

CLIENT CONSENT FORM

Facility: _____ Ward/Wing: _____

STEP 1: CLIENT/REPRESENTATIVE DETAILS (As shown on DVA/Medicare card)

Client Details

Title: _____ First Name: _____ Surname: _____ DOB: / /

Medical History/ Allergies: _____

Authorised Consentee Details (Preferred method of contact? Email SMS Phone)

Title: _____ First Name: _____ Surname: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

I hereby consent to W&L providing the nominated service(s) to the above client. I acknowledge that I am financially responsible for the cost involved in providing dental services.

Signature: _____ Date: / /

(In the event that further treatment is recommended by the dentist, you will be contacted for further approval)

Staff Use Only - Verbal/Phone Consent

Date: / / Time: _____ Staff Name: _____ Staff Signature: _____

STEP 2: CONSENT FOR ASSESSMENT

1. Do you have natural teeth? YES NO
2. Do you have partial or full dentures? YES NO (If yes, please specify: _____)
3. Will anyone be attending the appointment with you? YES NO (If yes, please specify: _____)
4. Do you consent for Medical records to be released to W&L Mobile Dental? YES NO

Dental Assessment Package (\$280) - Comprehensive Exam & Clean (Comprehensive oral examination including oral hygiene instructions (care plan), scale, clean, fluoride treatment and service fee). X-Rays (if required) will be charged per exposure.

Denture Only Examination (\$80) (Assessment of gum health and review of denture fit). If it is identified that additional denture work is required (e.g. repair, reline, etc.) then an individual quote will be prepared for approval.

** If a client has both dentures and natural teeth, then a dental assessment is required*

STEP 3: CONSENT FOR DENTAL TREATMENT

In the event that dental treatments are required, I consent to the following interventions:

- Fillings** **Extractions**

NB: If consent is not received and a separate visit is required to complete treatment then a separate attendance fee may be charged

STEP 4: MAINTENANCE OF ORAL & DENTAL HEALTH The average person should have a scale and clean at least once every 6-12 months. For older adults who have difficulty with oral hygiene (e.g. twice daily brushing with good technique) the recommended frequency is 3-monthly. Check-up, scale, clean, and fluoride treatment to occur:

- 3 Monthly** **6 Monthly** **12 Monthly**

STEP 5: PAYMENT OPTIONS

DVA Gold Card Holder. Card No: _____ Exp. Date: _____

** Eligibility checks may be completed for DVA White Card holders to confirm that dental services can be provided*

**White card holders - Dental treatment can only be provided in relation to your accepted disability.*

Trustee (e.g. State Trustee). Trustee Name: _____ Ref No: _____

Credit Card Pre-Approval. Name on Card: _____

VISA or MasterCard Card no: _____ Expiry: /

** Receipts will be issued which enable claiming the expenses through Private Health Insurance if applicable*

PRICE LIST

Routine Dentistry	
Dental Assessment Package (Examination, Oral Hygiene Instructions, Scale, Clean, Fluoride Treatment, Service Fee)	\$280.00
Emergency Call out fee for one resident (in addition to treatment fees)	\$265.00
Comprehensive Oral Examination and Oral Hygiene Instructions	\$93.00
Initial Denture Examination	\$80.00
X-Ray (per exposure)	\$47.00
Scale and Clean	\$128.00
Fluoride Treatment	\$47.00
Tooth Extraction	\$163.00
Second Extraction (Same Quadrant)	\$99.00
Surgical Removal of Tooth	\$257.00
Scheduled Check-Up (Examination, Scale, Clean, Fluoride Treatment, Service Fee)	\$199.00
Extractions	
Tooth Extraction	\$163.00
Second Extraction (Same Quadrant)	\$99.00
Surgical Removal of Tooth	\$257.00
Fillings (Based on Location & Number of Surfaces Involved)	
D521 - One surface anterior	\$140.00
D522 - Two surface anterior	\$175.00
D523 - Three surface anterior	\$198.00
D524 - Four surface anterior	\$233.00
D525 - Five surface anterior	\$268.00
D531 - One surface posterior	\$152.00
D532 - Two surface posterior	\$187.00
D533 - Three surface posterior	\$222.00
D534 - Four surface posterior	\$251.00
D535 - Five surface posterior	\$292.00

Note: An additional service fee of \$50.00 will be charged to each dental visit (initial denture examination excluded).

How does the price of W&L Mobile Dentistry compare to other clinics?

When compared to Choice Magazine's article 'Dental fees: is the price right?' W&L's prices for a check-up (including examination, scale and clean, and a fluoride treatment), x-rays, extractions, and fillings are all within the average cost range for a conventional dental surgery. This means that for a similar cost (or less) these services can be received in the comfort and convenience of the home.

Can services be bulk-billed through Department of Veterans' Affairs (DVA)?

Yes, W&L can provide bulk-billed services for eligible DVA Gold Card holders. For residents of an aged care facility this applies regardless of 'Low Care' or 'High Care' status.

Can dental services that W&L provide be claimed through private health insurance?

Yes, depending on your fund and level of insurance.

What if the dentist identifies that additional work is required? No work will be undertaken without consent and approval by a resident/representative. If you are a resident's representative, then you will be notified of the appointment day/time so you can be contactable - the dentist will then call to discuss the needs.