



# Information Reference Book

## Private Provider SA Dental Schemes Portal Handbook

### Scope: Private Practices Participating in SA Dental Schemes

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## 1. Introduction

### About the SA Dental Schemes Portal (the portal) and General Dental Scheme (GDS)

The SA Dental Schemes Portal is a secure online platform developed by SA Dental to support private dental providers in managing General Dental Scheme (GDS) authorisations and claims digitally.

It replaces the current paper-based process. In the portal, GDS are faster and easier to complete than the paper forms with no need for manual recording and fee calculation. The portal will allow private practices to electronically complete, confirm, and more quickly submit GDS invoices to the Schemes Unit for faster payment.

Practices will be able to track the GDS journey from partial completion through to submission and approval, including visibility of any pending claims that may require further information.

Most patients will receive their Offer of Care via SMS, which includes an Authorisation Number and link to GDS information. Providers can use this number to verify eligibility and start a claim. If the SMS is invalid, a hard-copy(paper) GDS letter will be posted to the patient that allows practices to complete the GDS via the Portal.

When GDS care is complete, the patient will receive an SMS link to confirm the treatment was provided (instead of signing a paper form) and once confirmed, the GDS will immediately be available to the Schemes Unit for faster processing and payment. Once processed, practices will receive a claim notification via email confirming claim details, approval status and claimed amount.

### Who should use this guide

This guide is designed for:

- > Private dental providers
- > Practice managers
- > Receptionists

participating in GDS, who verify authorisations, confirm patient eligibility, manage claims, enter treatment information, and send claims for processing.

### Support and Contact Information

If you need help or experience technical issues, please contact:

#### **SA Dental – Schemes Unit**

Email: [HealthSADSSchemesUnit@sa.gov.au](mailto:HealthSADSSchemesUnit@sa.gov.au)

Phone: 71170091 or 7117 0094

## 2. Getting Started and System Requirements

Access the secure portal using:

- > Practice PC or iPad/tablet
- > Web browser (Chrome, Edge or Safari – latest version).
- > Access to a Digital ID, such as myID (recommended) – registered practices.
- > Only Basic identity strength is required.
  - Practices not registered for myID will need to complete manual verification via web browser – see access options below.

Allows real-time access and GDS form completion across multiple appointments.

## 2.1 Verify Authorisation Options:

### 2.1.1 Option 1 – Using Digital ID, such as myID (Recommended)

Create and log in using your Digital ID (Basic identity strength) to access the full GDS workflow, including:

- > End-to-end claim creation and submission.
- > Real-time rule validation and fee calculation.
- > Claim tracking.

This option provides the fastest processing time and full system visibility. Refer to Section 3. for information on the portal, including how to create your Digital ID.

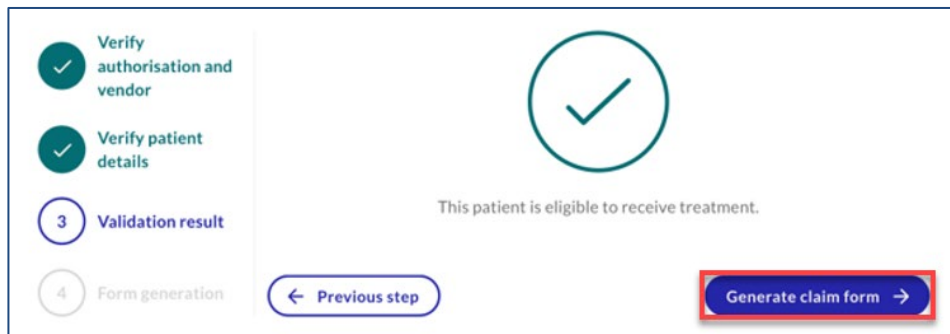
### 2.1.2 Option 2 – SA Dental Schemes Verify Authorisation Website – Print Authorisation (Paper Workflow)

Access SA Dental Schemes Verify Authorisation website via <https://sadentalschemes.sahealth.sa.gov.au/verify-authorisation>

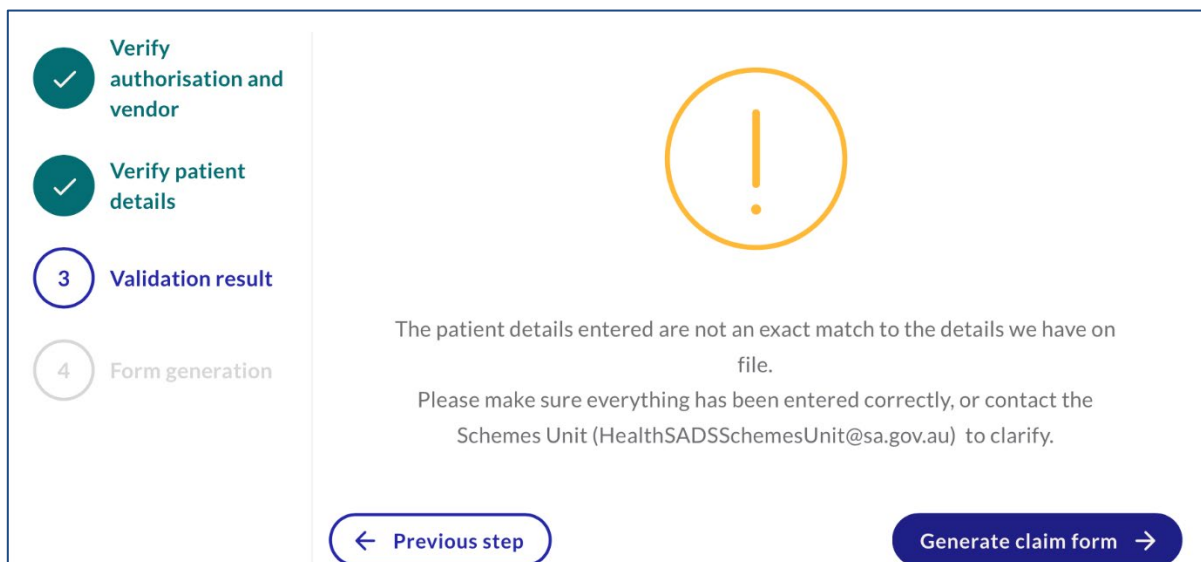
- > Enter patient's **Authorisation code** (SMS or letter).
- > Enter **Issue Date**.
- > Enter practice/provider **Vendor number** – if you are unsure, contact the Schemes Unit.
- > Select **Next step**.

- > After verifying the Authorisation code and vendor number, enter **Patient details**, **Treatment start date** and **Concession card type** and **expiry date**. Ensure correct concession card type is selected e.g. Health Care Card - **HCC** or Pensioner Concession Card - **PCC**.
- > Select **Verify patient**.

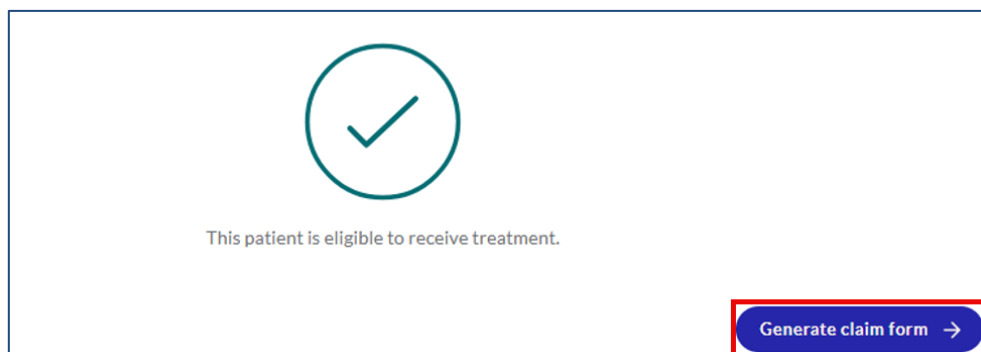
- > If a patient is eligible for care, a **confirmation message** will display.



