



Other Medicare Australia Programs

Medicare Teen Dental Plan

What is the Medicare Teen Dental Plan?

The Australian Government introduced the Medicare Teen Dental Plan to help with the cost of an annual preventative dental check for eligible teenagers aged 12–17 years.

Am I eligible for the Medicare Teen Dental Plan?

You are eligible for the Medicare Teen Dental Plan and able to receive a preventative dental check if you are a teenager:

- aged 12–17 years
- receiving Abstudy, Carer Payment, Disability Support Pension, Parenting Payment, Special Benefit or Youth Allowance; or
- whose family/carer/guardian receives Family Tax Benefit Part A (FTB-A), Parenting Payment or the Double Orphan Pension for you; or
- whose partner receives FTB-A or Parenting Payment; or
- 16 or older and receiving financial assistance under the Veterans' Children Education Scheme (VCES) or the Military Rehabilitation and Compensation Act Education and Training Scheme (MRCAETS)
- eligible to claim Medicare benefits.

How does the Medicare Teen Dental Plan work?

If you are eligible for the plan a letter and voucher about eligibility for a preventative dental check will be sent to you or your parent or carer. If you are in equal shared care arrangements, a letter and voucher will be sent to your parents or carers.

What is the voucher for?

The voucher lets you claim a benefit from Medicare every year once you have seen your dentist and had a preventative dental check. The voucher should be given to the dentist when you have your preventative dental check. The voucher shows the dentist you are eligible for a preventative dental check under the Medicare Teen Dental Plan. Vouchers are only valid for the person named on the voucher and cannot be transferred to another person.

What should I do if I didn't get a voucher?

If you think you are eligible for a voucher and have not received one, or you have lost your voucher, you can call **132 011*** or visit any Medicare office.

What is a preventative dental check?

A preventative dental check must consist of an oral examination. Your dentist may also:

- take x-rays
- provide a scale and clean
- provide a fluoride treatment
- give you oral hygiene instructions
- provide dietary advice
- seal pits or cracks in a tooth (fissure sealing).

All these services are included and can be performed over a number of days and cannot be billed separately or until your treatment is completed.

How do I go about having a preventative dental check?

Once you have received your voucher, the following steps will help you receive your benefit.

Step 1—make an appointment with a dentist

When making the appointment with the dentist, you will need to check:

- that the dentist will provide a preventative dental check under the Medicare Teen Dental Plan
- whether you will be expected to pay anything up-front and whether it will be more than the benefit claimable from Medicare Australia.

If you are eligible for public dental services you can also call the nearest public dental clinic (including school-based clinics) to check whether they are providing preventative dental checks.

Step 2—have your preventative dental check

You need to take your voucher to the dentist when you have your preventative dental check.

Step 3—claiming for your preventative dental check

After your preventative dental check, the dentist will bill you in one of three ways.

1. The dentist will bulk bill the service by asking you to sign an Assignment of Benefit form so the dentist can claim the dental benefit directly from Medicare Australia.
2. The dentist will ask you to pay in full for the service. You can claim your benefit by submitting your account/receipt at your nearest Medicare office or by post.
3. The dentist will give you an unpaid account. You will need to take your account/receipt to your nearest Medicare office or post it to Medicare Australia. We will send you a cheque made out to the dentist, for the benefit amount. You will need to send the cheque to the dentist, along with any gap amount you still owe.

Important information

- If you are eligible for a preventative dental check, you can see your dentist prior to the Medicare Teen Dental Voucher being issued but you cannot claim your dental benefit from Medicare Australia until the voucher for that calendar year has been issued.
- If you are a teenager in equal share care arrangements, the first family to claim the service with Medicare Australia will be entitled to the full dental benefit.
- If the total cost of your preventative dental check is more than the amount of your voucher, Medicare Australia can only pay the amount of the voucher. You will be responsible for any additional amount. If the total cost is less than the amount of your voucher, Medicare Australia can only pay the amount you have been charged by the dentist.
- The preventative dental check is a Medicare service which is claimable from Medicare Australia. You may choose to claim through your private health fund, however, you cannot claim from both.

Summary checklist

- Keep your voucher and letter in a safe place.
- Make sure you take your voucher and Medicare card with you when you visit the dentist.
- Make sure you take your Medicare card with you when claiming your benefit at a Medicare office.
- Remember to let Medicare Australia, Centrelink or DVA know if your details change in the future.

For more information

Online www.medicareaustralia.gov.au
www.health.gov.au/dental

Call **132 011***

TTY **1800 552 152**** (hearing and speech impaired)

TIS **131 450*** (Translating and Interpreting Service)

National Bowel Cancer Screening Program

What is the National Bowel Cancer Screening Program?

