



ASSOCIATION DES
CHIRURGIENS DENTISTES
DU QUÉBEC

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Message for members who have withdrawn

Informative documents for you, your staff and your patients

To support you as this major operation begins, we are sending you an information kit with important documents designed specifically with your staff and patients in mind.

Tools for understanding and explaining withdrawal
Be sure to download each document on your computer.

Tool	Who is it intended for?	What should you do with it?
Notice of withdrawal (Bilingual)	RAMQ patients	You are required to give it to each patient before you treat them.
Withdrawal explained to patients (Bilingual)	RAMQ patients	To be given to patients, the steps of withdrawal explained.
Instructions for patients to check mailing addresses with the RAMQ	RAMQ patients	To be given to patients so that they can validate their contact information with the RAMQ.
Payment Request Form 4448 Accompanying guide and four sample cases that you will encounter in your practice.	Dentists/administrative staff	Please refer to the RAMQ "Guide de tarification" to complete the form who will be fill it out after you treat patients and give it to them so that they can mail it to the RAMQ.
Key messages and frequently asked questions	Dentists/administrative staff	Read them so that you can answer questions from staff and patients. Give it to your staff members too.
Aide-memoire with the main RAMQ codes and rates	Administrative staff	Give it to your administrative staff or billing manager for consultation.

If you have any additional questions, please call us at 514 282-1425, and ask for Denyse Gagnon, extension 262, or Marie France Auger, extension 226.

NOTICE OF WITHDRAWAL

To individuals insured under the Quebec health insurance plan

In accordance with the Health Insurance Act (chapter A-29) and regulations, this is to notify you that I am a professional who has withdrawn from the Quebec health insurance plan.

If you avail yourself of my services, you must send the statement of fees that I must complete and return to you to the Régie de l'assurance maladie du Québec (RAMQ). When the RAMQ has paid you after you have submitted the statement of fees and the information prescribed in the Act, you must pay the cost of the insured services I have furnished directly to me.

The cost that I will claim for these insured services will be in accordance with the tariff payable by the RAMQ.

Date _____

Dentist

AVIS DE DÉSENGAGEMENT

Aux personnes assurées par le régime d'assurance maladie du Québec

En conformité avec la Loi sur l'assurance maladie (chapitre A-29) et les règlements, je vous avise que je suis un(e) professionnel(le) désengagé(e) du régime d'assurance maladie du Québec.

Si vous avez recours à mes services, vous devez transmettre à la Régie de l'assurance maladie du Québec (RAMQ) le relevé d'honoraires que je dois remplir et vous remettre. Lorsque la RAMQ vous aura remboursé, suite à la présentation de ce relevé d'honoraires et des renseignements prescrits par la Loi, vous devrez me payer directement le coût des services assurés que je vous aurai fournis.

Le coût que je vous réclamerai pour ces services assurés sera conforme au tarif payable par la RAMQ.