- > To initiate the claim form, select **Generate claim form**.
- > If there is an issue verifying patient details, a **warning message** will display indicating that the details are not an exact match.
- > If not an exact match, select **Previous step**.
- > Review patient information and re-check concession card.
- *Hint: If all patient details are correct, edit the Concession card type e.g. PCC to HCC or vice versa.*
- > Select **Verify patient**.



- > If the verification process is successful, select **Generate claim form**.



- > Enter Patient **Concession Card number**.
- > Enter **Vendor details**.

Please provide all the required information in order to generate the claim form.

- ✓ Verify authorisation and vendor
- ✓ Verify patient details
- ✓ Validation result
- 4 Form generation

| Patient details           | Concession card                      |
|---------------------------|--------------------------------------|
| Date of birth: 26/09/1956 | Type: PCC<br>Expiry date: 31/12/2026 |

Concession card number \*

Vendor details

Vendor number: 1

Vendor name \*

Vendor name \*  
Primary Dental

Vendor ABN \*  
11122233344

Vendor address

Street address \*  
1 BlaBla Road

Suburb \*  
Adelaide

Country \*  
Australia

State \*  
SA

Postal code \*  
6000

[← Previous step](#) [Print claim form →](#)

> Select **Print claim form**.

**Print confirmation**

Printing the form creates a claim in the system. If the form is lost, please contact the Schemes Unit to request a replacement.

[Cancel](#) [Continue](#)

- > **Print confirmation** message will display, alerting this will create a claim in the system.  
**Note:** The Authorisation Code can no longer be used by another practice i.e. the claim is 'locked' to the practice.
- > Select **Continue**
- > Claim form generation is complete, select **Download generated claim form**.
  - Claim form will prepopulate with patient and vendor details.
- > The claim form is ready to **Print**.

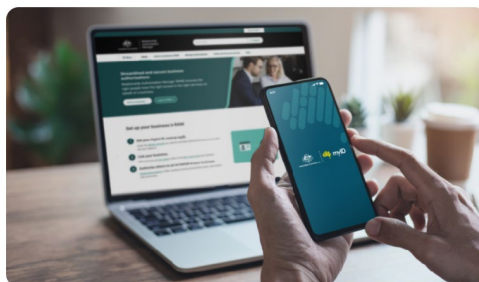
- ✓ Verify authorisation and vendor
- ✓ Verify patient details
- ✓ Validation result
- ✓ Form generation

Claim form generated successfully!

[Download generated claim form ↓](#)

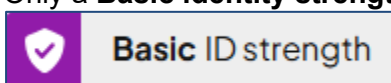
## 3. The Portal

### 3.1 Creating your Digital ID



#### Step 1: Download and set up Digital ID (Individual)

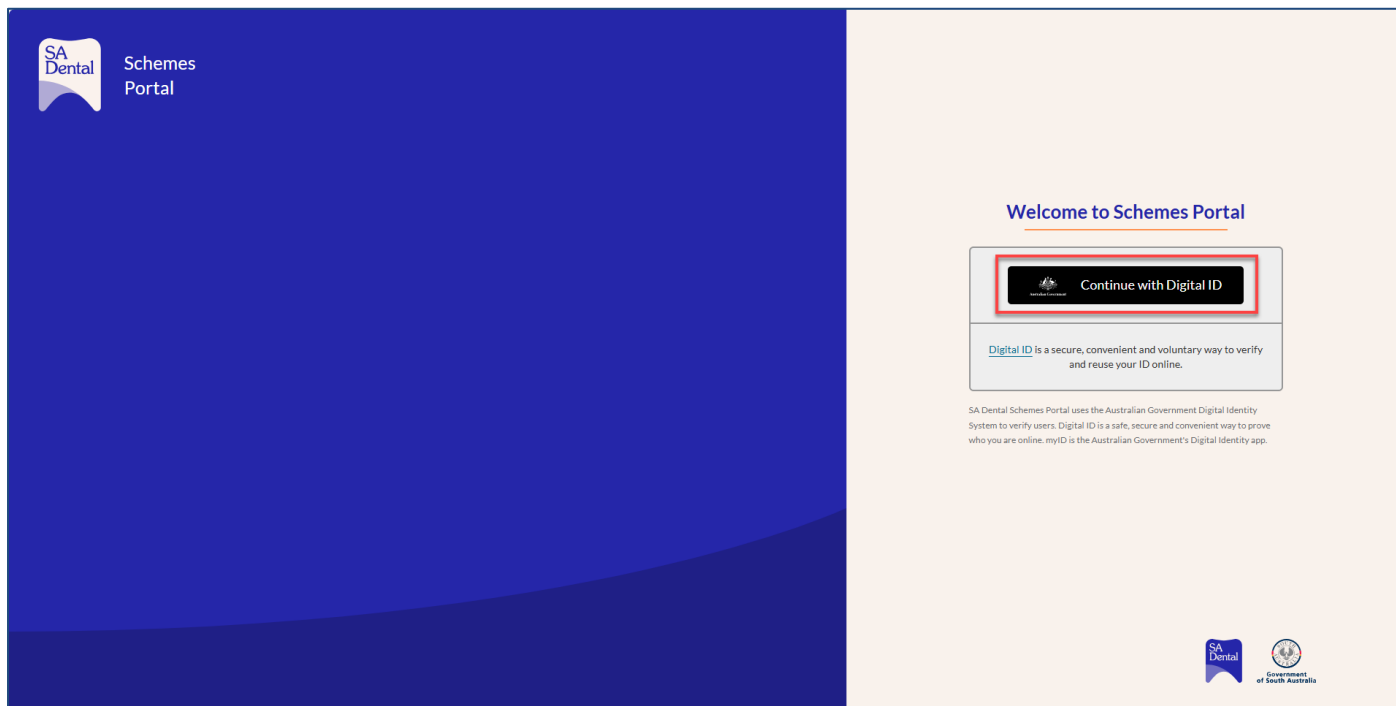
- > Each person who needs portal access (e.g. practice owner, manager, reception staff) must set up their own Digital ID, using their personal email address.
  - Only a **Basic identity strength** is required.



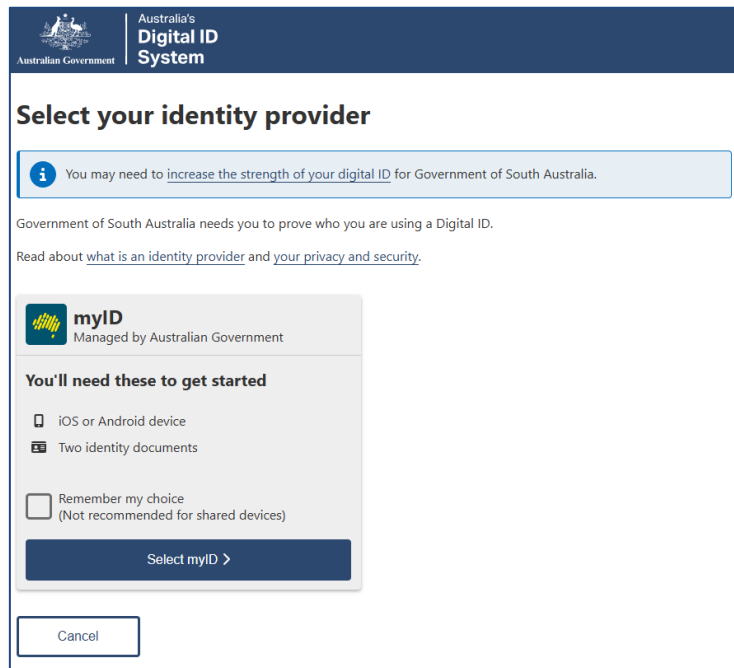
- > To set up **myID** visit <https://www.myid.gov.au/how-to-set-up-myid>.
- > For a **Basic identity strength** you only need to enter your **personal details** including full name, date of birth and personal email address.
- > You will be prompted to verify your ID documents. If you choose not to verify your ID documents, or you verify only one document, your identity strength will remain at **Basic**.
- > The device a person uses to download the app will be needed every time they log in.

