



School Visits – Mobile Dental Van

Dear Parent / Guardian,

The Martin Vale Dentistry's Mobile Dental Van will be conducting dental visits to your school, preschool or kinder. The treatment can be BULK BILLED through Medicare Child Dental Benefits Scheme (CDBS) for eligible students. Student that are not eligible for CDBS have the option to receive treatment at the Medicare prices as a private patient.

The following explains the steps involved and options.

1

Our First Visit

Students Eligible for CDBS:

Will receive an examination, X-rays, fluoride and fissure sealants, scale and clean.

Parents are contacted by phone, SMS or email soon after their child has been seen to discuss a treatment plan using the available CDBS funds.

2

Follow Up Visit

We will schedule a date to return to your school, preschool or kinder to proceed with the treatment plan we have discussed with you after gaining your consent.

Parents are welcome to attend while their child has their treatment in the Van or if being seen at the Martin Vale Dentistry practice in Bendigo.

If your child requires further or urgent dental treatment and Mobile Dental Van return date does not suit, please note you have the option to schedule the treatment in our private practice at 116 Queen Street Bendigo.

Students NOT Eligible for CDBS:

You have a choice: (tick one)

Pay for a \$99 Van Special:

This includes a comprehensive exam, X-rays and a dental clean.

OR

Receive a complementary dental screening only.

If you would like your child to participate, please complete the Consent Form attached, or use the QR Code below to complete the form online.



Dr Luke Vale and the team at Martin Vale Dentistry



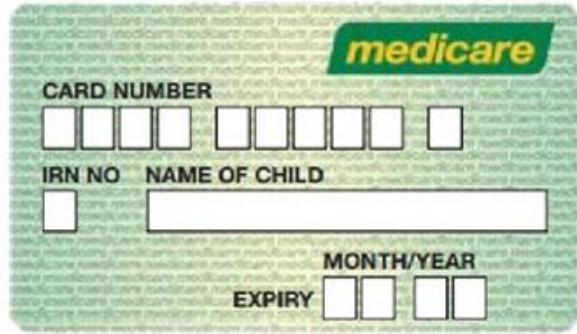
BULK BILLING PATIENT CONSENT FORM – CHILD DENTAL BENEFITS SCHEME (CDBS)

Child's Details

Full Name: _____

DOB: ____ / ____ / ____ Grade / Class: _____

Address: _____



Name of School: _____

Concerns with your child's teeth? _____

Allergies: _____

Medications: _____

Please state if any medical conditions: _____



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.

I, Parent/Guardian _____ give consent for Martin Vale Dentistry to undertake a dental check-up, fluoride, fissure sealants and X-rays if required and I am happy for my child's dental records to be safely read and kept by Martin Vale Dentistry staff for administration purposes.

I have read and understand the steps outlined and the CDBS BULK BILLING process. I agree to the costs being BULK BILLED from my **\$1,158 CDBS** for ages 2 – 17 years old.

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

Patient/Legal Guardian Signature _____

Parent/Legal Guardian Mobile _____ Email _____

Date ____ / ____ / ____

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