CHILD DENTAL BENEFITS SCHEDULE

Patient consent.

Please fill in your child's details, your Medicare card, and sign at the back. Block letters work best. Tick both consent options if unsure - we'll check CDBS eligibility for you.

01 Patient's details

CHILD'S FULL NAME

CLASS / YEAR LEVEL

GENDER

☐ Female ☐ Male ☐ Other

DATE OF BIRTH

DD / MM / YYYY

SCHOOL NAME

HOME ADDRESS

PARENT / GUARDIAN MOBILE

e.g. 0412 345 678

EMAIL

So we can email the take-home report

02 Medicare details

Required to check CDBS eligibility - we'll bulk-bill if your child qualifies.

MEDICARE CARD NUMBER

10 digits, on the front of the card

REFERENCE #

Position next to child's name (1–9)

VALID TO

MM / YYYY

Why we ask. Your Medicare details let us claim bulk-billed care directly on your behalf - there's nothing more for you to do. Full privacy notice and certification on the back of this form.

03 I give permission for…

Tick both if unsure - we'll check CDBS for you before any appointment.

☐ **My child to receive a dental examination and treatments under CDBS.**

Bulk-billed - no out-of-pocket cost.

☐ **My child to receive a dental examination and treatments and pay out of pocket if not eligible under CDBS.**

Offered at our school discount rate.

04 Parent / legal guardian sign-off

FULL NAME (BLOCK LETTERS)

DATE

DD / MM / YYYY

SIGNATURE

Sign within this box

PATIENT CERTIFICATION & PRIVACY

CDBS

I, the patient / parent / legal guardian, certify that I have been informed of: the treatment that has been or will be provided under the Child Dental Benefits Schedule and the likely cost; the billing and payment arrangements; that services may incur an out-of-pocket cost; that the cost of services will reduce the available benefit cap and I will need to meet the cost of any additional services once benefits are exhausted; and that benefits for some services may have restrictions, and the CDBS covers a limited range of dental services.

Eligibility. A child must be 0–17 for at least one day in the calendar year, eligible for Medicare, and either receive (or have a parent / carer / guardian who receives) a Services Australia payment at least once a year.

Privacy. Your personal information is protected by the Privacy Act 1988 and the Australian Privacy Principles, and is collected by your Dental Provider on behalf of the Department of Health, Disability and Ageing for the primary purpose of facilitating dental services under the CDBS. Without it, services cannot be provided. By providing it you consent to the Department collecting this information from your Dental Provider. The Department does not disclose personal information to overseas recipients.

APP privacy policy · health.gov.au/resources/publications/privacy-policy Department contact · (02) 6289 1555

privacy@health.gov.au

NB: This form must be completed on each day of service provision under the CDBS.