### 3.2 How to Log into The Portal

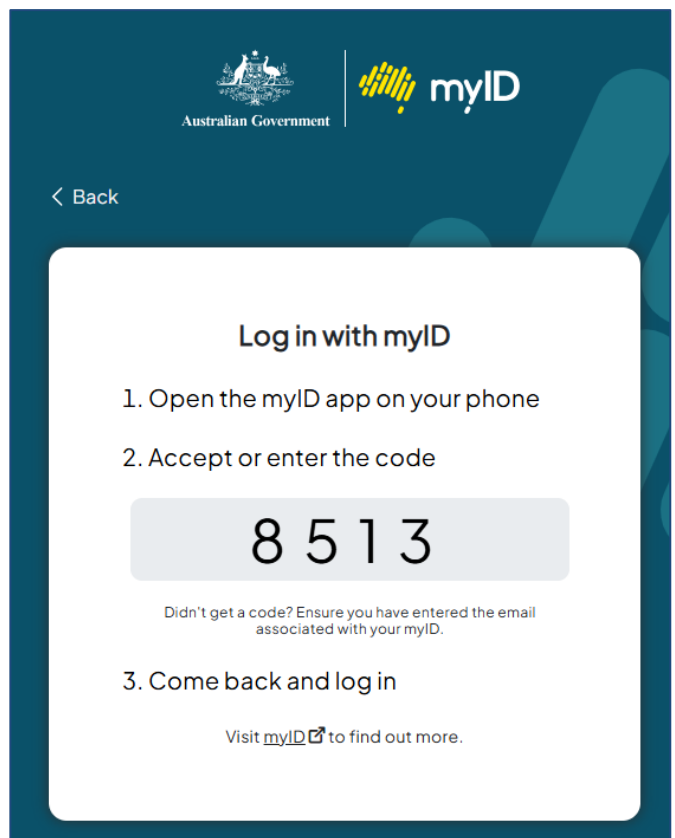
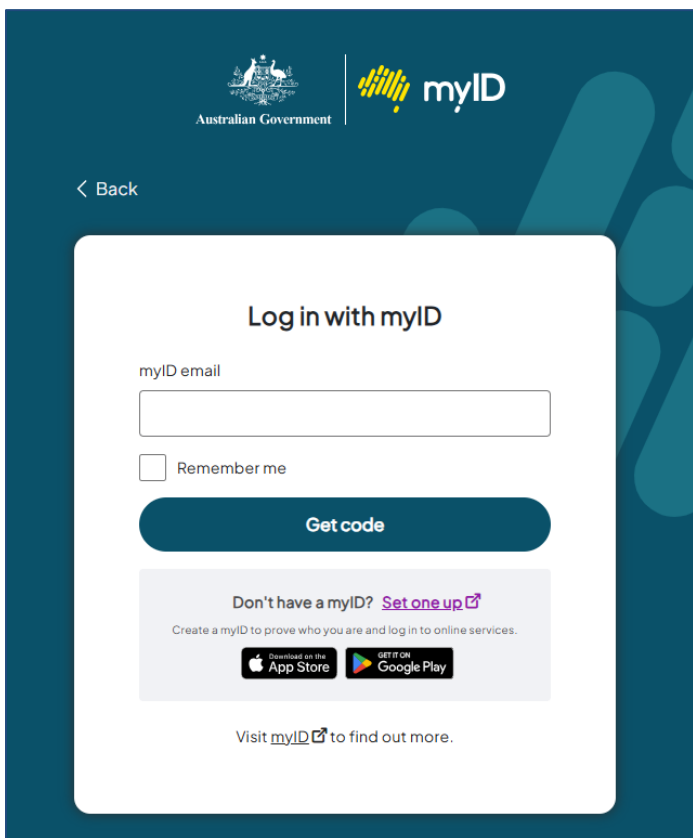
Access the portal via <https://sudentalschemesuat.sahealth.sa.gov.au>



- > Select **Continue with Digital ID**. You will be redirected to Australia's Digital ID landing page – where you can select a Digital ID, such as myID.



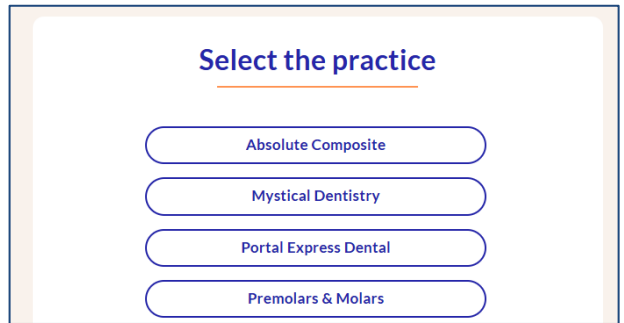
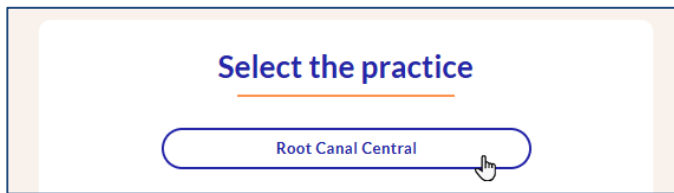
- > Enter your email address and select **Get code** and then enter the code displayed into your myID app.



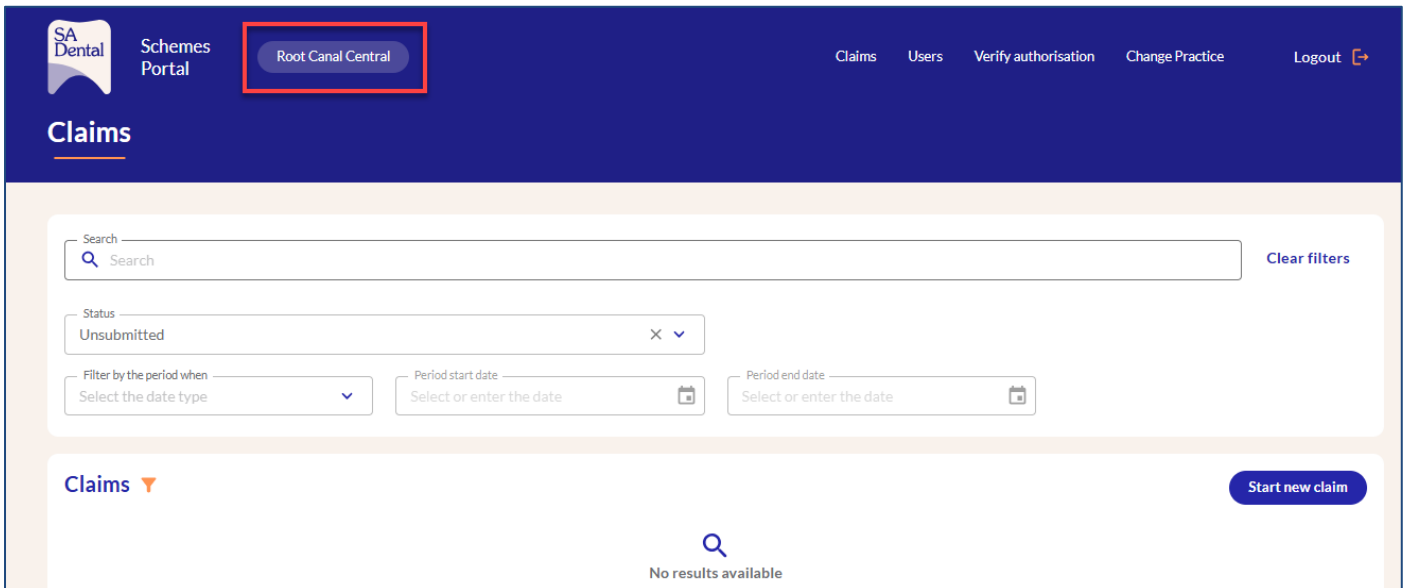
- > Follow the prompts and confirm details. Once confirmed, you will be redirected to the **Portal Homepage**.