Date _____

Dentiste

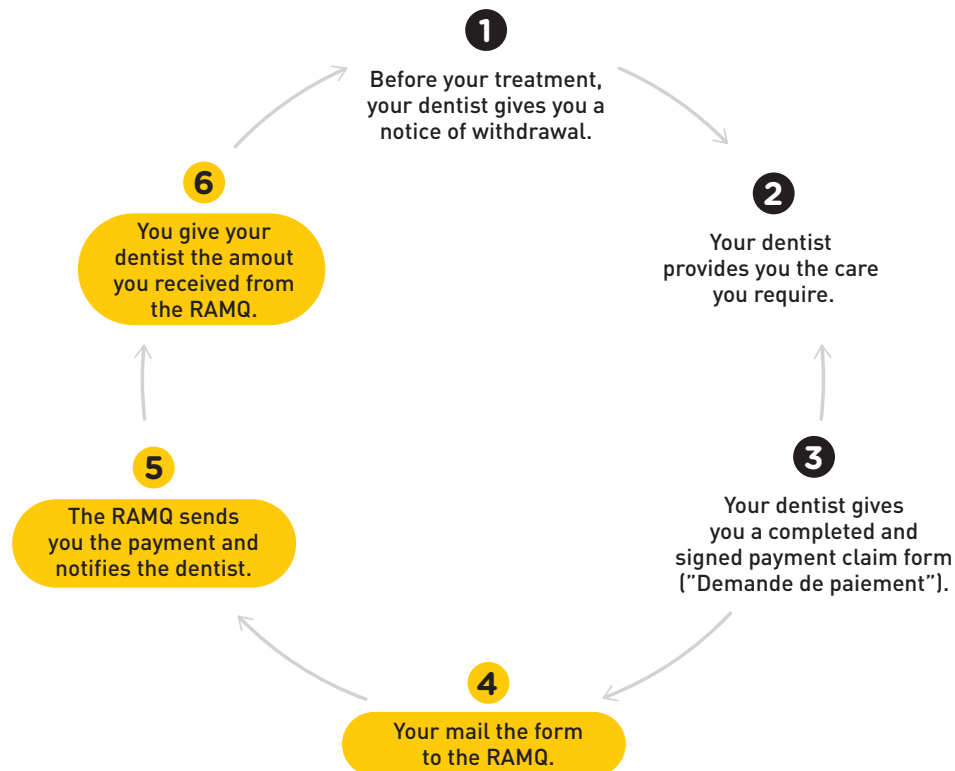
Dentists' withdrawal from the RAMQ: assuring that the entire population has access to quality oral health care.

Your dentist has withdrawn from the RAMQ in solidarity with thousands of other Quebec dentists in order to show the government:

- the value of dentists' contribution to the public oral health plan;
- the importance of maintaining a public oral health plan that is accessible to all Quebecers, especially vulnerable segments of the population.

You have a part to play!

Withdrawal does not affect your access to quality care in any way. However, you need to take certain steps to ensure that the care you receive is paid for.



When you agree to be treated by a dentist who has withdrawn, you become responsible not only for claiming the fee amount owed for your care from the RAMQ, but also for paying your dentist.

Your dentist thanks you for your trust!

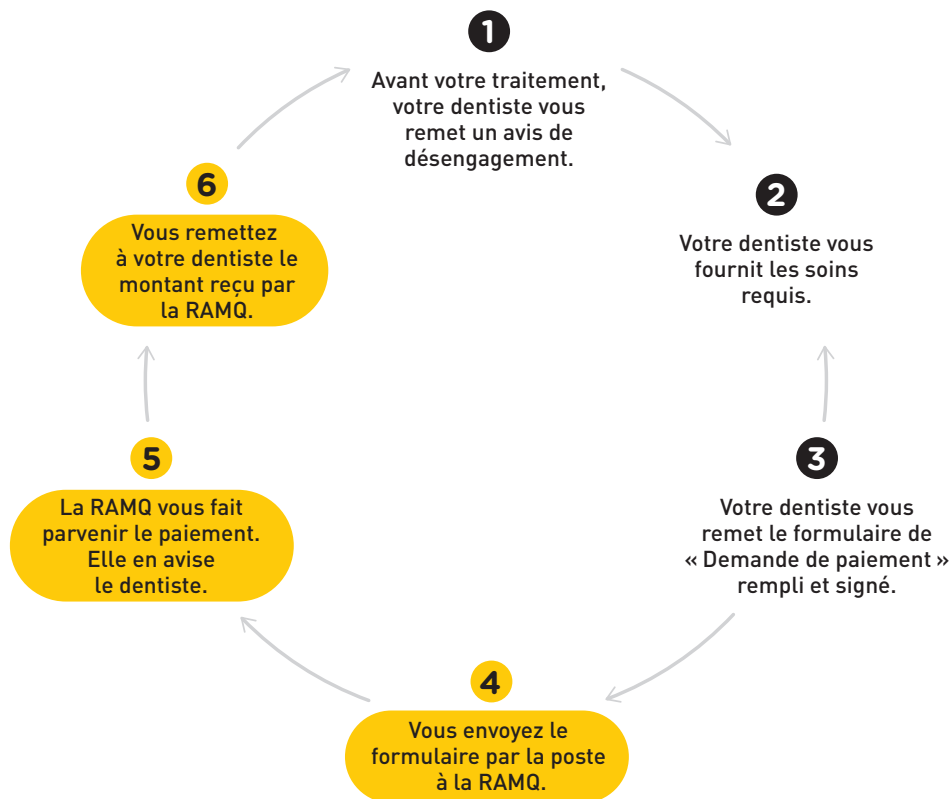
Le désengagement des dentistes de la RAMQ : pour assurer à l'ensemble de la population un accès à des soins buccodentaires de qualité

