



# Substantiating dental services provided under the Child Dental Benefits Schedule (CDBS)

This information will provide guidance on what you can do to substantiate CDBS services that you have claimed or have been claimed through your provider number, and that consent to dental services and costs has been obtained and recorded.

## What you need to know

The guideline is not exhaustive and you can respond to a health provider compliance audit or review using any additional documentation you think substantiates compliance.

If you have received a letter from the Department of Health, by post or email, this may contain additional online links for you to follow for further guidance.

However, we may determine that more information is needed and may request additional documentation to substantiate dental services you have claimed. Dental records must be kept for at least four years for the purpose of substantiating benefits claimed from the Department of Health. For other purposes, dental records must be kept for seven to ten years, depending on your jurisdiction. Refer to [Guidelines on Dental Records](#)

Further information may also be found in the [Child Dental Benefits Schedule for health professionals](#).

## Documents you may use to substantiate a claim

Any document you give us should have been created during or as soon as practicable after the dental services were provided. It should include the patient's name and the date the dental service was provided.


## Treatment evidence

The *Privacy Act 1988* regulates the collection, use and disclosure of personal information, including health information. If the requested document contains health information about an individual, the disclosure of this information to the department will be permitted under the *Privacy Act 1988*.

Documents you can provide to substantiate a dental service has been provided to a patient include one or more of the following:

- An excerpt from the patient's clinical file
- An excerpt from the relevant portion of the patient's clinical file is the primary documentary evidence that you may use to substantiate a claim for a particular service.

It should clearly show the patient's name, date each dental service was provided, description of each dental service provided or the Dental Benefits Schedule item number corresponding to the service, the name of the dental practitioner who provided the service, and the provider number through which the services were claimed.



A copy of the account or receipt clearly showing the patient's name, date each dental service was provided, description of each dental service or the Dental Benefits Schedule item number corresponding to the service, dental provider's name and provider number and the amount charged in respect of the dental service, total amount paid and any amount outstanding in relation to the dental service

## Evidence of patient consent

Documents you may provide to substantiate consent to dental services and informed financial consent include the following:

Informed Financial Consent (IFC) forms. The IFC forms are a requirement of the CDBS and are necessary for the payment of any benefit. You may be asked to provide these forms. They do not however, substantiate a claim for a particular service. Both bulk billing and non-bulk billing IFC forms are available online.

Other signed procedural consent forms that show that the patient, or the patient's parent or guardian, have provided consent for particular procedures to be carried out.

## Extenuating circumstances evidence

Documents you may provide to substantiate an extenuating circumstance where consent was not recorded include an excerpt from the patient's clinical file.

In some cases you may not be able to provide the patient consent form. There are specific extenuating circumstances where consent can be substantiated by providing an excerpt from your patient's clinical file. Further information is located in [the Child Dental Benefits Schedule Ministerial guidelines](#).

## Using your patient's clinical file

In most cases, a patient's clinical information will be the only way to confirm a dental service has been provided, and to substantiate that you received the correct benefit.

If you need to use a patient's clinical information, you can censor any details that you think aren't relevant. A transcript of the relevant section of clinical notes may also be included. You can also choose to provide the information to one of our dental or medical practitioners.

## Formal notice to produce documents

Under section 32C of the [Dental Benefits Act 2008](#), if we have reasonable concern that you've been paid a benefit that exceeds the amount you should have been paid, we can ask you to substantiate your claims.

A formal notice to produce documents will be issued if you don't provide substantiating documents for a provider compliance audit or review. This is part of our compliance audit and review processes.

Read more about our [compliance audit and review processes](#).

## Voluntary acknowledgment

A voluntary acknowledgement is when you tell us if you have incorrectly claimed and received a payment you shouldn't have received. If you think you've incorrectly claimed a benefit or received a payment you were not eligible for, it's important you let us know as soon as possible, by submitting a Voluntary Acknowledgement of Incorrect Payments form. This form can be used at any stage you become aware that you've incorrectly claimed a benefit or received a payment.

Read more about [voluntary acknowledgement of incorrect payments](#), including accessing the voluntary acknowledgment form.



## Resources

Read more about:

[Child Dental Benefits Schedule for health professionals](#), including how to become a provider and claim payments from us

[The Child Dental Benefits Schedule](#), including how to obtain informed financial consent and ministerial guidelines on the Department of Health's website

[Guidelines for Dental Records](#)

[The Practitioner Review Program](#)