

Referral Form for Dental Services under Medicare

To be completed by referring GP (please tick the relevant box below):				
Patient has a GP Management Plan and Team Care Arrangements in place (MBS CDM items 721 and 723); or				
Aged care resident has a multidisciplinary care plan in place (MBS CDM item 731).				
This referral is valid for 2 consecutive calendar years from the date of the patient's first dental service.				
GP details				
Provider Number			NOTE: Relevant chronic disease management (CDM MBS item(s) above must be BILLED by GP prior to)
			patient receiving their first referred dental service fo	r
Name				
Address			Postcode	
Patient details			Deticable set as	
Medicare Number			Patient's ref no.	
First Name			Surname	
Address			Postcode	
Dental practitioner (or dental practice) details (GPs may refer eligible patients to a dentist. Where a patient has no natural teeth and requires dental prosthetic services only, a referral may be made to a dentist or dental prosthetist. Patients cannot be referred by a GP to a dental specialist). Name				
			Protects	
Address	ı		Postcode	
Referring GP's sign	ature		Date signed	
IMPORTANT NOTE TO DENTISTS AND DENTAL PROSTHETISTS: To refer patients onto another dental practitioner, dentists and dental prosthetists may use a referral note or letter (signed and dated). A copy of this GP referral form must be attached to the referral note/letter as the receiving dental practitioner will need the GP's details and initial date of referral from the GP for Medicare billing.				
Note: GPs are enco Clinical notes/ curren	_		of the patient's care plan/s to this form.	
Eligible patients may access Medicare benefits of up to \$4,250 in total over two consecutive calendar years for dental services provided under items 85011-87777. Note: Medicare benefits are not payable for dental services provided to an admitted patient in hospital (i.e. the items apply to out-of-hospital dental services only).				
For general enquiries about the Medicare dental items, contact Medicare Australia on 132 150.				
Dental practitioners should retain a copy of this referral form for record keeping and Medicare Australia audit purposes.				
Copies of this form and further information about this initiative are available at http://www.health.gov.au/internet/main/publishing.nsf/Content/Dental+Care+Services Copies of the form may also be ordered by phoning: (02) 6289 4297.				
THIS FORM SHOULD NOT ACCOMPANY MEDICARE CLAIMS				