AMDC
dental care in motion

www.amdc.net.au

call us on (02) 9761 4700

OUR COMPANY

AMDC provides the highest quality, on-site oral health care services to Schools, Aged Care facilities and Aboriginal Communities with the objective - We bring the dentist to you!

We are committed to providing our patients with compassionate and professional dental care of the highest standards in a comfortable and relaxed environment.

We utilise the most current dental technologies and techniques to help you achieve a smile that you can be proud of. With our mobile dental services you will receive individualised treatment based on a careful diagnosis of your dental health.

DEAR PARENTS

In Australia, toothache is the number one reason children miss school. We have been providing dental services since 2010. We offer free assessments and basic dental treatment to students covered under Medicare. If students require ongoing dental treatment they will be reffered to the local dentist(s) in the area.

MEDICARE CDBS PROGRAM

From January 2014, eligible families, teenagers and approved care organisation will receive a letter to confirm eligibility.

A child or teenager's eligibility is assessed at the beginning of each calendar year and is valid for the whole of that calendar year.

In 2014, benefits for basic dental services are capped at $1000 per child over 2 consecutive calendar years.

If you do not use all of your $1000 benefit in the first year of eligibility, you can use it in the second year if you are still eligible.

OUR SERVICE

- Dental Examinations
- Dental Cleaning
- Fluoride treatment
- Sealants & X-rays
- Fillings

Any remaining balance will not be carried forward at the end of the second year.

Benefits will cover a range of services including examinations, x-rays, cleaning, fissure sealing, fillings, root canals and extractions.

Benefit are not available for orthodontic or cosmetical dental work and cannot be paid for any services provided in a hospital.

Child Dental Benefits Schedule services will not count towards the Medicare Safety Net or the Extended Medicare Safety Net Thresholds.

Information contained in this document was extracted from Medicare http://www.humanservices.gov.au/

CONTACT US

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WE ARE YOUR MOBILE DENTAL CARE SOLUTION

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CHILD DENTAL BENEFITS SCHEDULE BULK BILLING PATIENT CONSENT FORM

ALL INFORMATION WILL BE KEPT PRIVATE & CONFIDENTIAL

PATIENT INFORMATION

OASIS NO:

Last Name: _____
First Name(s) _____
School Name: _____
Date of Birth: _____
Parent/Legal Guardian's Name: _____
Roll Call Class: _____
Address: _____
Gender: Male / Female
Suburb: _____
Phone (H): _____
Postcode: _____
Phone (W): _____
Email: _____
Mobile: _____
Medicare Card Number: _____
Reference No: _____

Are you of Aboriginal or Torres Strait Islander origin? ☐ Yes–Aboriginal ☐ Yes–Torres Strait Islander ☐ No

Please (√) if Applicable

☐ I give consent to a free dental examination by AMDC (if x-rays are required it will be bulk billed through Medicare)

☐ I give consent to a dental assessment, scale and clean, polish & fluoride treatment and x-rays carried out by AMDC (Bulked-Billed; NO GAP payable; to the value of $237.80 if eligible through Medicare Child Dental Benefits Scheule (CDBS) and if required fissure seals ($46.05each)

☐ I do not want my child participating in the dental program

Please (√) if Applicable

☐ My child is eligible for the Medicare CDBS program

☐ I am not sure if my child is eligible for the Medicare CDBS program; please check on my behalf with Medicare

☐ I consent to be contacted by phone if my child requires further treatment

Please Complete

When was the last time your child have visited the dentist? _____

When was the last time your child had dental x-rays? _____

Medical Conditions (eg. Heart disease): No ☐ Yes ☐ (Please give Details)

Medications (eg. Epilim): No ☐ Yes ☐ (Please give Details)

Allergies (eg. Penicillin): No ☐ Yes ☐ (Please give Details)

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
- that 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 the 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.

Patient/Legal Gaurdian Signature: Date

Full Name of Person Signing (if not the patient):