

CAYMAN ISLANDS



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**THE HEALTH SERVICES (FEES)
(AMENDMENT) REGULATIONS, 1990**

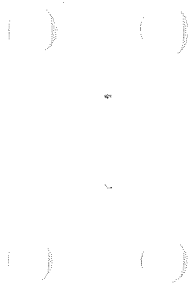


THE HEALTH SERVICES LAW.

THE HEALTH SERVICES (FEES) (AMENDMENT) REGULATIONS, 1990.

In exercise of the powers conferred upon the Governor by section 7 of the Health Services Law, the following regulations are hereby made:

- Citation. 1. These regulations may be cited as the Health Services (Fees) (Amendment) Regulations, 1990.
- Replacement of Schedule. 2. The Schedule to the Health Services (Fees) Regulations, 1975, is replaced by the Schedule to these Regulations.
- Effective dates of fees. 3. In the Schedule to these Regulations the dates on which the fees set out therein become effective for the services listed in column (1) are the dates set forth at the head of columns (2), (3), and (4) respectively.



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" SCHEDULE (Reg.3)

(1) SERVICES	(2) (3) (4) EFFECTIVE DATES		
	1/6/90	1/1/91	1/6/91
	\$	\$	\$
GENERAL AND PROFESSIONAL CARE			
1. Hospitalization (including room, routine medical and nursing services), per day	100.00	150.00	200.00
2. Intensive care -- per day	150.00	250.00	300.00
3. Use of delivery room -- per day	200.00	300.00	300.00
4. Maternity hospital care -- per day	100.00	150.00	225.00
5. Neonatal care -- per day	100.00	200.00	250.00
6. Operating Theatre			
- Major surgery	200.00	250.00	350.00
- Minor surgery	100.00	200.00	250.00
7. Anaesthesia			
- Major surgery	50.00	150.00	200.00
- Minor surgery	30.00	75.00	100.00

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50. Partial chrome -- cobalt metal denture	350.00	350.00	350.00
51. Pan-oral X-ray	35.00	35.00	35.00
52. OTHER SERVICES			
Home physician visit	30.00	30.00	30.00
District clinic physician visit	15.00	15.00	15.00
Home nursing visit	10.00	10.00	10.00
District clinic nursing service	5.00	5.00	5.00

Made in Council the 15th day of May, 1990.

MONA N. JACKSON
Clerk of the Executive Council.

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40. Crowns -			
Gold	150.00	200.00	200.00
Acrylic	100.00	125.00	125.00
41. Root canal therapy	75.00	110.00	150.00
42. Dentures -			
Upper or Lower, full	180.00	180.00	180.00
Upper and lower, full	330.00	330.00	330.00
Partial upper or lower, acrylic	100-150	135-180	135-180
Clasp:	(According to the work performed.)		
Steel	INCLUDED IN DENTURE COSTS.		
Gold	DITTO, PLUS COST OF GOLD.		
Re-line	35.00	45.00	60.00
Repair	20.00	25.00	32.00
Addition	20.00	25.00	32.00
43. Pin retention	40.00	40.00	40.00
44. Acid etching	25.00	25.00	25.00
45. Fissure sealing	55.00	55.00	55.00
46. Therapeutic dressing	28.00	28.00	28.00
47. Unit of bridgework or single-bonded crown	200.00	200.00	200.00
48. Treatment of sensitive cementum per course	35.00	35.00	35.00
49. Apicoectomy and retrograde root filling	150.00	150.00	150.00

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8. Surgeon's fees			
- Major surgery	150.00	200.00	350.00
- Minor surgery	100.00	150.00	250.00
9. Consultation -- In-patient physician's fee	25.00	50.00	50.00
10. Hospital clinics -- Consultation during scheduled hours	25.00	25.00	25.00
11. Referral -- Appointment with specialist	40.00	40.00	40.00
12. Emergency Room (excluding drugs):			
Level 1	40.00	50.00	60.00
Level 2	50.00	75.00	100.00
Level 3	100.00	150.00	250.00
Injection	10.00	10.00	10.00
Dressing	10.00	10.00	10.00
13. Ambulance services:			
Emergency	60.00	80.00	100.00
Transfer	50.00	60.00	75.00
Transport without special assistance, per mile	.50	.50	.50
14. Escorting patient to overseas institution	FULL COST TO BE PAID.		
ADMINISTRATIVE			
15. Medical autopsy and report	700.00	700.00	700.00

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16. Medical examination report	60.00	60.00	60.00
17. Police Certificate	10.00	10.00	10.00
18. Replacement of registration card	10.00	10.00	10.00

SPECIAL SERVICES

19. Laboratory Service	}	FEES	
20. Radiology	}	CALCULATED	
21. Pharmacy	}	ACCORDING	
22. Medical supplies	}	TO SERVICES	
23. Physiotherapy	}	PROVIDED.	
24. ECG and interpretation			25.00
25. Foetal monitoring			30.00
26. Private duty and special duty nursing		FULL COSTS TO BE PAID.	
27. Renal dialysis			
Residents	200.00	200.00	200.00
Visitors	300.00	300.00	300.00

DENTAL CARE

28. Consultation	10.00	10.00	10.00
29. Full examination	10.00	15.00	25.00
30. X-ray -- (per film)	10.00	15.00	15.00
31. Extraction -- per unit	10.00	15.00	25.00
32. Impacted tooth	25.00	75.00	100.00
33. Surgical	50.00	75.00	100.00
34. General anaesthetic			FULL HOSPITAL FEE PAYABLE.
35. Prophylaxis	15.00	25.00	25.00
36. Periodontal	25.00	50.00	80.00
37. Silver filling			
Small	15.00	20.00	30.00
Large	30.00	50.00	50.00
38. Filling tooth, coloured -			
Small	18.00	25.00	25.00
Large	25.00	45.00	60.00
39. Gold filling	200.00	200.00	200.00
Per additional surface	45.00	45.00	45.00