Votre dentiste est désengagé(e), comme des milliers de dentistes du Québec qui se mobilisent pour démontrer au gouvernement :

- la valeur de leur contribution au régime public de soins buccodentaires;
- l'importance de maintenir un régime public de soins buccodentaires accessible à tous les Québécois, particulièrement aux populations vulnérables.

Vous avez un rôle à jouer!

Le désengagement ne change en rien l'accessibilité et la qualité des soins qui vous sont offerts. Vous avez toutefois des actions à prendre dans le processus de paiement des soins qui vous sont rendus.



En acceptant d'être traité par un dentiste désengagé, vous prenez la responsabilité de réclamer le montant des honoraires pour les soins obtenus auprès de la RAMQ et de payer votre dentiste.

Votre dentiste vous remercie de votre confiance!

MESSAGE FROM YOUR DENTIST

To individuals insured under the Quebec health insurance plan

Important reminder

Check your mailing address with the RAMQ

To ensure that you receive the RAMQ's payment for my services both quickly and effectively, make sure that the RAMQ has your current contact information on file. I suggest that you contact the RAMQ to check this information and prevent late payments.

How?

To change your address by telephone

Quebec City region: 418 644-4545
Montreal region: 514 644-4545
Elsewhere in Quebec: 1 877 644-4545

To change your address on line

Go to the *Change of address* section on the *Contact us* page of the RAMQ's website <http://www.ramq.gouv.qc.ca/en> and click on [*Service québécois de changement d'adresse*](#).

Thank you for your assistance,

Your dentist

MESSAGE DE VOTRE DENTISTE

Aux personnes assurées par le régime d'assurance maladie du Québec

Rappel important

Vérifiez votre adresse postale auprès de la RAMQ

Pour faciliter le traitement et la rapidité du paiement que vous recevrez pour me rembourser, assurez-vous que vos coordonnées sont à jour à la RAMQ. Je vous suggère de communiquer avec eux afin de vérifier l'information et d'éviter les retards de paiements.

Comment procéder?

Changement d'adresse par téléphone

Région de Québec : 418 644-4545

Région de Montréal : 514 644-4545

Ailleurs au Québec : 1 877 644-4545

Changement d'adresse par Internet

Sur le site de la RAMQ à l'adresse <http://www.ramq.gouv.qc.ca/>, dans la section *Nous joindre*, sous la rubrique *Changement d'adresse*, cliquez sur le lien [Service québécois de changement d'adresse](#).

Merci de votre collaboration,

Votre dentiste

Demande de paiement

Services dentaires – Professionnel désengagé

The role refers to the role assumed by the professional when providing the service.
Enter the role number: 1=Head/Supervisor

1. Renseignements sur le professionnel

Nom de famille	Prénom	Rôle	Numéro du professionnel <small>Dentist's permit number (five digits)</small>
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2. Renseignements sur la personne assurée

Nom de famille	Prénom	Numéro d'assurance maladie <small>The medicare card must be valid.</small>	
Diagnostic <input checked="" type="checkbox"/> CIM-9 <input type="checkbox"/> CIM-10	<small>The RAMQ recommends using the CIM-9 list (ref.: list of diagnoses - Liste des diagnostics). Enter the diagnosis code number included in the CIM-9 classification system.</small>		Date de naissance Année Mois Jour
		Sexe <input type="checkbox"/> M <input type="checkbox"/> F	
Situation de la personne assurée (délai de carence) <small>This box will not be filled in often (e.g. child under one year of age). As required, specify the particular situation of the person requiring care (ref. p.7-9 of the guide to fee-for-service billing, <i>Guide de facturation - rémunération à l'acte pour les chirurgiens dentistes</i> ou autre).</small>			

