



Government of South Australia

SA Dental Dental Schemes Unit

Postal Address GPO Box 864 ADELAIDE, SA, 5001

Request to provide further treatment under General Dental Scheme (GDS)

To: SA Dental Schemes Unit HealthSADSSchemesunit@sa.gov.au

INSTRUCTIONS

At the initial examination if it is likely that the GDS limit will be exceeded, **immediately after the initial examination and prior to commencing the general treatment**, please apply for approval to exceed the GDS limit. Items 011, 022_various, 114, 121 and 141 may be used at that initial appointment if appropriate. Item 037 may be used, but see the Fee Schedule for rules re this. **Please Do NOT** commence other treatment until a response is received from SA Dental. If treatment is commenced before approval/response, the request for further treatment is likely to be declined.

Private practitioner to complete

Date:/...../.....

Client's name: Surname First name Date of Birth

SA Dental UR No.:

In my opinion the above client requires treatment that is likely to exceed the standard GDS limit in order to achieve an appropriate (basic) level of oral health.

I have considered the risk factors and the client's motivation and confirm that this treatment plan does not propose treatment of teeth with poor or guarded prognosis.

To support this request, the following essential confirmation, information and documents are provided for consideration by SA Dental:

- I confirm that the proposed treatment on Page 2 of this letter will complete the course of care.
 Expiry date of GDS: __/__/____ (this is 3 months from the date of issue)
 Extension required to the Expiry Date Yes No
 Treatment required after the initial examination (itemised on Page 2 i.e. 512 14DO)
 Radiographic images (each as a separate attachment) *see page 2 re OPGs
 Pertinent medical history (e.g. bone metabolism altering medications, anticoagulants)
 Clinical notes
 Chart of teeth present (Odontogram)
 Any other useful item (e.g. intra-oral photographs) Details:.....

I understand:
• My request will be considered & a response may take 3-4 weeks
• The patient is not to be reappointed until a response is received unless for emergency treatment
• The GDS expiry date can be extended if further treatment is approved

Provider's name:.....

Provider's signature:.....

Practitioner to complete:

Proposed Treatment Plan

Item No	FEE FREE ITEMS – Description of services provided	SADS \$ (no cap)

Item No	Tooth (FDI)	Surfaces of restorations	Description of service	Client fee	SADS fee	Total fee
Total Fees						

(If more space required, please copy this page)

If treatment is for a Full Clearance please tick this box

<p>Comments to support the request:</p>
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Reminder: If additional care is approved, the client *fee remains the standard maximum fee.*

The *maximum* fee payable by the client to the provider and by SA Dental to the provider are linked to the fees stated in the applicable schedule at the time the scheme was *issued* by SA Dental regardless of when treatment under that scheme was completed. However, fees for individual item numbers should be charged at the rate current on the day the service was provided.

***If OPG required**

Please consider asking the client to have this taken at a convenient external radiology provider who will accept Medicare as full payment (bulk bill). This preserves limited public dental funding for client treatment.