SERVICE DISCLOSURE STATEMENT

MEDICARE

Please read carefully

Medicare CDBS provides funding of $1000 over 2 calendar years for preventative dental treatment to selected children aged 2-17. This service is covered under Medicare, meaning there is no out of pocket expense.
For more information about CDBS, visit: www.humanservices.gov.au/childdental

We will check eligibility before treatment. The Medicare Benefit amounts for each service we may provide are below. **This is paid by Medicare, NOT by you.**

Upon initial Examination (88011), if your child requires further treatment, the treatment pricing is listed below. **Pricing is set by the Department of Health, and is deducted from your Medicare balance.**

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 – 1st visit	$89.70
88115	Removal of Calculus – 2nd visit	$58.35
88121	Topical Remineralisation agents	$34.55
88022	Periapical or Bitewing X-ray	$30.45

If your child requires further work, we may contact you after an initial examination.

Common further treatment pricing is below for reference:

ITEM	SERVICE	BENEFIT
88161	Tooth Surface/Fissure sealing	$46.05
88162	Tooth Surface/Fissure sealing (Additional services)	$23.05
88521	Adhesive Restoration - one surface - anterior tooth - direct	$115.45
88531	Adhesive Restoration - one surface - posterior tooth - direct	$123.30

If your child's not eligible, we will contact you for further options.

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

Mobile SCHOOL DENTIST

Address 387 Barry Road, Dallas VIC. 3047
Phone (03) 9323 9607
Email info@mobileschooldentist.com.au
Web www.mobileschooldentist.com.au

1 FILL IN FORM
For your child to be seen by the Dental Health Van, please fill and return this form to your school.

2 MEDICARE CHECK
We will check if your child is eligible for Medicare BULK BILLING through CDBS.
Not eligible, but still want treatment?
We will conduct a limited check-up FREE of charge, and we'll be in contact.

3 OUR VISIT
A Full examination to identify any concerns with your child's teeth.
A Subsequent Clean, Diagnostic Bitewing X-rays and Remineralisation of teeth only if required.

YES! We can do fillings and fissure seals onsite!

4 FURTHER TREATMENT
We will attempt to call you during or after our visit.
If you give us consent, we can do further treatment.
If we can't get through, we will 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: _____ Phone: _____

Email: _____

DOES YOUR CHILD HAVE OR PREVIOUSLY HAD ANY OF THE FOLLOWING MEDICAL CONDITIONS?
Please tick 'Yes' or 'No' for each condition.

	Yes	No		Yes	No
Asthma / Other Lung Condition			Cancer / Radiation or Chemotherapy		
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			Stomach or Digestive problems		
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 (please list): _____

_____

Current medications (please list): _____

_____

Allergies (please list): _____

- I give consent for Mobile School Dentist to provide dental treatment to my child, including a Dental Examination and Diagnostic Bitewing X-rays (x2) if they are required.
- If my child requires a further clean or remineralisation for their teeth, I give further consent for this treatment.
- I have read and understood the Service Disclosure Statement and BULK BILLING costs. I understand that these costs will be BULK BILLED from my $1000 Medicare CDBS balance.
- I give consent for my child's dental information to be securely accessed and stored by Mobile School Dentist staff for administration purposes.

If you would only like an examination, or do not consent to specific treatment, please specify below.

Parent/Guardian Notes: _____

_____

_____

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.

medicare

CARD NUMBER

IRN NO

NAME OF CHILD

MONTH/YEAR

EXPIRY

PLEASE FILL ALL DETAILS

_____

Full Name of person signing (if not the patient)

_____

Patient/legal guardian Signature

PLEASE SIGN HERE

Date _____/_____/_____

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