3. Renseignements sur les services couverts

Date de service Année Mois Jour	Heure de service <small>If required (e.g. when a dentist travels to provide the care)</small>	Lieu de dispensation <small>Enter the postal code and the place where the service was provided. Enter the code, if the place has a code, or the office number, where applicable.</small>	Précision/Secteur d'activité <small>Specify only when the care is provided in hospital</small>
Code de facturation <small>Enter the agreement codes according to the services provided.</small>	Dent <small>Enter the tooth number when required by the billing code.</small>	Surface <small>Enter the surfaces treated.</small>	Élément de mesure <small>Not often applicable in private offices. Enter one of the following measurable elements if required (distance one way) or duration of administrative activities (See page 24 of the billing guide - <i>Guide de facturation</i>).</small>
		Élément de contexte <small>If required, allows the dentist to describe the context in which the service was provided and apply the provisions of the Agreement, such as in the case of a 50% change (See the list of contexts on the RAMQ's site and on page 17 of the billing guide - <i>Guide de facturation</i>).</small>	
Professionnel en référence <small>Referring professional. Enter the professional's 6-digit RAMQ number (2. - permit no.). If the number is not available, enter the professional's first and last name and profession.</small>	Lieu en référence <small>Not frequently applicable in private offices. Refers to a different place from the place where the service was provided. This is where you identify that place, which is different than the place shown on the invoice, but whose information is necessary to evaluate the service (e.g. place where a patient was taken in when multiple establishments are involved in the care or in the event that the dentist travels to provide the care).</small>	Date de l'autorisation de la prothèse Année Mois Jour <small>Enter the date of authorization shown on the acrylic dental prosthesis application form.</small>	

4. Signature du professionnel

Je certifie avoir rendu les services inscrits à la section 3.

Signature du professionnel ou de son mandataire

Réservé à la RAMQ

<input type="checkbox"/>	<input type="checkbox"/> Non recevable :	
<input type="checkbox"/> Conforme	<input type="checkbox"/> Non conforme :	

Exemple - Examen Enfant de - de 3 ans

1. Renseignements sur le professionnel

Nom de famille La Brosse	Prénom Adam	Rôle 1	Numéro du professionnel 2 12345
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2. Renseignements sur la personne assurée

Nom de famille Untel	Prénom Jean	Numéro d'assurance maladie UNTJ17010100	
Diagnostic <input checked="" type="checkbox"/> CIM-9 <input type="checkbox"/> CIM-10 5236 Plaque dentaire		Date de naissance Année Mois Jour 2017 01 01	Sexe <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Situation de la personne assurée (délai de carence)			

3. Renseignements sur les services couverts

Date de service Année Mois Jour 2020 02 21			Heure de service	Lieu de dispensation clinique dentaire Labrosse 1234, rue inventée, ville, Qc, A1B 2C3	Précision/Secteur d'activité
Code de facturation	Dent	Surface	Élément de contexte		Élément de mesure
01120					
94540					
94541					
Professionnel en référence —			Lieu en référence —		Date de l'autorisation de la prothèse Année Mois Jour

4. Signature du professionnel

Je certifie avoir rendu les services inscrits à la section 3.



Signature du professionnel ou de son mandataire

Réservé à la RAMQ

<input type="checkbox"/> Recevable	<input type="checkbox"/> Non recevable : _____
<input type="checkbox"/> Conforme	<input type="checkbox"/> Non conforme : _____

1. Renseignements sur le professionnel

2. Renseignements sur la personne assurée

3. Renseignements sur les services couverts

4. Signature du professionnel

Réservé à la RAMQ

4448 292 20/02

Demande de paiement

Services dentaires – Professionnel désengagé

Nom de famille Lapresse	Prénom Adam	Rôle 1	Numéro du professionnel 212345
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Nom de famille <i>Lafleur</i>		Prénom <i>Marie</i>		Numéro d'assurance maladie <i>LA FM 8559 2000</i>	
Diagnostic <input checked="" type="checkbox"/> CIM-9 <input type="checkbox"/> CIM-10 <i>5210 Parie</i>		Date de naissance Année Mois Jour <i>1 9 8 5 0 9 2 0</i>		Sexe <input type="checkbox"/> M <input checked="" type="checkbox"/> F	
Situation de la personne assurée (délai de carence)					

