	29,82	19,83
Surgical extraction / hemisection	59,73	39,66
Extraction impacted tooth	119,38	71,89
Apectomy	119,38	59,49
Frenectomy	89,42	39,66

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<b>4. Fixed prosthesis</b>		
Cast crown / Telescopic cap	387,79	185,92
Met. cer. crown / Richmond	506,13	185,92
Infermed tooth (bridge) met. cer.	477,35	185,92
Precision attachment	387,79	185,92
Inlay core / cast root. cap + post	298,04	185,92
Core build-up (+ post / pins)	178,99	92,96
<i>Abutment</i>	264,34	185,92
<b>5. Removable prosthesis</b>		
Full denture (resin) per jaw	845,89	674,15
Partial denture (resin) : base	158,61	149,73
Partial denture (resin) : per tooth	52,87	46,73
Partial denture (resin) : per brace	44,94	33,59
Chrome-cobalt denture : base + braces	343,64	311,97
Chrome-cobalt denture : per tooth (up to 10)	92,52	104,36
<i>Chrome-cobalt denture : 11 to 14 teeth</i>	1.189,53	986,12
Repair resin base	74,01	59,99
<i>Repair chrome-cobalt base</i>	126,89	119,98
Adjunction of tooth / brace on resin base	71,37	67,30
<i>Adjunction of tooth / brace on metal base</i>	118,95	100,95
Adjunction successive teeth on resin base	52,87	67,30
<i>Adjunction successive teeth on metal base</i>	79,31	100,95
Denture rebasing (per jaw)		
<i>Denture rebasing 1 to 7 teeth</i>	171,82	133,98
<i>Denture rebasing 8 to 14 teeth</i>	290,78	267,97
Denture remounting (per jaw)		
<i>Denture remounting 1 to 7 teeth</i>	251,12	252,85

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<i>Denture remounting 8 to 14 teeth</i>	422,95	505,70
Temporary resin denture	50% of the def. denture	
Temporary crown or tooth on resin base	35,16	23,38
<i>Remove / replace of fixed prosthesis (per crown)</i>	66,08	49,58
<i>Occlusal splint, contention splint : removable</i>	198,26	149,73
<i>Fixed contention splint : per fixed element</i>	47,58	29,75
<b>6. Periodontology</b>		
Complete treatment : One full treatment is authorised per patient. Once the cealing has been reached, no further reimbursement is possible.	2.684,73 = 447,45 per sextant	1.784,83 = 297,47 per sextant
*The reimbursement can never exceed 80% of the amount paid		