On the portal homepage:

- > Select the **practice/vendor**.
  - Note: If users have access to multiple practices/vendors, a list of all available practices/vendors will be displayed.
  - **Users with access to multiple practices/vendors will need to log-out and re-login in to action claims for other practices/vendors.**



- Users will be directed to the Claims page(default) associated with the practice/vendor selected. Practice/Vendor displayed



### 3.3 Navigating the Portal Homepage – Navigation Links

Navigation Links include:

- > Claims
- > Users
- > Verify Authorisation
- > Change Practice
- > Logout.

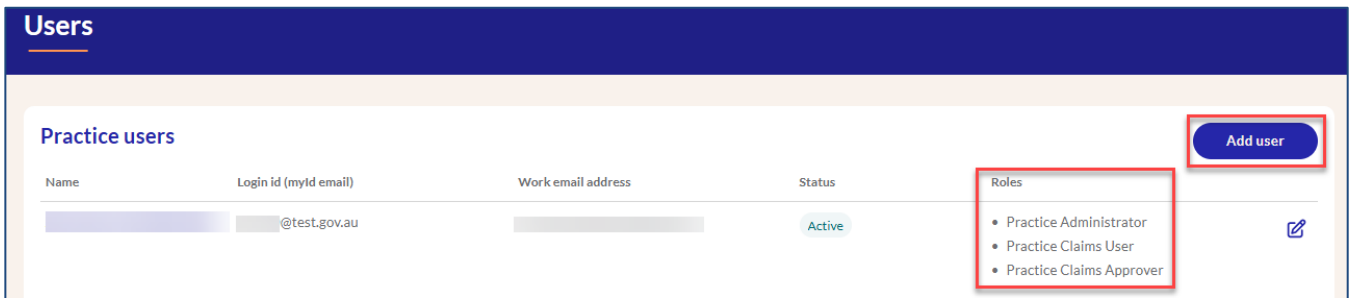


#### Claims (default page):

- > The Claim page allows authorised users to create new claims, search for existing claims, and filter by claim status and date range.
- > For instructions to start a new claim, refer to Section 4. Managing Patient Authorisation and Section 5. Start New Claim.

#### Users and User Roles:

- > Lists **Practice users** with access to the portal and their assigned **Roles** for managing claims.
- > Enables the **Practice Administrator** to manage user access to the portal, including adding, removing, and assigning roles.



- > To add a user, select **Add User**, enter their details, and select the appropriate role(s) for managing claims.
- > **User Role responsibilities:**
  - Practice Administrator - Manages general user access within the private practice.
  - Practice Claims User - Creates new claims at the private practice.
  - Practice Claims Approver - Review and submits claims from the private practice.

**Add user**

**User roles**  
Please select at least one role.

Practice Administrator  
Manages general user access within the private practice..

Practice Claims User  
Creates new claims at the private practice level.

Practice Claims Approver  
Reviews and submits claims from the private practice.

---

**Authentication**

  
The email address the user has registered for myID with. This must be unique and is used only for authentication.
  
  
The email address the Scheme system will use to send any correspondence.
  

Cancel
Add user

**Verify Authorisation:**

- > To verify a patient's eligibility for dental care, enter the unique **Authorisation code** sent to the patient via SMS or letter.
- > If the code is valid, user will be prompted to verify patient details.

**Verify authorisation**

1 **Verify authorisation**

2 Verify patient details

Next step →

← Previous step

**Change Practice:**

- > Returns the user to the portal homepage, which lists the practices/vendors the user has access to.

**Logout:**

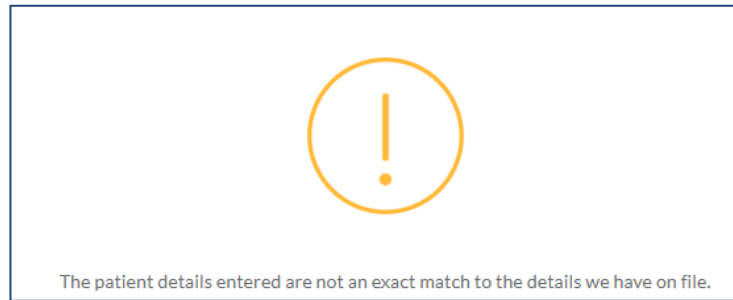
- > Logs the user out of the portal.

## 4. Verifying Authorisation When Booking Patient Appointment

- > Patient receives GDS Offer of Care with **Authorisation code** via SMS or Post (letter).
- > Patient contacts Practice to arrange an appointment and provides the GDS Authorisation code.
- > To verify valid Authorisation code, the practice logs into the portal and selects **Verify authorisation** tab (Navigation header).
- > Enter the Authorisation code
- > Select Next Step
- > To verify patient, enter **patient details**, **Treatment start date** and **Concession card type** and **Expiry date**.
  - Ensure correct concession card type is selected e.g. Health Care Card - **HCC** or Pensioner Concession Card - **PCC**.
- > Select **Verify patient**.

The image shows two screenshots of the SA Dental Schemes Portal interface. The top screenshot is the 'Verify authorisation' page. The navigation menu at the top includes 'Claims', 'Users', 'Verify authorisation' (highlighted with a red box), 'Change Practice', and 'Logout'. The main heading is 'Verify authorisation'. On the left, a progress indicator shows '1 Verify authorisation' as the active step. The main form area has a text input field labeled 'Authorisation code \*' containing the value 'GDS1479460'. A red dashed arrow points from this field to the 'Verify authorisation' tab in the navigation menu. Below the input field are 'Previous step' and 'Next step' buttons. The bottom screenshot is the 'Verify patient details' page. The navigation menu is the same. The main heading is 'Verify patient details'. The progress indicator shows '2 Verify patient details' as the active step. The form area is titled 'Please provide patient details.' and contains several input fields: 'First name \*', 'Last name \*', 'Date of birth \*' (with a calendar icon), 'Treatment start date \*' (with a calendar icon), 'Concession card' (with radio buttons for 'None', 'HCC', and 'PCC', where 'PCC' is selected), and 'Expiry date \*' (with a calendar icon). At the bottom are 'Previous step' and 'Verify patient' buttons.

- > If there is an issue verifying patient details, a **warning message** will display indicating that the details are not an exact match.