Date de service Année Mois Jour			Heure de service	Lieu de dispensation	Précision/Secteur d'activité
20	20	21		Chèque dentaire La Grasse 1234 rue Inventée, ville, Qc, A1B 2C3	—
Code de facturation	Dent	Surface	Élément de contexte		Élément de mesure
23103	11	M			
23102	22	B			
94541					
Professionnel en référence			Lieu en référence		Date de l'autorisation de la prothèse Année Mois Jour
—			—		

Je certifie avoir rendu les services inscrits à la section 3.



Signature du professionnel ou de son mandataire

- Réservé à la RAMQ

☐ Receivable☐ Non recevable :☐ Conforme☐ Non conforme :

Exemple - Restaurations postérieures et aslation
complexe d'une dent

1. Renseignements sur le professionnel

Nom de famille Labrosse	Prénom Adam	Rôle 1	Numéro du professionnel 2 12345
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2. Renseignements sur la personne assurée

Nom de famille Fictif	Prénom Mika	Numéro d'assurance maladie F1CM93103100	
Diagnostic <input checked="" type="checkbox"/> CIM-9 <input type="checkbox"/> CIM-10 5210 Carie		Date de naissance Année Mois Jour 1 9 9 3 1 0 3 1	Sexe <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Situation de la personne assurée (délai de carence)			

3. Renseignements sur les services couverts

Date de service Année Mois Jour 2 0 2 0 0 2 2 1		Heure de service	Lieu de dispensation clinique dentaire Labrosse 1234, Rue Inventée, Ville, Qc, A1B 2C3	Précision/Secteur d'activité
Code de facturation	Dent	Surface	Élément de contexte	Élément de mesure
21 999	16			
21 224	16	MOBD		
21 999	37			
21 222	37	MO		
23 999	14			
23 301	14	B		
72 100	46		d'une même séance qu'une chirurgie principale.	
72 100	47		*38 - Chirurgie secondaire pratiquée au cours	
94 541			*Notez que le code est associé à l'élément de	
			contexte et non au numéro de la dent.	
Professionnel en référence		Lieu en référence		Date de l'autorisation de la prothèse Année Mois Jour

4. Signature du professionnel

Je certifie avoir rendu les services inscrits à la section 3.



Signature du professionnel ou de son mandataire

Réservé à la RAMQ

<input type="checkbox"/> Recevable	<input type="checkbox"/> Non recevable :
<input type="checkbox"/> Conforme	<input type="checkbox"/> Non conforme :

Key Messages for Staff Members and Patients of Dentists Who Have Withdrawn

Current situation

Thousands of Quebec dentists are participating in a collective movement to pressure the government into recognizing:

- the value of their contribution to the public oral health plan;
- the importance of maintaining a public oral health plan that is accessible to all Quebecers, especially vulnerable segments of the population.

In fact, by refusing to reach an agreement with dentists, the government is weakening the public plan, which is already quite limited in terms of the care it covers and the percentage of the population who benefits from it.

Why withdrawal is a good option?

- > Withdrawal is a pressure tactic that dentists are using to show their dissatisfaction with the negotiations with the Ministère de la Santé et des Services sociaux (MSSS) concerning the agreement that expired on April 1, 2015.
- > It has now been almost five years since the agreement expired with the RAMQ concerning the public dental plan!
- > This agreement establishes the rates for the oral health care covered by the Régie de l'assurance maladie du Québec (RAMQ). The care provided in private dental offices is free only for children under 10 years of age and beneficiaries of last-resort financial assistance.
- > This agreement also establishes the rates for the covered types of care; these rates differ from those in the *Fee Guide and Description of Dental Treatment Services*.
- > In its most recent proposal, the government specifically refuses to recognize the high operating expenses incurred by dental offices, both in this and future negotiations. Keep in mind that dentists, unlike doctors who practice in the public sector, **cover all the costs involved in the care they provide**, which means that dental offices have particularly high operating costs.
- > To illustrate the impact of this decision: When operating expenses are excluded and inflation is factored in, dentists' personal remuneration **will be nearly 50% less** in 2020 than it was in 2015.



