



Enhanced Primary Care (EPC) Program Referral Form for Dental Care under Medicare

**THIS FORM MUST ACCOMPANY ALL MEDICARE CLAIMS. SEE PART E BELOW.
CLINICAL NOTES SHOULD NOT BE WRITTEN ON THIS FORM.**

Patients with an EPC multidisciplinary care plan may be referred by their GP for up to 3 dental services per year (from date of first service) where a dental condition is significantly impacting on a chronic medical condition.

Medicare rebates and Private Health Insurance benefits cannot **both** be claimed for these services. Patients should be advised that they must choose whether to access one or the other for these services.

PART A – To be completed by referring GP

Provider Number

Name

Address

Postcode

Patient details

Medicare Number Patient's ref no.

First Name Surname

Address

Postcode

Patient referred to: Please specify the name of dental practitioner

Dental practitioner's name

Address

Postcode

Referring General Practitioner's signature

Date signed

PART B – To be completed by servicing dental practitioner for items 10975 & 10976

Select	Type	Item Number
<input type="checkbox"/>	Dental Assessment and report – referral by GP. This item must be provided before either item 10976 or 10977 is payable.	10975
<input type="checkbox"/>	Dental Treatment for a condition that is exacerbating the patient's chronic condition.	10976

A total of 3 items are claimable under Medicare in a 12 month period from date of first service.
Dental practitioner must provide a written report to patient's GP after assessment, including evaluation, prognosis, proposed treatment (incl. estimated no. of services/visits, costs) and specific investigations required (eg. radiology). Treatment (Item 10976) may occur on the same day as assessment (Item 10975) where this is clinically indicated.

Please note, this section must be completed and signed by the dental practitioner for item numbers 10975 and 10976. By signing this section, the dental practitioner **DECLARES** that they, as a dental practitioner registered with the HIC to provide MBS dental services, have provided the relevant service/s to the patient.

HIC Provider/Registration Number

Servicing dental practitioner's name

Servicing dental practitioner's signature

Date signed

PART C – Referral to another dental practitioner or Dental Specialist (if required)

If you are referring a patient to another dental practitioner or dental specialist please provide details below

Dental specialist's name

Address Postcode

Referring Dental Practitioner's signature Date signed

PART D – To be completed by Dental Specialist (or other providing dentist)

Select	Service by Dental Specialist	Item Number
<input type="checkbox"/>	Dental Assessment or treatment and report by a dental practitioner or dental specialist on referral from dental practitioner who provided service under item 10975. Report to be provided to patient's GP and referring dental practitioner.	10977

Please note, this section must be completed and signed by the providing dentist on completion of item 10977. By signing this section, the providing dentist DECLARES that they are registered with the HIC to provide MBS dental services and have provided the relevant service to the patient.

HIC Provider/Registration Number

Providing dentist's name

Providing dentist's signature Date signed

PART E – Claiming Benefit

- If used for 1 service only, the dental practitioner or dental specialist:
- signs Original Copy of this Form after service provided.
- If used for multiple services, the dental practitioner or dental specialist:
- makes relevant number of photocopies of Form prior to signing
 - signs Original Copy after 1st service
 - signs a photocopied Form after each subsequent service.

All originals and photocopies of this form submitted to Medicare for payment must have the original signature of the servicing provider

Copies of all signed forms must be retained for record keeping and HIC audit purposes.
Dental services funded by other Commonwealth or State/Territory programs are not eligible for Medicare rebates under this initiative.

To reorder further quantities of this form, please phone 1800 067 307 or download from HIC website at www.hic.gov.au/providers/forms