



**PARENT
INFORMATION**

**FREE DENTAL
CARE**

To make sure your children develop strong and healthy teeth, it is important for them to start a proper oral hygiene routine early in life. A routine will help your children develop their eating ability, speaking properly, appearance and to help the growth and position of their adult teeth. This is a good opportunity to prepare them for good health and wellbeing for the later years in their life.

What is Chompers?

Chompers is a program developed by North Richmond Community Health. This is a free program and is available to **all** children at the school.

- We provide a free dental check-up at your child's school once a year.
- We teach your child how to care for their teeth to stay healthy.
- Your child will get a Dental Care Kit, which includes a Dental Health Report, toothbrush and toothpaste.



Your child's Dental Health Report will let you know if your child needs more treatment.

Call North Richmond Community Health at **9418 9873** to make an appointment.



How can my child join Chompers?

Fill in and return these two forms to the school:

1. **Chompers Consent Form.**
2. **Medicare Child Dental Benefits Schedule (CDBS) Form.**

FAQS – SOME FREQUENTLY ASKED QUESTIONS

How much will it cost?

It's **FREE!**

The Commonwealth Medicare Child Dental Benefit Schedule will cover the cost of the Chompers visit. Even if your child is not eligible for CDBS, the Chompers program is still free.

How does the Child Dental Benefits Schedule (CDBS) work?

Your child will receive \$1000 of basic dental care every 2 years. If you do not use all of your benefits in the first year, you can use it in the second year if you are still eligible. Any remaining balance will not be carried over at the end of the second year.

How do I know if my child is eligible for CDBS?

- an email or letter will be sent to you from Medicare
- your child must be aged 2-17 years
- your child must have a relevant Australian government payment such as Family Tax Benefit A or hold a health care card.

What if my child is not eligible for CDBS?

Your child can still participate. Chompers is a **FREE** dental program and available to all children/students.

How does Chompers use CDBS?

- First Chompers dental check-up: \$52.65
- Fluoride varnish (if required): \$34.55

This will be bulk-billed to Medicare (up to the \$1000 benefits cap) so you do not pay anything.

What if there is not enough money left in CDBS?

Your child's current treatment (not including specialist services) will be completed at no cost to you.

Are there any extra costs for Chompers?

Chompers is a North Richmond Community Health Program. Visit nrch.com.au or call 9418 9873.

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There will be no extra costs, no copayment and you do not need to submit a claim. It will be bulk-billed via Medicare.

My child is less than 12 years old and needs more treatment. Will this be free too?

Yes. Call North Richmond Community Health for an appointment.

My child is in high school and needs more treatment. Will this be free too?

Chompers is free for all students attending the school. If your child needs more treatment, and if you have:



✓ **Medicare CDBS**

Up to \$1000 bulk-billed treatment, you pay no fee.

→ Call North Richmond Community Health for an appointment.

× **Medicare CDBS** ✓ **Healthcare Card**

There will be a co-payment fee.

→ Call North Richmond Community Health for an appointment.

× **Medicare CDBS** × **Healthcare Card**

There will be private fees.

→ Call your family dentist or North Richmond Community Health for an appointment.

Why should I use my CDBS at a public dental service?

When you use CDBS at a public dental clinic you are helping us build a stronger public dental system for the future. By treating more patients under the CDBS we can then use the other government dental funding to care for many more patients.

**PLEASE FILL IN
FORM**

1. CHOMPERS CONSENT FORM

Chompers will visit Abbotsford Primary School to provide dental check-ups, apply fluoride varnish if required, and education about dental health and nutrition. Please complete all details about your child and return this form to **Abbotsford Primary School** by **05-Feb-2021**.

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Registration form

Details of your child		Contact person in case of emergency	
First Name(s)		First name	
Last Name		Last name	
Date of Birth		Relationship to child	
Sex		Phone (mobile/home)	
Grade / Group		Email	
Home Address		Interpreter needed?	Yes No
		If yes, what language?	
Is your child of Aboriginal descent?	Yes	No	
Is your child of Torres Strait Islander descent?	Yes	No	
Was your child born in Australia?	Yes	No	
If no, where were they born?			

Medical history

Is there anything significant in the medical history we should know about? Eg. Asthma. If yes, please describe in detail:	Yes	No
Does your child have any allergies? If yes, describe in detail:	Yes	No
Has your child ever reacted to fluoride varnish treatment? (Fluoride varnish is a gel that is painted on teeth to give extra protection against tooth decay)	Yes	No Never had it

Consent from parent / guardian

I give consent for an oral health professional from North Richmond Community Health to check my child's mouth every year while my child is at the school.		
During the check-up, if early signs of decay or tooth defects are seen, I give permission for the Oral Health Professional from North Richmond Community Health to apply Fluoride Varnish. <i>This provides extra protection against tooth decay when used in addition to brushing. It is a white gel that sets quickly when applied to children's teeth using a soft brush. It has a pleasant taste and a fruity smell. This product is safe and effective when used as directed and is applied by a dental professional.</i>	Yes	No
I give consent for a registered oral health professional, employed by North Richmond Community Health in supervising Melbourne University, Bachelor of Oral Health students providing oral health procedures for my child during the Chompers visit.	Yes	No

I understand my child's information is private and confidential and will be stored securely at North Richmond Community Health. It can only be seen by professionals at North Richmond Community Health involved in my child's care. My child's information will only be released if I agree, or if required by law such as in a medical emergency.

Parent/Guardian Full Name	Signed	Date

2. MEDICARE CHILD DENTAL BENEFITS SCHEDULE (CDBS) FORM

Bulk Bill Patient Financial Consent Form

I, the parent/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 Benefit Schedule;
- of the likely cost of this treatment;
- that I will be bulk-billed for services under Child Dental Benefit Schedule and I will not pay out-of-pocket costs for these services, subject to sufficient funds being available under the benefit cap.

PLEASE FILL IN



Australian Government
Department of Health

I understand that:

- my child will only have access to dental benefits of up to the benefit cap.
- benefits for some services may have restrictions and that Child Dental Benefit 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.
- 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.

Medicare details

Child's full name (same as on Medicare card)	
____ / ____	____
Medicare No.	Reference No.
____ / ____	
Medicare expiry date	
Parent / Guardian full name	
Signed	
Date	