- > Through this collective movement, the ACDQ and the dentists who have withdrawn want to show their dissatisfaction with the attitude taken by the MSSS and make it clear that they reject the exclusion of operating costs from this and all future agreements.
- > This collective movement also serves as a reminder to the government that the oral health care offered to Quebecers will only improve when the government shows a real desire to act and fund it appropriately. The current plan does not cover preventive care for children under 12 years of age who are insured under it and does not reflect current advances in oral health care in terms of the new types of materials and recognized techniques that are now available for use.
- > Finally, it must be mentioned that the public will not pay the price for this pressure tactic. The only consequence for patients is that they have to send the payment claims to the RAMQ themselves and pay their dentists when they receive the cheque.



1. What is the difference between non-participation and withdrawal?

Professionals who have withdrawn¹: Health professionals who have withdrawn practice outside the scope of the health insurance plan, but agree to be compensated in accordance with the rates set out in the agreements; their patients must first claim the amount of the fees from the RAMQ using the Demande de paiement (*professionnel désengagé*)² claim for payment form for professionals who have withdrawn, which must be duly signed by the professionals, and then pay their professionals afterward. According to section 31 of the Health Insurance Act, professionals may not demand or receive a payment from insured persons before they have been reimbursed by the RAMQ. Withdrawal does not apply to emergency care. The RAMQ's website specifies that dentists may invoice the RAMQ directly in cases of emergency.

Non-participating professionals: **Non-participating** health professionals practice outside the scope of the health insurance plan and are not compensated according to the rates specified in an agreement. They set their own fees, which their patients pay in full. Thus, their patients may not receive any reimbursements from the RAMQ.

2. What steps do I have to take once I have withdrawn?

1. You give patients your notice of withdrawal.
See also question 3: Do I have to notify patients that I have withdrawn?
2. You treat your patients.
3. You fill out, sign and date **form 4448** entitled "Demande de paiement" (in French only).
See also question 5: What do I have to fill out and give to patients after I have treated them?
4. Patients mail the **form 4448** (claim for payment) that you gave them.
5. The RAMQ receives the form and makes the payment directly to the patients.
6. The RAMQ sends a notice to dentists when it has paid their patients.
7. The patients pay their dentists for the treatments they have received.

3. Do I have to notify patients that I have withdrawn?

Yes, the Regulation respecting the application of the Quebec Health Insurance Act (RAHIA) requires you to give your patients, before you treat them, a notice in writing that has been signed by you and dated.

In addition, the ACDQ recommends that you notify patients that you are a professional who has withdrawn when they make an appointment with you.

4. What do I have to give my patients BEFORE I have treated them?

Before treating them, you must give your patients a notice in writing that has been signed by you and dated. The text of the notice is provided in section 25 of the Regulation respecting the application of the Quebec Health Insurance Act (RAHIA).

5. What do I have to fill out and give to patients AFTER I have treated them?

You must fill out and sign the payment claim form (**form 4448**), which lists the treatments that you provided to your patients.

You give the completed **form 4448** to your patients, and they mail it the RAMQ.

1. RAMQ Source: <http://www.ramq.gouv.qc.ca/fr/professionnels/chirurgiens-dentistes/evenements-carriere/adhesion-ramq/Pages/devenir-professionnel-desengage.aspx>

2. RAMQ source: <http://www.ramq.gouv.qc.ca/fr/professionnels/chirurgiens-dentistes/formulaires/inscription-professionnel/Pages/1378.aspx>

6. What should I do when patients require emergency care?

Withdrawal does not apply to emergency care. The RAMQ's website specifies that dentists may invoice the RAMQ directly in cases of emergency.

