

OHCWA - DENTAL TREATMENT APPLICATION

OFFICE USE ONLY	
WAIT LIST	SUB CAT

ELIGIBILITY INFORMATION

The Oral Health Centre provides emergency, general, and specialist treatment to Western Australians who are holders of a current Healthcare or Pension Concession Cards. If you receive a pension or benefit the cost of your treatment may be subsidised, based on the level of payment you receive. Treatment can only be provided to patients who are eligible at the time they are offered an appointment. To assess eligibility please complete all required information below which includes authorisation for Centrelink to electronically provide a statement. You will also need to provide a photocopy of your current Healthcare or Pension Concession Card in this application.

Section 1 – PATIENT DETAILS

Title: _____ Surname: _____

Given Names: _____

Gender: Male Female I prefer not to say Other

Date of Birth: _____ Country of Birth: _____

Preferred Language: _____ Do you require an interpreter? _____

Are you of Aboriginal or Torres Strait Island Origin? Aboriginal Torres Strait Neither

Address: _____

Suburb: _____ Post Code: _____

Home Phone: _____ Mobile: _____ Email: _____

I consent for my appointment reminders be sent to this mobile number by a third party provider Yes No

Section 2 – NEXT OF KIN/PARENT/GUARDIAN

Title: _____ Surname: _____

Given Names: _____

Address: _____

Suburb: _____ Post Code: _____ Relationship to patient: _____

Home Phone: _____ Mobile: _____ Email: _____

Section 3 – PAYMENT DETAILS

Parent or Guardian Responsible for Payment – must be Centrelink Main Card Holder

Title: _____ Surname: _____

Given Names: _____

Address: _____

Suburb: _____ Post Code: _____ Date of Birth: _____

Home Phone: _____ Mobile: _____ Email: _____

Section 4 – ELIGIBILITY

Type of Card: Pensioner Healthcare Card Veterans Affairs Colour _____

Card Holder CRN Number: _____ Expiry Date: ____/____/____

Patient CRN Number: _____ Expiry Date: ____/____/____

Section 5 – CONSENT TO OBTAIN INFORMATION

- I authorise Centrelink to electronically provide a statement of information to the Oral Health Centre and their agents to assist in assessment of my entitlement to concessions or services from the Oral Health Centre.
- I understand that the information provided by Centrelink may include, where relevant, current or historical details of payments received, dependants, Centrelink deductions, income assets and confirmation of my current address. I understand that this authority, which is ongoing, can be revoked at any time by giving written notice to the Oral Health Centre and Centrelink. I understand that I will be able to obtain a written copy of the Statements at any time from Centrelink.

Signature of Centrelink Main Card Holder: _____ Date: ____/____/____