

**GUIDE TO MEDICARE BULK BILLING CONSENT
MEDICARE CHILD DENTAL BENEFITS SCHEDULE**

No out of pocket cost to you.

Medicare CDBS provides children aged 2-17 funding of \$1013 for preventative dental treatment and is renewed every 2 calendar years. This service is covered under Medicare, meaning Medicare will cover these costs and you do not have to pay for them out of pocket.

You can withdraw your consent for CDBS at anytime by contacting ADHV. For more information regarding CDBS, please visit www.humanservices.gov.au/childdental

ADHV will check eligibility before treatment. If you give consent, upon an initial examination (88011) the Medicare Benefit amounts for each service we may provide are below.

Pricing is set by the Department of Health and is deducted from your Medicare balance.

This is paid by Medicare. You do not need to pay these amounts.

Please visit www.adhv.com.au/dental/treatment for details of what each treatment involves.

ITEM	SERVICE	BENEFIT
88011	Comprehensive Oral Examination	\$53.35
88012	Periodic Oral Examination	\$44.30
88013	Limited Oral Examination	\$27.85

ITEM	SERVICE	BENEFIT
88111	Removal of Plaque / Stain	\$54.50
88114	Removal of Calculus - 1 st visit	\$90.85
88115	Removal of Calculus - 2 nd visit	\$59.10
88121	Topical Remineralisation agents	\$35.00
88022	Periapical or Bitewing X-ray	\$30.85 each

ITEM	SERVICE	BENEFIT
88161	Tooth Surface/ Fissure sealing (first 4)	\$46.65 each
88162	Tooth Surface/ Fissure sealing (Additional services)	\$23.35 each

Please visit www.adhv.com.au/privacy to view our Privacy Policy.

If you have any questions, please contact (03) 9323 9607.

FAQ's

Do I need to pay anything?

No, Medicare CDBS covers these costs for eligible students via Bulk Billing.

If your child is not eligible, ADHV will do a FREE Dental health screen and tooth strengthening remineralisation.

Do I need to attend?

No, our experienced dental team will ensure your child is looked after. If you have any concerns, please contact our office.

HOW WELL DO YOU KNOW YOUR MOUTH?

Do you know what's healthy for your mouth? Answer the questions below for your chance to

WIN A \$250 Dental Health Kit

1 How many times a day should you brush your teeth?

- 0
- 1
- 2
- 5

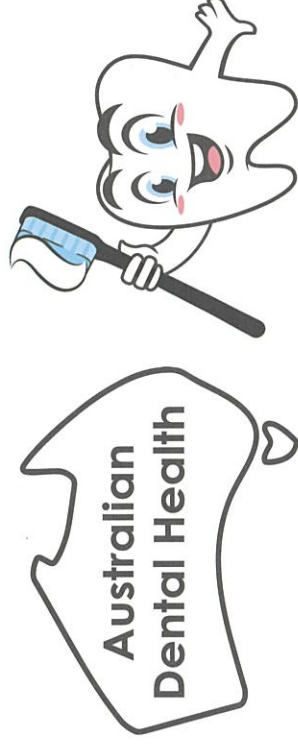
2 Circle all the drinks that are healthy for your teeth

- Orange Juice
- Soft Drink
- Water
- Milk
- Cola
- Pineapple Juice

3 How often should you change your toothbrush

- Every 10 months
- Never
- Every Year
- Every 3 months

School Dental Initiative



1 FILL IN FORM

The dental health van is visiting our school to help find dental decay early! Fill and return this form to school.

2 THE VISIT

We will provide a full examination and two small diagnostic x-rays, remineralisation of teeth and fissure seals if required. (If your child is not Medicare eligible we will do a FREE limited Dental Health screening and tooth strengthening remineralisation)

3 FILLINGS

If your child needs fillings, you will be contacted. If you give consent, we can do further treatment. We will also provide a written treatment plan.



Health - Education - Community

(03) 9323 9607 info@adhv.com.au www.adhv.com.au

387 Barry Road, DALLAS VIC 3047

MEDICAL HISTORY & CONSENT

Child's Full Name: _____

Date of Birth: _____

School Name: _____

Grade & Class: _____

Patient Address: _____

Parent/ Guardian Name: _____

Email: _____

Mobile: _____

Postcode: _____

Please list any current medical conditions / allergies

Please list any current medications

If your child has had dental X-rays in the last 6 months please tick here.

I have read and understood the Medicare Bulk Billing section of this form, including the safety and benefits of the dental check-up and preventive care treatments as outlined at www.adhv.com.au/dental/treatment. I have had an opportunity to ask questions and seek clarification on the information I have been provided by calling ADHV on 03-9323 9607.

- I understand that I DO NOT have to pay these costs and that they will be deducted from my child's CDBS Medicare balance.
- I give consent to ADHV to provide dental treatment to my child including a dental examination. If my child requires a clean or remineralisation for their teeth I give further consent.

If you have anything to note, or do not consent to specific treatment, please specify. _____

SIGNATURE  _____
 REQUIRED Parent/Guardian Signature Date

SIGNATURE  _____
 REQUIRED Parent/Guardian Signature Date

Small dental x-rays significantly increase the detection of tooth decay and are safe for people of all ages. I give consent to take up to 2 small dental x-rays for diagnosis if required.

Fissure Seals: As well as consenting to the above, I also consent to place seals on my child's teeth (molars) if they are required (up to 8 seals).

SIGNATURE  _____
 REQUIRED Parent/Guardian Signature Date

PLEASE SIGN ALL SECTIONS SEPARATELY



Australian Government
 Department of Health

CHILD DENTAL BENEFITS SCHEDULE BULK BILLING PATIENT CONSENT FORM

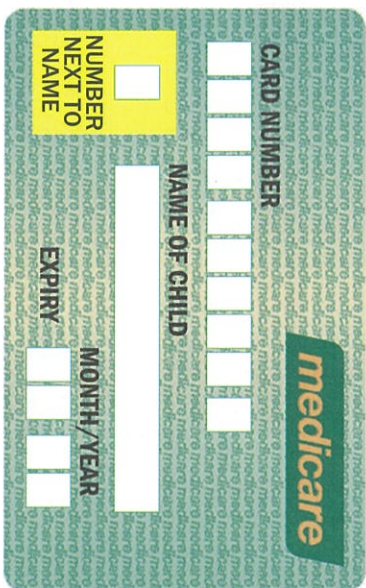
I, the patient / legal guardian, certify that I have been informed:

- Of the treatment that has been or will be provided from this date under the Child Dental Benefits Schedule;
- Of the likely cost of this treatment; and
- That I will be bulk billed for services under the Child Dental Benefits Schedule and I will not pay out-of-pocket costs for these services, subject to sufficient funds being available under the benefit cap.

I understand that I / the patient will only have access to dental benefits of up to the benefit cap.
 I understand that benefits for some services may have restrictions and that Child Dental Benefits Schedule covers a limited range of services. I understand I will need to personally meet the costs of any services not covered by the Child Dental Benefits Schedule.
 I understand that the cost of services will reduce the available benefit cap and that I will need to personally meet the costs of any additional services once benefits are exhausted.

*ADHV will not charge any out of pocket costs for any patients including CDBS patients

 PLEASE FILL ALL DETAILS



Full Name of person signing (if not the patient) _____

Patient/legal guardian Signature _____

 SIGNATURE

Date _____ / _____ / _____

This form is valid up to 31 December of the calendar year for which it is signed