7. How much time does the RAMQ have to make the payments to patients?

The Health Insurance Act does not specify the payment period. However, the payment period should not exceed 45 days or the RAMQ will have to pay the interest.

Dentists who have received neither a notice of payment nor a notice of refusal to pay within sixty (60) days of the date on which the claim for payment was mailed (**form 4448**) may notify the RAMQ that it has thirty (30) days to pay them or they will take it to court to recover their fees.

8. What can I do if the RAMQ notifies me that it will not pay me?

You can take the RAMQ to court to recover the fees.

When this situation arises due to a problem involving the rate application rules, you can contact our dental consultant.

Otherwise, you can contact our legal service.

9. How will I know if the RAMQ has paid my patients?

The RAMQ sends a notice to dentists informing them that the payment has been made to their patients. *See also question 2: What steps do I have to take once I have withdrawn?*

10. What can I do if my patients do not pay me?

Just like for your overdue accounts, you can take your patients to court to recover your fees. If the amount owed is \$15,000 or less, you must use the small claims division form:
<https://www.justice.gouv.qc.ca/en/your-disputes/small-claims/process-and-help-for-the-applicant/filing-an-application-at-the-small-claims-division-sj-870e>.

11. Can I ask patients to pay me in advance?

No. According to section 32 of the Health Insurance Act: "[A professional who has withdrawn] shall not exact or receive from the insured person any payment of fees for insured services...".

Anyone who contravenes a provision of this section is guilty of an offence and liable to a fine of \$5,000 to \$50,000 and, in the case of a repeat or subsequent offence, to a fine of \$10,000 to \$100,000.

12. A patient wants to pay me in advance. Can I accept?

No. Section 32 of the Health Insurance Act prohibits this.

Health professionals may not exact or receive from an insured person any payment of fees for insured services that they have provided to an insured person.

Anyone who contravenes a provision of this section is guilty of an offence and liable to a fine of \$5,000 to \$50,000 and, in the case of a repeat or subsequent offence, to a fine of \$10,000 to \$100,000.

13. Does the ACDQ have a model notice that I can send to the RAMQ (if I haven't received a notice of payment within 60 days of issuing my statement of fees)?

Yes, the ACDQ will send you this letter at the appropriate time.



Withdrawal and administrative management of care covered by the RAMQ

To all administrative staff members of dentists who have withdrawn

Withdrawal is a pressure tactic that dentists are using to show their dissatisfaction with the negotiations with the Ministère de la Santé et des Services Sociaux (MSSS) concerning the agreement that expired on April 1, 2015. This collective movement aims to gain recognition for the value of their contribution to the public oral health plan and the importance of maintaining such a plan to ensure that all Quebecers, especially vulnerable segments of the population, have access to dental care.

This pressure tactic has no effect on the accessibility and the quality of care enjoyed by patients who are covered under the public plan. However, it may require you to be more involved.

I- Change in the claim process

For dentists who have withdrawn, the process of claiming payments from the RAMQ changes significantly. In fact, the dentists concerned must fill out and sign the claim for payment form (form 4448 — see annex II), which lists the treatments provided. And **patients must mail their claim to the RAMQ.**

II- RAMQ billing process

Dentists who have withdrawn

1. All information about the treatment is entered in the software (client account), without anything being sent to the RAMQ¹.
2. Claims for payment are processed individually with form 4448, which must be completed and signed by dentists or their authorized representatives. This means that all information must be transcribed on the paper form.
 - It is important to include the billing details, i.e. the codes, and specify, where applicable, the amounts associated with special cases: children under 6 years of age (code n°. 94540) and asepsis (code n°. 94541).
 - If necessary, refer to the list of the main codes in annex I.
3. The form is printed, signed and mailed by patients to the RAMQ.
4. The RAMQ sends the payment to the patients, who are responsible for remitting it to their dentist.
5. Once the payment has been received, it is entered in the software to conclude the transaction.

1. When you enter the information in your software, the RAMQ rules apply, especially as concerns special cases such as supplements for children under 6 years of age (code n°. 94540) and asepsis (code n°. 94541). **These amounts must however be specified on form 4448.**



III- How to properly inform your patients

It is recommended that you let your patients know that you have withdrawn when they make an appointment with you. You have been provided with documentation to help you properly inform them.