- > If not an exact match, select **Previous step**.
- > Review patient information and re-check concession card.
  - *Hint: If all patient details are correct, edit the Concession card type e.g. PCC to HCC or vice versa.*
- > Select **Verify patient**.



- > If required, contact the Schemes Unit to confirm, update and verify the patient's details and eligibility before proceeding.

**Note:** Verifying an Authorisation Code does not 'lock' the claim to the practice. Once the claim has been started by the practice, the Authorisation Code can no longer be used by another practice (i.e. claim is locked).

Refer to Section 5 Start a New Claim, when the patient attends for their first appointment.

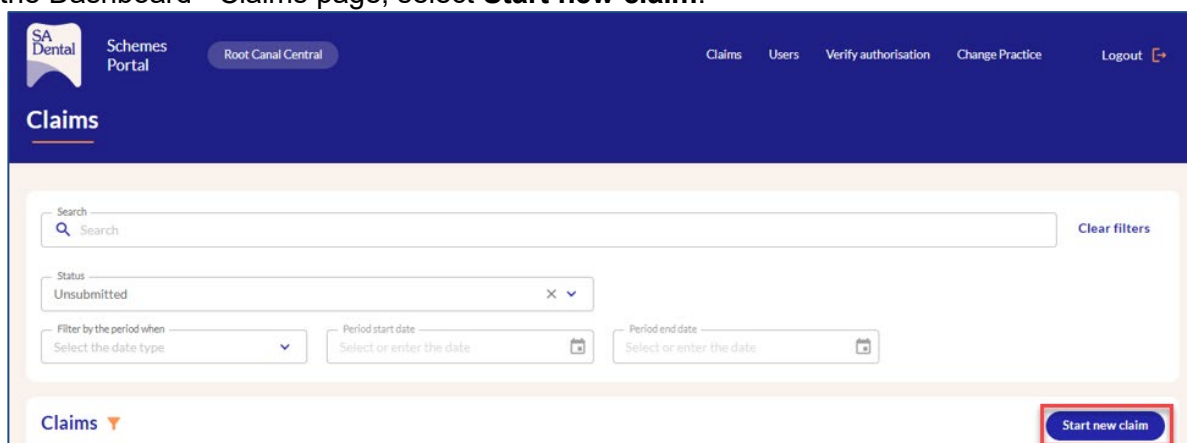
## 5. Start a New Claim

Once a claim has been initiated by a practice/vendor and the Authorisation Code has been used, the code cannot be used by another practice/vendor. Once claim started, it is locked to that practice/vendor.

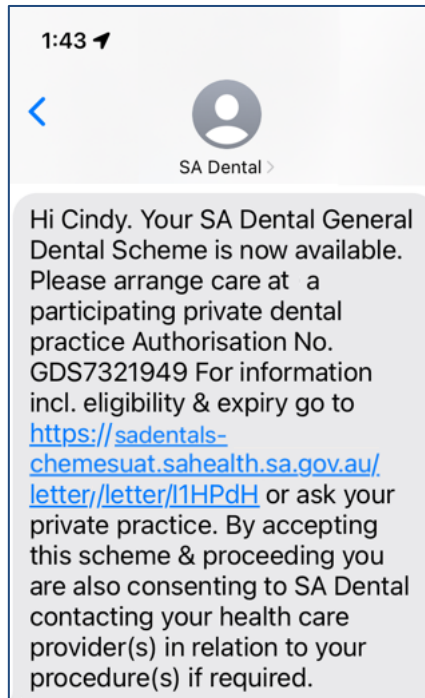
### 5.1 Start a New Claim in the Portal

To verify **Authorisation code**, start a claim in the portal. The user must be logged into the portal under the **correct Practice/Vendor**.

- > On the Dashboard - Claims page, select **Start new claim**.



- > Enter patient's **Authorisation code** (SMS or letter). *Patient SMS subject to change.*



- > Select **Next step**.

- > Enter patient details including **First name, Last name** and **Date of birth**.
- > Select **Continue**.

- > When the patient details are an exact match, the user will be directed to the claim form.

SA Dental Schemes Portal

Root Canal Central

Claims Users Verify authorisation Change Practice Logout

## Claims

CLAIMS • CLAIM: GDS7689937

**General dental scheme - Metro claim form**

Authorisation code: GDS7689937

Status: Unsubmitted

Issue date: 6th February 2026

Expiry date: 6th May 2026

**Patient details**

SA Dental Clinic: Elizabeth GP Plus Dental Clinic

Concession card:  HCC  PCC

Number \*

Expiry date \*

Date of birth: 27th December 1979

**Treatment details**

**No claim items have been added.**

+ Add item

|                               |               |
|-------------------------------|---------------|
| Total fees:                   | \$0.00        |
| Patient fee:                  | \$0.00        |
| <b>SA Dental claim total:</b> | <b>\$0.00</b> |

- > If patient details do not match, the following message will display.

**Patient details mismatch**

The patient details that you have entered are not an exact match with our record on file. If the authorisation code is being used by a person different to the patient that it was issued to then the claim will be rejected.

- > Select **Cancel** and re-check the patient's details.
- > If required, contact the Schemes Unit to confirm, update and verify the patient's details and eligibility before proceeding.

### Scheme Information Visible on the Claim Form:

- > Schemes type i.e. General Dental Scheme
- > Patient details
- > SA Dental Clinic - the clinic where the patient registered their details
- > Authorisation code - unique code linked to specific scheme. i.e. GDS1111111
- > Claim Status e.g. Unsubmitted
- > Issue Date - Date the Authorisation was issued to the patient
- > Expiry Date - Date the Authorisation expires.
- > Concession card details

**Start Claim Form:**

- > Check Schemes expiry date.


|                     |                   |
|---------------------|-------------------|
| Authorisation code: | GDS1494703        |
| Status:             | Unsubmitted       |
| Issue date:         | 22nd October 2025 |
| Expiry date:        | 22nd January 2026 |

- > Enter valid **Concession card (CC)** details:

- Select **HCC** (Health Care card) or **PCC** (Pensioner Concession card) dial.
- Physically **sight** concession card (CC) in patient’s own name. CC details must be current and valid at the first appointment.
- Enter CC details in the portal to proceed with claim.
  - If the CC has expired, portal users will not be able to progress the claim.
  - Request patient’s permission to contact Services Australia - Centrelink to confirmation eligibility.
- For further eligibility information, including which cards are accepted or not accepted, refer to [Private Provider Dental Schemes - Information Handbook](#), Section 2.

|  |                   |
|--|-------------------|
| Authorisation code:  | GDS1494703        |
| Status:  | Unsubmitted       |
| Issue date:  | 22nd October 2025 |
| Expiry date:   | 22nd January 2026 |
| <b>Concession card</b>   |                   |
| <input checked="" type="radio"/> HCC <input type="radio"/> PCC |                   |
| Number *   |                   |
| 123456789L   |                   |
| Expiry date *  |                   |
| 31/05/2026   |                   |


- > If the Concession card details have expired, the following error message will display.

 This claim cannot be submitted because treatment started after the Client's Concession Card expired.

**5.2 Add Services in Treatment Details Section**

- > Select **+Add item** to display Treatment fields.

Treatment details

 No claim items have been added.

