

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	\$23.05 each

(Additional services)

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

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

'Independent Survey'

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 days 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 Milk Cola
Pineapple Juice

3 How often should you change your toothbrush

- Every 10 months Every Year
Never Every 3 months

School Dental Initiative

No Out Of Pocket Dental



DID YOU KNOW?
1 in 4 Children In Australia Have Untreated Tooth Decay

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 exam and tooth strengthening remineralisation)

3 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.

Our Kids - Our Schools - Our Future

(03) 9323 9607 info@adhv.com.au www.adhv.com.au 387 Barry Road, DALLAS VIC 3047

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MEDICAL HISTORY & CONSENT

Child's Full Name: _____

School Name: _____

Patient Address: _____

Parent/ Guardian Name: _____

Email: _____

Mobile: _____

Date of Birth _____

Grade & Class: _____

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 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.

- I give consent for the ADHV to come back in 6 months to review my child's oral health .

- I give consent for the ADHV to do a periodic examination and tooth remineralisation if they come back to my child's school.

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

SIGNATURE →

Parent/Guardian Signature

Date

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

SIGNATURE →

Parent/Guardian Signature

Date



Australian Government
Department of Health

CHILD DENTAL BENEFITS SCHEDULE BULK BILLING PATIENT CONSENT FORM

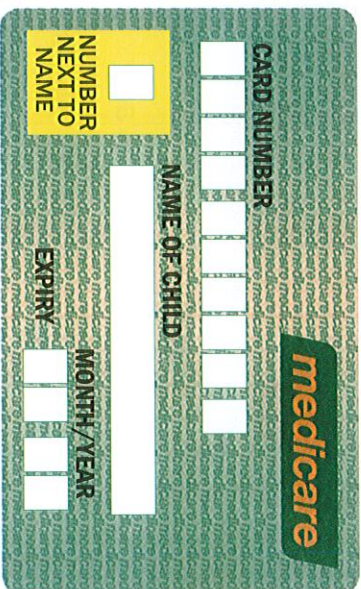
I, the patient / legal guardian, certify that I have been informed:

- 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

SIGNATURE →

Date _____ / _____ / _____