

GUIDE TO MEDICARE BULK BILLING CONSENT

No out of pocket cost to you.

Medicare CDBS provides children aged 2-17 funding of \$1000 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	\$52.65
88012	Periodic Oral Examination	\$43.75
88013	Limited Oral Examination	\$27.50
88111	Removal of Plaque / Stain	\$53.80
88114	Removal of Calculus - 1 st visit	\$89.70
88115	Removal of Calculus - 2 nd visit	\$58.35
88121	Topical Remineralisation agents	\$34.55
88022	Periapical or Bitewing X-ray	\$30.45 each

Medicare pricing for fissure seals:

ITEM	SERVICE	BENEFIT
88161	Tooth Surface/Fissure sealing (first 4)	\$46.05 each
88162	Tooth Surface/Fissure sealing (Additional services)	\$23.05 each

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

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

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 \$100 GIFT CARD!

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 | Water |
| Soft Drink | Pineapple |
| Juice | Milk |
| | Cola |

3 How many times a year should you visit a dentist?

- 0 1 2 5

4 How often should you change your toothbrush?

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

DENTAL UNDER MEDICARE

387 Barry Road, DALLAS, VIC. 3047

(03) 9323 9607

info@adhv.com.au
www.adhv.com.au



1 FILL IN FORM

The dental health van is coming to our school! Fill and return this form to school.

2 MEDICARE CHECK

We will check your eligibility. Eligible? - No out of pocket cost. Not Eligible? - Free check up.

3 THE VISIT

A Full examination. A Clean, two small diagnostic x-rays, remineralisation of teeth and fissure seals of permanent molars only if required.

4 FILLINGS

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

MEDICAL HISTORY & CONSENT

Child's Full Name: _____ D.O.B: _____
 School Name: _____ Grade & Class: _____
 Patient Address: _____ Postcode: _____
 Parent/Guardian Name: _____ Mobile: _____
 Email: _____

Please tick 'Yes' if your child has any of the following medical conditions:		Yes	Yes
Asthma / Other Lung Condition	Stomach or Digestive problems		
Diabetes: Type 1 or 2 (Please circle)	Bone / Joint Replacement / Osteoporosis / Prosthetic Implant		
Cardiac Pacemaker	Kidney, Liver or Thyroid problems		
High or Low Blood Pressure	Cancer / Radiation or Chemotherapy		
Fainting / Dizziness	Hep. A, B or C (Please circle)		
Stroke / Heart / Nerve Condition	Anaemia or other Blood Disorders		
Epilepsy	Excessive Bleeding		
Steroid Therapy	Contact with HIV or AIDS		

Other conditions not listed above: _____
 Other current medications: _____
 Allergies: _____

- 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 the 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 for the ADHV to provide dental treatment to my child including a dental examination and bitewing x-rays x2 if required. If my child requires a further clean or remineralisation for their teeth I give further consent.

If you do not consent to specific treatment, please specify below.

Parent/Guardian Notes: _____
 Parent/Guardian Signature _____ Date _____

PLEASE SIGN HERE →

- Fissure Seals: Please place seals on the grooves of my child's permanent molars (upto 8 seals) if they are required, and I give consent for this.

PLEASE SIGN HERE →

Parent/Guardian Signature _____ Date _____



Australian Government
 Department of Health

CHILD DENTAL BENEFITS SCHEDULE BULK BILLING PATIENT CONSENT FORM

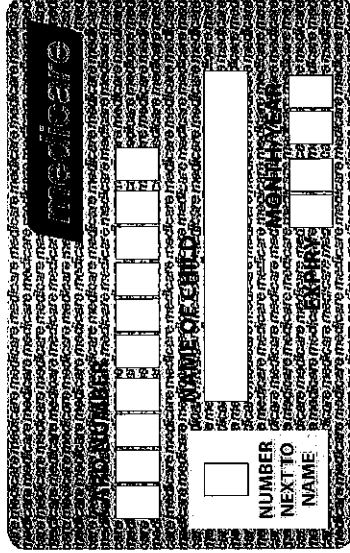
I, the patient / legal guardian, certify that I have been informed:

- 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.



**PLEASE FILL
 ALL DETAILS**

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

Patient/legal guardian Signature _____

Date _____ / _____ / _____

PLEASE SIGN HERE →