**+ Add item**

- > When adding services, complete required fields. Ensure all required fields are completed when adding services. These service fields include:
  - **Date**
  - **Item code** – type or select from drop-down list.
  - **FDI** if applicable
  - **Surfaces** if applicable

| Treatment details |   |   |                                  |                                       |             |           |           |
|-------------------|---|---|----------------------------------|---------------------------------------|-------------|-----------|-----------|
| Item              | Date  | Item code   | FDI                              | Surfaces ⓘ                            | Patient fee | SA Dental | Total fee |
| #1                | <input type="text" value="dd/mm/yyyy"/><br><small>The Date field is required.</small> | <input type="text" value="Item code *"/><br><small>The Item code field is required.</small> | <input type="text" value="FDI"/> | <input type="text" value="Surfaces"/> | \$0.00      | \$0.00    | \$0.00    |

**Hint: claiming multiple services in one appointment:**

- Enter Date of service to the first row only (leave Item code blank).
- To create additional rows, select **+Add item** multiple times. These rows will automatically show the same date of service.
- Enter Item codes, including FDI and Surfaces if applicable.
- Save claim as required. Refer to Section 5.9 Saving Claim Form.

**5.3 Item Code Warnings, Rules and Error Messages**

**Warnings, Rules, and Error messages** display when applicable to assist the user when entering item codes:

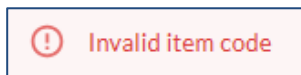
> **Warnings and Rules: Blue**

- Provides guidance or prompts to support correct item code entry.
- Do not prevent the claim from proceeding.

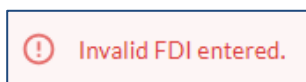


> **Errors: Red**

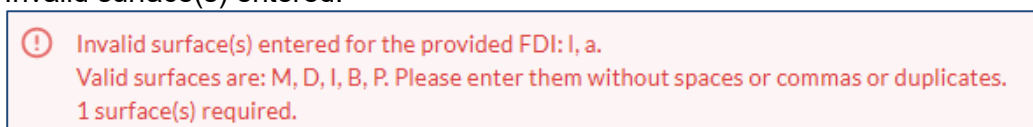
- When an **Error** message displays, the user cannot proceed with the claim until the error is resolved e.g. deleted or corrected.
- Examples include:
  - Invalid item code



- Invalid tooth number/FDI recorded



- Invalid surface(s) entered.



**5.4 How to Delete a Service on Claim**

- > When a claim's **Status** is **Unsubmitted**, service(s) can be deleted.
- > To delete a row, click the **Bin** icon on the right.
- > When the **Delete treatment item** window displays, select **Yes**.
- > The row will be deleted. **Save** the claim.

|   |                      |                    |             |                 |        |          |          |  |
|---|----------------------|--------------------|-------------|-----------------|--------|----------|----------|--|
| #2  | Date *<br>17/11/2025 | Item code *<br>531 | FDI *<br>16 | Surfaces *<br>M | \$0.00 | \$145.10 | \$145.10 |  |
| Adhesive Restoration - one surface - posterior tooth - direct |                      |                    |             |                 |        |          |          |  |

**Delete treatment item**

Are you sure you wish to delete this treatment item?

### 5.5 Fee Calculations

SA Dental Schemes fees are updated annually on 1<sup>st</sup> of April. Refer to the [Private Provider Dental Schemes - Information Handbook](#), Fees and Payments section for further information.

> **Fees** are automatically set for each service, including **Patient Fee, SA Dental Fee, and Total Fee.**

| Treatment details                      |                      |                    |     |            |  |         | Patient fee | SA Dental | Total fee |
|--|----------------------|--------------------|-----|------------|--|---------|-------------|-----------|-----------|
| Item                                   | Date                 | Item code          | FDI | Surfaces ⓘ |  |         |             |           |           |
| #5                                     | Date *<br>23/12/2025 | Item code *<br>115 | FDI | Surfaces   |  | \$11.50 | \$57.15     | \$68.65   |           |
| Removal of Calculus - subsequent visit |                      |                    |     |            |  |         |             |           |           |

> The portal identifies when patient co-payments apply or do not apply.

| Treatment details   |                      |                    |     |            |  |        | Patient fee | SA Dental | Total fee |
|---|----------------------|--------------------|-----|------------|--|--------|-------------|-----------|-----------|
| Item  | Date                 | Item code          | FDI | Surfaces ⓘ |  |        |             |           |           |
| #1  | Date *<br>03/11/2025 | Item code *<br>011 | FDI | Surfaces   |  | \$0.00 | \$61.90     | \$61.90   |           |
| Comprehensive oral examination <span style="background-color: yellow;">[*patient-free items]</span> |                      |                    |     |            |  |        |             |           |           |

> SA Dental Fee limits applied, no patient copayment. e.g. Aboriginal (ADS), Remote or Financial Hardship.

|                        |                      |   |
|------------------------|----------------------|---|
| Total fees:            | <del>\$1602.05</del> | <b>\$1513.00</b>  |
| Patient fee:           |                      | <b>\$0.00</b>   |
| SA Dental claim total: | <del>\$1602.05</del> | <b>\$1513.00</b><br><small>\$1513 SA Dental limit applied</small> |

> SA Dental Fee limits applied, patient copayment e.g. Metro/Country

|                        |                      |   |
|------------------------|----------------------|---|
| Total fees:            | <del>\$4229.05</del> | <b>\$1513.00</b>  |
| Patient fee:           | <del>\$670.50</del>  | <b>\$179.00</b><br><small>\$179 patient limit applied</small>     |
| SA Dental claim total: | <del>\$3558.55</del> | <b>\$1334.00</b><br><small>\$1334 SA Dental limit applied</small> |

## 5.6 Adding Notes:

Notes can be added to the claim form. These may include information relevant to upcoming appointments or information/notes intended for the SA Dental Schemes Unit.

Note: Do not communicate referral requests (e.g. referring to SA Dental Oral Surgery). All referral letters must still be submitted to the Schemes Unit email address.

**Private Practice notes** are visible to the Schemes Unit and should be clear and appropriate.

To add notes, navigate to the end of the claim form:

- > In the **Notes** field, enter relevant information/notes.
- > Select **Save**.

The screenshot shows a form with a 'Notes' field containing the text 'Need to check BWs at next appointment'. Below the notes field is a checkbox with the text 'I verify that I have completed the above treatment and that the eligibility, treatment and fees record are correct and complete.' Below the checkbox is a 'Provider name \*' field. At the bottom right of the form are two buttons: 'Save' and 'Submit claim'. The 'Save' button is highlighted with a red box.

## 5.7 Uploading Supporting Documents (e.g. Radiographs, Consent Forms):

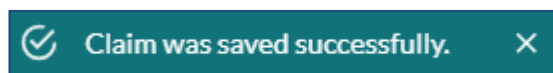
- > Function is currently not available, continue to email the Schemes unit when required.

## 5.8 Saving Claim Form

A claim form must be saved:

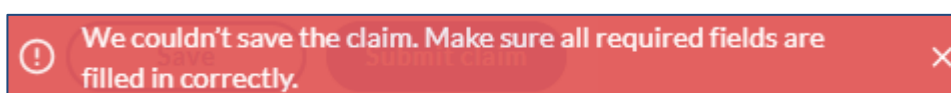
- > At the end of each appointment.
- > When error identified or changes made (e.g. addition or deletion of items).
- > Before attending to another reception or clinical task.
  - **Important: save progress** to ensure treatment details are not lost.
- > At the end of course of care (last appointment).

When the claim has been saved successfully the following message will display.



**When saving a claim, ensure all information entered is correct and matches the practice's patient record.**

- > If the following **red** error messages displays, the user cannot **save** the claim until the error is resolved (e.g. deleted or corrected):
  - Incomplete fields.



### 5.8.1 Saving a Claim and Continuing a Claim Over Multiple Appointments:

- > At the end of a patient's appointment, the user can **Save** the active claim. (**Do not** select Submit claim).