BEFORE you treat patients, give them

- The notice of withdrawal, which explains what withdrawal is and reminds them of what their responsibilities are.

The Quebec Health Insurance Act requires you to give your patients, prior to treatment, a notice in writing that has been signed and dated by the dentist or the dentist's authorized representative.

AFTER you treat patients, give them

- The duly completed, signed and dated form 4448. The instructions on how to properly fill out the form are appended to this document.
- A white envelope, with or without a stamp (at your discretion). You can even mail the envelope yourself!

For assistance in answering questions from patients, you can refer to the document entitled "Key Messages", which is included in the withdrawal kit sent to your dentist.

We are aware of the additional administrative burden that withdrawal may cause and thank you for the invaluable assistance you provide to your dentist.

President,

Carl Tremblay, DMD



Main codes and rates for treatments covered by the RAMQ

(in French only)

		\$
94540	Supplément pour enfant de moins de six ans	7,50
94541	Supplément pour l'asepsie	6,50
01120	Examen d'une personne assurée de moins de 12 ans	46,75
01130	Examen d'une personne assurée de 12 ans ou plus	58,25
01300	Examen d'urgence	27,00
13200	Enseignement et démonstration des mesures d'hygiène buccale	9,75
11200	Nettoyage des dents	31,75
43500	Détartrage	55,75
12400	Application topique de fluorure	13,75
23101	Matériau Classe I incisive 89	68,00
23101	Esthétique linguale 92	68,00
23103	Classe III mésiale 90	76,75
23103	Distale 91	76,75
23104	Classe IV mésiale 95	138,00
23104	Distale 96	138,00
23102	Classe V buccale 93	68,00
23102	Linguale 94	68,00
23105	Reconstitution complète du tiers incisif comprenant toute autre obturation sur la même dent 97	184,00
23108	Reconstitution complète d'une dent en matériau esthétique 87	188,00

Molaire primaire

21999	Valeur de base	16,50
21101	Une surface	23,75
21102	Deux surfaces	63,50
21103	Trois surfaces	79,75
21104	Quatre surfaces	106,50
21105	Cinq surfaces	141,25

Prémolaire

21999	Valeur de base	16,50
21211	Une surface	23,75
21212	Deux surfaces	66,00
21213	Trois surfaces	82,25
21214	Quatre surfaces	112,25
21215	Cinq surfaces	146,25

Molaire permanente

\$

21999	Valeur de base	16,50
21221	Une surface	36,75
21222	Deux surfaces	76,50
21223	Trois surfaces	105,75
21224	Quatre surfaces	132,47
21225	Cinq surfaces	175,00

En matériau esthétique

23999	Valeur de base	16,50
23301	Une surface	56,25
23302	Deux surfaces	102,50

Couronne préfabriquée

27403	Postérieure primaire	128,00
27411	Antérieure permanente	128,00

Endodontie

32211	Pulpotomie sur dent primaire	71,25
32310	Pulpectomie sur dent primaire	71,25

Ablation simple de dent

71101	Première dent	83,75
71111	Chaque dent additionnelle	58,75

Ablation complexe de dent

(comprenant l'ablation du sac adamantin ou folliculaire, si indiqué)

72100	Ablation de dent ayant fait éruption, nécessitant un lambeau et/ou une odontectomie	147,50
72210	Ablation de dent dont la surface occlusale est entièrement couverte par le tissu muqueux	132,00
72220	Ablation de dent ayant fait éruption et nécessitant un lambeau, une exérèse de tissu osseux (ostectomie) et par la suite des points de suture, à l'exception des cas prévus ci-après	176,00

Remplacement suite à une chirurgie

Complète

51101	Supérieure	717,00
51111	Inférieure	924,00
51121	Supérieure et inférieure	1 275,00

Partielle

52241	Supérieure avec ou sans crochets ou appuis	439,00
52251	Inférieure avec ou sans crochets ou appuis	439,00
52261	Supérieure et inférieure avec ou sans crochets ou appuis	797,00