The National Bowel Cancer Screening Program aims to reduce the incidence and death from bowel cancer by offering people turning 50, 55 or 65 years of age between January 2008 and December 2010 screening with a faecal occult blood test (FOBT) in the privacy of their own home.

Am I eligible to participate in the National Bowel Cancer Screening Program?

People who are within the eligible population will be invited to take part in the program. The eligible population is Australians turning 50, 55 or 65 years of age between 1 January 2008 and 31 December 2010, who hold a Medicare card or DVA gold card.

Temporary visa holders and temporary residents will not be invited to participate in the program regardless of whether they are in the specified age range.

If you are eligible to participate in the program, you will receive an invitation through the mail to complete a simple test called a FOBT in the privacy of your own home and mail it to a pathology laboratory for analysis. There is no cost involved in completing the FOBT. If you have a positive FOBT result you will be advised to discuss the result with your doctor, who will generally refer you for further investigations, such as a colonoscopy.

The National Bowel Cancer Screening Register

Medicare Australia administers the National Bowel Cancer Screening Register. The Register issues invitations to participate in the Program, records participants' details including screening history, FOBT and colonoscopy results as well as issuing reminder letters to participants and their nominated doctor/medical practice.

Personal information and test results are kept private and confidential. Information kept on the Register is protected by law (the *Privacy Act 1988*) and personal details are released in accordance with the Information Privacy Principles of that Act.

What information is kept on the Register?

The Register keeps details such as:

- your personal details e.g. name, contact details, age and gender
- your Medicare number
- the results of screening tests
- the name of your nominated doctor
- the results of any further tests undertaken, such as a colonoscopy or biopsy.

What will this information be used for?

Medicare Australia will use personal details to:

- invite eligible people to screen
- remind eligible people to complete their FOBT
- provide contact details to the pathology laboratory responsible for analysing FOBTs
- check Medicare and Department of Veterans Affairs claims for bowel examinations if required and contact medical service providers to request relevant reports be submitted to the Register
- send reminder letters and/or make telephone calls (where necessary) to participants and their nominated doctor.

Your name and date of birth will be provided to the Australian Institute of Health and Welfare (AIHW) for the purpose of matching to cancer registry data to show that the Program is saving lives. Provision of data to AIHW is subject to the secrecy provisions of the *Australian Institute of Health and Welfare Act 1987*.

Your name, contact and screening details may also be provided to people to assist with your medical care in relation to bowel cancer screening including:

- your nominated doctor
- medical specialists you may be referred to
- participant follow up officers
- employees in the bowel cancer screening area of state/territory governments.

Who will have access to information on the Register?

Information held on the Register and information provided to the AIHW by the Register is protected by law and will not be released to any other person or organisation without your consent or unless required or authorised by law.

What information do doctors and medical specialists provide to the Register?

General practitioners and specialists will provide information to the Register (by completing data collection forms) about consultations/procedures with program participants who received a positive FOBT result.

For more information

Online www.medicareaustralia.gov.au
www.cancerscreening.gov.au

Call National Bowel Cancer Screening Register Information Line—**1800 118 868****

TTY **1800 552 152**** (Hearing and speech impaired)

TIS **131 450*** (Translating and Interpreting Service)

* Call charges apply.

** Call charges apply from mobile and pay phones only.

External breast prostheses reimbursement program

What is the External breast prostheses reimbursement program?

The External breast prostheses reimbursement program (the program) is an Australian Government initiative to provide reimbursement for new or replacement external breast prostheses for women who have had a mastectomy as a result of breast cancer.

The reimbursement can be claimed for new and replacement breast prostheses purchased from 1 July 2008.

Am I eligible?

All women who are permanent residents of Australia, are entitled to Medicare and have had a mastectomy as a result of breast cancer are eligible to claim the reimbursement.

How do I claim the reimbursement?

To claim the reimbursement you will need to fill in a claim form. The form is available at any Medicare office or at www.medicareaustralia.gov.au

Once you have completed the claim form, attach your original receipt and hand it in at any Medicare office or post it to:

Medicare Australia
GPO Box 9822
in your capital city

How much is the reimbursement?

A reimbursement of up to \$400 for each new or replacement breast prosthesis can be paid depending on the cost of the prosthesis. This applies for each prosthesis for each breast.

How often can I claim a reimbursement?

If a claim under the program has already been made, a further reimbursement can be claimed no earlier than two years from the date of last purchase. This applies for each prosthesis for each breast.

How will the reimbursement be paid?

All reimbursements will be deposited into the bank account you nominate on your claim form. We will send you a statement listing the amount deposited into your account which can be kept for taxation purposes.

For more information

Online www.medicareaustralia.gov.au

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TTY **1800 552 152**** (Hearing and speech impaired)

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