Healthy Smiles

MEDICAL QUESTIONNAIRE AND CONSENT FORM

Healthy Smiles Australia (HSA) takes your privacy very seriously and will not share your information to any non- related partner. We will take all possible measures to maintain your privacy as per law and will not share your information with anyone outside Australia.

-I hereby consent Healthy Smiles Australia to provide appropriate dental treatment which may include but not limited to diagnosis, teeth clean and topical Remineralization / fluoridation.

-I acknowledge that I have read and understood the service disclosure statement which is available on site www.vicschooldentalservices.com.au and also by contacting them. I also understand that all the details filled is private and confidential. Healthy Smiles Australia may contact me in relation to my child oral health, any related issues such as accounts and appointments or special promotions run by local clinic which may be useful.

** PLEASE FILL THE FORM AND RETURN BY_____

Name of Child: _____ Date of Birth _____

School Name_____Year level_____

Parent/Guardian name _____ Contact number _____

Please indicate if you have ever suffered any of the following:

Any heart complaints/treatment?	Yes/No	Any nervous system disorders?	Yes/No
Tuberculosis?	Yes/No	Asthma/Bronchitis/Lung conditions	Yes/No
HIV or hepatitis A/B/C	Yes/No	Thyroid Disease?	Yes/No
Jaundice/Liver Disease?	Yes/No	Radiation Therapy/Chemotherapy?	Yes/No
Epilepsy?	Yes/No	Depression?	Yes/No
Blood Disorders/Bleeding Disorders?	Yes/No	Diabetes?	Yes/No
High or Low Blood Pressure?	Yes/No	Transplanted Organ or Bone Marrow?	Yes/No
Rheumatic fever or heart valve surgery?	Yes/No	Kidney Conditions?	Yes/No
Infectious Diseases/Measles/Chicken Pox/Other			
If Yes, please list the details to the questions above:			

Is your child's immunisations up to date? Yes / No

List Allergies if present (eg. latex, nuts, egg, penicillin etc)

List Current medications _____

Parent /Guardian Signature _____

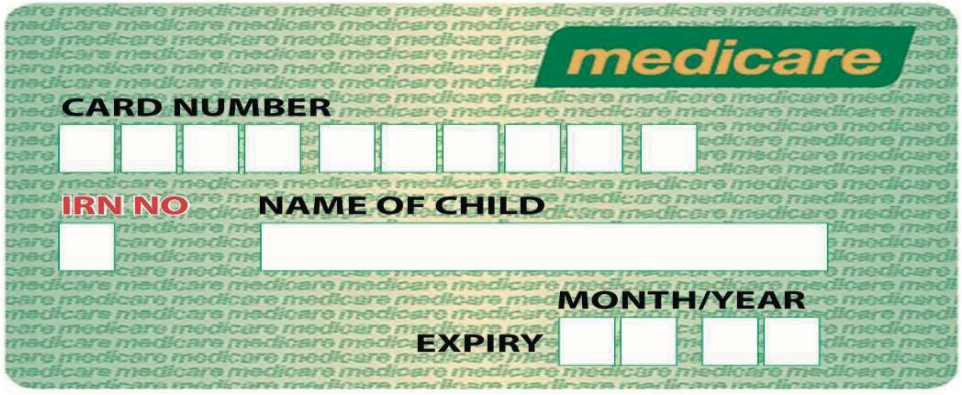
Date _____

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 (CDBS), 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 key access to dental benefits of up to the benefit cap.
- I understand that benefits for some services may have restrictions and that the CDBS covers a limited range of services.
- I understand I will need to personally meet the costs of any services not covered by the CDBS.
- 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 the details below in the image



I thereby allow HSA to check the eligibility of my child for CDBS scheme.

Full Name of the person signing _____

Patient/Legal Signature Date _____

Email Address_____

INFORMATION FOR FAMILIES

FAQ

How does fluoride application help our teeth?

Fluoride helps prevent tooth decay by making the tooth more resistant to acid attacks from plaque bacteria and sugar in mouth.

How can my child participate in the program?

Your child can participate in the program after you have filled out the relevant forms you received with the HSA Information.

A child is eligible for the CDBS if they are:

- 0-17 years old for at least one day that calendar year;
- Eligible for Medicare; and
- Receive a payment from Services Australia at least once a year, or have a parent, carer or guardian who receives a payment from Services Australia at least once a year.

What does it cost?

Eligible students: For children of eligible families the total benefit is capped at **$1132** over a two-calendar year period. We confirm the eligibility of the child with Medicare before the visit with our dentist/dental therapist. There is no out of pocket cost to be paid by parents. Parents will be well informed of child's treatment plan.

Ineligible students: For students not covered under the CDBS, a complimentary check-up and treatment plan will be offered.

ELIGIBLE BULK BILLED STUDENT OPTION

Child eligible under Medicare CBDS scheme will be **bulk billed with no out of pocket expense** and will be billed on Medicare schedule fee set by Department of Health and not by us. Some of the common billed items are: -

ITEM	SERVICE	BENEFIT
88011	Comprehensive Oral Examination	$59.60
88012	Periodic Oral Examination	$49.55
88013	Limited Oral Examination	$31.10
88111	Removal Of Plaque	$60.90
88114	Removal of Calculus Initial Visit	$101.55
88115	Removal of Calculus – subsequent Visit	$66.00
88121	Remineralization / Fluoride Topical Application	$39.15

For more information, visit www.humanservices.gov.au/childdental
If you wish you can check your eligibility by calling Medicare on 132 011

Healthy Smiles Australia is proud participant of **CHILD BENEFIT DENTAL SCHEME** provided by federal government through Medicare and dedicated to improve children oral health.

About this Program

The Child Dental Benefits Schedule (CDBS) is an Australian Government program that provides access to basic dental services, within a benefit cap, over a relevant two calendar year period. Services that receive a benefit under the CDBS include examinations, cleaning, x-rays, fissure sealing, fillings, root canals, extractions and partial dentures. The full list of services is available in the Dental Benefits Schedule. The Schedule includes an item number, description, benefit amount and applicable restrictions for each service. Services can be provided in a public or private setting. However, benefits are not available for orthodontics, cosmetic dental or any services provided in a hospital.

Privacy and Consent information

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles (APPs), and is being collected by your Dental Provider on behalf of the Department of Health, Disability and Ageing (the department). for the primary purpose of facilitating basic dental services under the Child Dental Benefits Schedule. If you do not provide this information services will not be able to be provided to you under the CDBS. By providing your personal information to your Dental Provider you consent to the department collecting this personal information about you from your Dental Provider. You can access the department's APP privacy policy at https://www.health.gov.au/resources/publications/privacy-policy

The department can be contacted by telephone on (02) 6289 1555 or via email at privacy@health.gov.au

The department will not disclose your personal information to any overseas recipients. What services are offered?

Healthy Smiles Australia is assigned to provide much awaited dental treatment at your child's school during school hours under Child Dental Benefits Schedule (CDBS), funded by the Australian Federal Government. Our service for eligible students comes at no cost to the school or the parents. Students of families not eligible under CDBS will also receive a discounted oral examination.

What services are provided by Healthy Smiles Australia?

After a written consent from the parent/guardian, your child will be provided with an oral health education, comprehensive examination, scale clean, fluoride application, complete treatment plan. Further treatment of teeth if applicable