- > When a patient returns for their next appointment, the user can access the active/saved claim.
- > On **Claims page**:
- > Search for the patient using identifiers e.g. patient name, authorisation codes or CC number etc.
- > Status: Unsubmitted  
(status remains Unsubmitted until the final appointment until claim is submitted by practice/vendor).

SA Dental Schemes Portal Root Canal Central

Claims Users Verify authorisation Change Practice Logout

**Claims**

Search: GDS3129462

Status: Unsubmitted


Filter by the period when: Select the date type

Period start date: Select or enter the date

Period end date: Select or enter the date

Start new claim

| Claim                  | Authorisation   | Patient      | Fees  |         |        |           |         |              |                |
|------------------------|---|--------------|---|---------|--------|-----------|---------|--------------|----------------|
| GDS3129462 Unsubmitted | GDS - Country<br>Naracoorte Dental Clinic<br>Issue date: 08/10/2025 | Patient name | <table border="1"> <tr> <td>Patient</td> <td>\$0.00</td> </tr> <tr> <td>SA Dental</td> <td>\$61.90</td> </tr> <tr> <td><b>Total</b></td> <td><b>\$61.90</b></td> </tr> </table> | Patient | \$0.00 | SA Dental | \$61.90 | <b>Total</b> | <b>\$61.90</b> |
| Patient                | \$0.00  |              |   |         |        |           |         |              |                |
| SA Dental              | \$61.90   |              |   |         |        |           |         |              |                |
| <b>Total</b>           | <b>\$61.90</b>  |              |   |         |        |           |         |              |                |

- > Once the patient's details are visible on the Claims page, select  **Edit/Modify icon** on RHS.
- > The started claim form will display.
- > Select **+Add item** to continue adding treatment for new date of service.  
**Hint:** Remember to update the Date (date of service) for each new item.
- > Select **Save** as required throughout the appointment and at the end of the appointment or course of care.

## 6. Reviewing and Submitting a Claim to SA Dental

**Before submitting claim form, ensure all information entered is correct and matches the practice's patient record.**

- > Only submit a claim once treatment is completed or patient is not returning to continue care.
- > Once the claim is submitted, it is **not** possible to **Edit/Modify** the Authorisation (claim form) e.g. add additional appointments or items.  
If claim has been submitted and an item number(s) is missing, user is required to contact the Schemes Unit.
- > Select the **Provider declaration**: 'I verify that I have completed the above treatment.....'
- > Enter **Provider name**  
**First name** and **Surname** as registered with AHPRA.
- > Select **Save**.
- > Confirm all information on claim is correct.
- > Select **Submit claim**

I verify that I have completed the above treatment and that the eligibility, treatment and fees record are correct and complete.

Provider name\*  
Dr Molar Tooth

Save **Submit claim**

- > If the following **red** error messages displays, the user cannot **submit** the claim until the error is resolved (e.g. delete or correct):
  - Provider declaration incomplete.

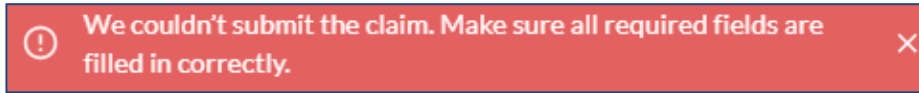
I verify that I have completed the above treatment and that the eligibility, treatment and fees record are correct and complete.

Required

Provider name \*

The Provider name field is required.

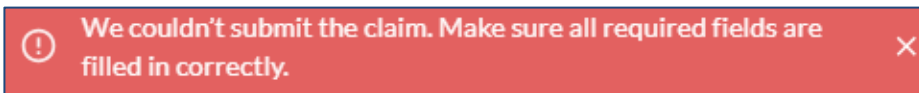
- Unable to submit claim – invalid fields



- > When the claim has been successfully submitted the following message will display.



- > If the following **red** error messages displays, the user cannot **submit** the claim until the error is resolved (e.g. deleted or corrected):

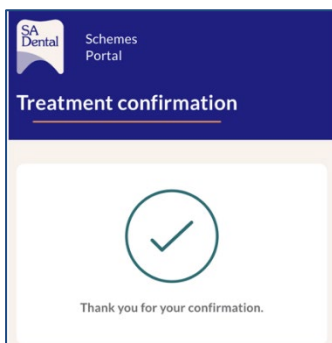
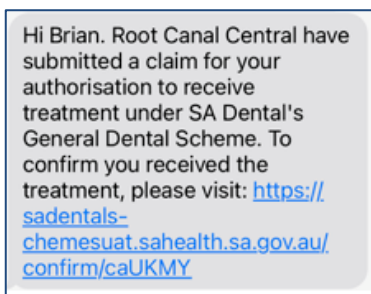


- > When successfully submitted, the **Status** of the claim will automatically update from Unsubmitted to Submitted and progresses to **Submitted for Patient Confirmation** status (as shown on Dashboard).

|                          |                                    |  |              |              |                 |   |
|--------------------------|------------------------------------|--|--------------|--------------|-----------------|---|
| GDS1429081               | Submitted for Patient Confirmation | GDS - Remote<br>Remote Dental Scheme<br>Issue date: 22/10/2025 | Patient name | Patient      | \$0.00          | ✎ |
| Date created: 21/11/2025 |                                    |  |              | SA Dental    | \$315.50        |   |
|                          |                                    |  |              | <b>Total</b> | <b>\$315.50</b> |   |

## 7. Patient Confirmation of Treatment Received

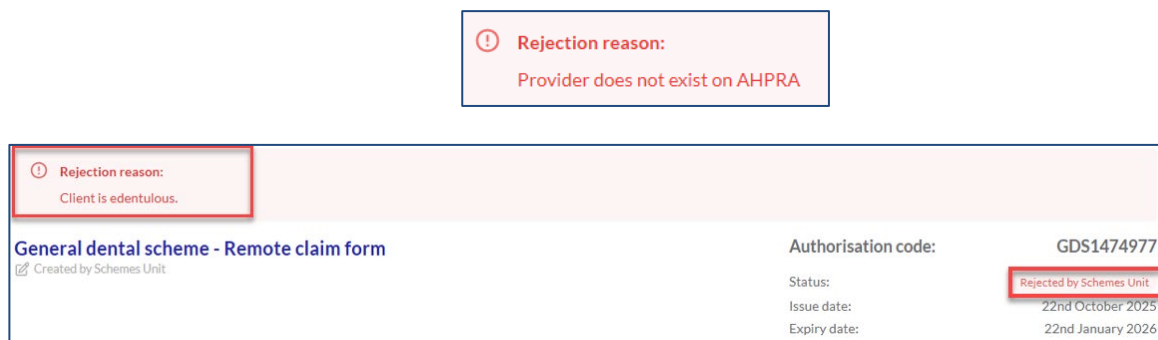
- > When a claim is successfully submitted, the patient will receive an SMS with a link requesting them to confirm treatment was provided/completed. *Example only – Patient SMS subject to change.*



- > When the patient confirms treatment received, the **Status** of the claim will automatically update from **Submitted for Patient Confirmation** to **Submitted and Confirmed by Patient** (Dashboard) and will progress to the Schemes Unit for processing
- > If the patient **does not** respond to the SMS to confirm treatment received, an SMS reminder will be sent. If there is no response following the reminder, the claim will be automatically progress to the Schemes Unit for processing after 5 days (from the initial SMS). The claim status will update from **Submitted for Patient Confirmation** to **Submitted and Unconfirmed by Patient** (Dashboard). The Schemes unit may request a copy of the patient’s clinical notes to verify treatment before processing claim.


## 8. Schemes Unit Review & Process Claim in the Portal

- > Once the patient confirms treatment received, the claim form is immediately available to the Schemes Unit in the portal for faster processing and payment.
- > The Schemes Unit will process claims in order of date received.
- > Claims are assessed against the Dental Schemes Schedule, and the claim status will update to:
  - **Approved by Schemes Unit** – approved for payment
  - **Rejected by Schemes Unit** - rejected for payment due issues or errors identified with Rejection Reason recorded.



- Note: The Schemes Unit may request more information regarding a claim before approving claim. Practices to continue to email supporting documents to the Schemes Unit as requested.

### 8.1 Claim Notification – Approved/Rejected

- > Once claim processed (approved or rejected), the practice will receive a **Claim Notification** email confirming:
  - Claim details
  - Approval status e.g. Approved of Rejected with reason.
  - Claimed amount with adjustment reason if required.
  - Tax invoice link to portal.  Tax invoice icon in portal.
    - If tax invoice link has expired, contact the Schemes Unit and a new tax invoice link will be provided. The practice will receive a **one-time-passcode** sent via email. Follow the email instructions to view tax invoice.

| Claim notification   | Claim notification   |
|--|--|
| <p>Dear Dental Demo Clinic,</p> <p>We are writing to inform you about your claim with reference number <b>GDS2614540</b>.</p> <p><b>Claim Details:</b></p> <ul style="list-style-type: none"> <li>• <b>Claim Number:</b> GDS2614540</li> <li>• <b>Date Issued:</b> 02/04/2026</li> <li>• <b>Status:</b> Approved by Schemes Unit</li> <li>• <b>Scheme:</b> General Dental Scheme</li> <li>• <b>Claimed:</b> \$753.90</li> <li>• <b>Approved:</b> \$753.90</li> </ul> <p>To access the tax invoice, please log in to the SA Dental Schemes Portal or by using the link below:</p> <p><a href="#">Tax invoice GDS2614540</a></p> <p>Please contact us if you have any questions regarding your claim.</p> <p>Kind regards,<br/>SA Dental</p> | <p>Dear Demo Test Clinic,</p> <p>We are writing to inform you about your claim with reference number <b>GDS3277353</b>.</p> <p><b>Claim Details:</b></p> <ul style="list-style-type: none"> <li>• <b>Claim Number:</b> GDS3277353</li> <li>• <b>Date Issued:</b> 02/03/2026</li> <li>• <b>Scheme:</b> General Dental Scheme</li> <li>• <b>Status:</b> Rejected by Schemes Unit</li> </ul> <p><b>Reason:</b></p> <p>Client is edentulous.</p> <p>Please contact us if you have any questions regarding your claim.</p> <p>Kind regards,<br/>SA Dental</p> |

## 9. Managing a Claim Form

### 9.1 Understanding Claim Statuses - (Approved, Rejected, Submitted, Unsubmitted):

> **Unsubmitted**

Unsubmitted

The patient's claim has been started and is in progress.

> **Submitted for Patient Confirmation**

Submitted for Patient Confirmation

Link sent to the patient to confirm treatment has been provided/completed.

> **Submitted and Confirmed by Patient**

Submitted and Confirmed by Patient

The patient has confirmed treatment was provided/completed. Claim is awaiting processing and approval by the Schemes Unit.

> **Submitted and Disconfirmed by Patient**

Submitted and Disconfirmed by Patient

The patient has retracted confirmation. Schemes Unit will request patient records.

> **Submitted and Unconfirmed by Patient**

Submitted and Unconfirmed by Patient

The patient has failed to confirm services provided (via SMS), and the claim has been forwarded to the Schemes Unit for processing.

> **Approved by Schemes Unit**

Approved by Schemes Unit

Claim has been processed and approved for payment.

- Approved status will be visible on the Dashboard.
- Practice notified via email.
- Payment received from Shared Services.

> **Rejected by Schemes Unit**

Rejected by Schemes Unit

- Claim has been processed and rejected for payment due issues/errors identified. Practice notified via email.
- **Rejection reason** displays in red at the top left of the claim form. Rejected claims cannot be resubmitted.

|            |                                    |   |                               |                                  |  |
|------------|------------------------------------|---|-------------------------------|----------------------------------|--|
| GDS2732428 | Submitted for Patient Confirmation | GDS - Aboriginal<br>Millicent Dental Clinic<br>Issue date: 13/10/2025 | Patient<br>SA Dental<br>Total | \$0.00<br>\$1068.90<br>\$1068.90 |  |
| GDS1461606 | Approved by Schemes Unit           | GDS - Remote<br>Remote Dental Scheme<br>Issue date: 22/10/2025        | Patient<br>SA Dental<br>Total | \$0.00<br>\$516.95<br>\$516.95   |  |
| GDS4605076 | Unsubmitted                        | GDS - Country<br>Port Pirie CDS<br>Issue date: 13/08/2025             | Patient<br>SA Dental<br>Total | \$23.00<br>\$280.20<br>\$303.20  |  |
| GDS1474977 | Rejected by Schemes Unit           | GDS - Remote<br>Remote Dental Scheme<br>Issue date: 22/10/2025        | Patient<br>SA Dental<br>Total | \$0.00<br>\$613.65<br>\$613.65   |  |

## 9.2 Viewing Claim History and Payments:

- > On the Claims page, **Search** for a claim form using Authorisation code, patient name, or claim **Status** (filter options available).
- > Select the **Edit/Modify** icon on the right of the dashboard to **view** the processed claim.

## 9.3 Correcting Submitted Claims – Item Code (Service) Errors

- > Once a claim is submitted, it cannot be changed e.g. additional services (missed or item code error), added, corrected or claim resubmitted.
- > When an error is identified, email the SA Dental Schemes Unit for advice via [HealthSADSSchemesUnit@sa.gov.au](mailto:HealthSADSSchemesUnit@sa.gov.au)

## 9.4 Patient Presents Financial Hardship Letter & GDS is Patient Co-payment

- > If patient presents a Financial Hardship Letter before or during their general care, please email the SA Dental Schemes Unit via [HealthSADSSchemesUnit@sa.gov.au](mailto:HealthSADSSchemesUnit@sa.gov.au) with the letter attached.
- > Once approved by the Schemes Unit in the portal, the GDS will update from patient co-payment to no patient fee. Record in the Notes section that the refund has been provided to the patient.
- > If the patient has already paid for dental services, the patient must be refunded following confirmation from the Schemes Unit.

## 10. Definitions/Acronyms

|                   |  |
|-------------------|--|
| <b>CC</b>         | Concession Card  |
| <b>Digital ID</b> | A <a href="#">Digital ID</a> is a secure and easy way to prove who you are online. |
| <b>GDS</b>        | General Dental Scheme  |
| <b>SMS</b>        | Short Message Service  |

## 11. SA Dental Contact Details

[SA Dental Website](#) | [Our Organisation](#)

### For more information

#### SA Dental Schemes Unit SA Dental

Roma Mitchell House  
GPO Box 864, Adelaide 5001  
Tel: +61 8 7117 0094

[HealthSADSSchemesUnit@sa.gov.au](mailto:HealthSADSSchemesUnit@sa.gov.au) | <https://www.dental.sa.gov.au/professionals/partnerships>

Revision of this document subsequent to date of printing or downloading may render hard copy text obsolete. Check Version Number on the SA Dental Intranet.

| <b>Version</b> | <b>Effective From</b> | <b>Change Summary</b> | <b>Effective To</b> |
|----------------|-----------------------|-----------------------|---------------------|
| 1.1            | May 2026              | Initial document      | May 2030            |