

# STEP BY STEP



## OUR GUIDE FOR YOUR CHILD'S HOSPITAL VISIT

**TREATMENT PROPOSAL IS VALID FOR 3 MONTHS**

This booklet has been designed to give you step by step instructions to help you work through your child's dental treatment proposal and how to confirm your child's treatment under general anaesthetic with Kiddies Dental Care.

After your appointment today, you were given a tooth chart indicating which teeth require treatment and the consent forms to proceed with this treatment.

**PLEASE WATCH OUT FOR AN EMAIL FROM US CONTAINING YOUR CHILD'S TREATMENT PROPOSAL!**

This email, will include our proposal to provide dental treatment for your child under general anaesthetic, and will also give you links to additional information regarding your child's hospital visit!

For young children undergoing extensive or complex dental procedures, the application of general anaesthetic (GA) is highly recommended, as it will ensure a smooth dental operation and maximum comfort for the patients. Descriptions of the indicative charges are provided in this documentation for your consideration.

## **Kiddies Dental Care**

SPECIALIST PAEDIATRIC DENTAL PRACTICE

**P 03 9372 8960 • F 03 9038 4407**

[info@kiddiesdentalcare.com.au](mailto:info@kiddiesdentalcare.com.au) [www.kiddiesdentalcare.com.au](http://www.kiddiesdentalcare.com.au)

## STEP 1 - CONFIRM DATE OF PROCEDURE

Complete the supplied consent form and email to:

**hospitalcare@kiddiesdentalcare.com.au** or **fax to 03 90384407**

Please write your proposed date for the procedure, if this date is available, our team will process your \$200 NON REFUNDABLE deposit and set up the booking and email you a confirmation.

If this date is no longer available, our team will contact you with an alternate date.

**This form is available online and can be emailed direct to us. Please refer to your proposal for the link.**

## STEP 2 - PAYMENT OF NON REFUNDABLE DEPOSIT

You are requested to pay a \$200 non-refundable deposit when you confirm that you wish to proceed with the dental procedure for your child.

Payment can be made by:

- Credit card (Visa or Master Card) over the phone;
- Internet banking transfer, direct deposit into our bank account (see bank details below) within 2 days of notification of acceptance of date,
- Direct Deposit to the following bank:

**Westpac Bank**

**Name of Account: KIDDIES DENTAL SPECIALIST CARE PTY LTD**

**BSB number: 033-132**

**Account number: 308964**

**Reference: your Child's name**

- Personal cheques are not accepted. Money Orders or Bank Cheques are acceptable if they are payable to **Dr Kar Mun CHAN**, and must be received by us within 2 days of confirmation of booking date. Please post to **Kiddies Dental Care, 2/ 127-131 Napier St, Essendon VIC 3040**
- A receipt / confirmation of your non refundable deposit payment will be included in your Hospital Pack

Please note your child's treatment appointment cannot be confirmed until we have received the deposit. If we do not receive your deposit in the mail or in the account within 5 working days, your booking will automatically be cancelled.

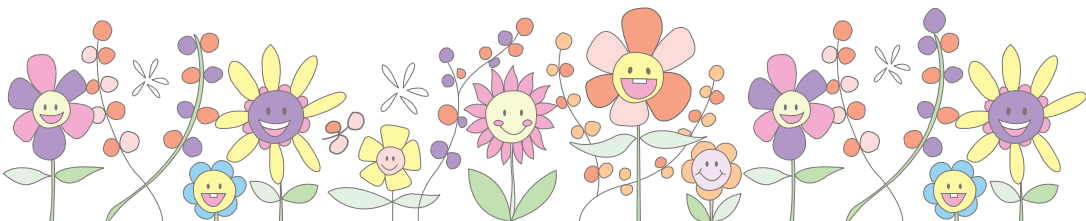
## STEP 3 - DEPOSIT CONFIRMATION AND HOSPITAL CONFIRMATION

Kiddies Dental Care will email you a confirmation pack for your child's treatment.

This will detail all information for the day procedure, and have all contact details and forms you will be required to complete.

Should you have any queries please do not hesitate to contact our office directly.

We look forward to hearing from you, and providing your child with quality dental care.



# SUMMARY OF YOUR CHILD'S HOSPITAL FEES

## ESTIMATE OF TREATMENT PROPOSAL FOR DENTAL TREATMENT BY KIDDIES DENTAL CARE

- The treatment proposal is based on the dentist's clinical examination on your child during your visit. More decay might be detected at the time of operation with the aid of specific x-rays.
- For Bupa Members: If additional treatments are required, additional fees will be charged accordingly.
- Please refer to your child's treatment proposal that will be emailed to you.

For treatment under General Anaesthetic, there are fees charged by the Hospital and the Anaesthetist. Please see our treatment proposal for the indicative costs which are additional to the Dental Procedure fee. Presently a booking has not been made for your child, please phone Kiddies Dental Care on 9372 8960 to confirm you wish to proceed. A \$200 non-refundable deposit is due when booking is confirmed and the balance of the fees for your child's treatment plan is due ten days prior to treatment

COST 1	COST 2	COST 3
<b>DENTAL FEES PAYABLE DIRECT TO KIDDIES DENTAL CARE</b> <ul style="list-style-type: none"><li>• We encourage you to check with your health fund regarding your out of pocket expenses. Please ensure you investigate the three fees; dental, hospital, and anaesthetist.</li></ul>	<b>ANAESTHETIST FEES PAYABLE DIRECT TO THE ANAESTHETIST</b> <p>Estimated costs, depending on which anaesthetist is rostered on the day of treatment.</p> <ul style="list-style-type: none"><li>• Once admission date confirmed the anaesthetist's contact details will be provided in your confirmation pack should you need to speak to them directly</li><li>• The Anaesthetist will contact you prior to the date of treatment to discuss any anaesthetic concerns that you may have and provide you with their fees and charges.</li><li>• Anaesthetist charges are above the Medicare scheduled fee however Medicare will partially cover the cost for your anaesthetist,</li><li>• The gap may also be partially covered by your private health fund - please confirm with your health fund.</li></ul>	<b>HOSPITAL FEES PAYABLE DIRECT TO THE HOSPITAL</b> <ul style="list-style-type: none"><li>• Your child will be admitted to this private day procedure centre. If applicable full payment of the hospital fees by cash, eftpos or credit card to reception is required at the time of admission. Failure to do so will lead to cancellation of the day procedure.</li><li>• If you have private health insurance you only pay your hospital excess on the day of treatment and the hospital can claim direct from your health insurance fund. Please phone your health insurance provider to determine your out of pocket expense for the Hospital fee.</li><li>• Theatre fee is based on time required for treatment. However if additional time is required to complete the treatment, additional charges will apply.</li></ul>

## IMPORTANT NOTE:

These fees are provided in good faith to assist you in your decision making. Kiddies Dental Care does not have any influence on the estimates provided for anaesthetist fees and hospital costs and as such we do not accept responsibility for any variation in the final costs and fees rendered.

## Still have questions?

Before you call us, make sure to check out the links supplied in your letter. Here you will find a large amount of information and FREQUENTLY ASKED QUESTIONS.

# YOUR CHECKLIST

This checklist is a guide for what you have completed and what still needs to be done prior to your child's hospital visit.

- RECEIVED TREATMENT PROPOSAL FROM KIDDIES DENTAL CARE  
TREATMENT PROPOSAL IS VALID FOR 3 MONTHS
- SPOKEN WITH HEALTH FUND TO CONFIRM COVER
- CONSENT FORM COMPLETED AND RETURNED TO KIDDIES DENTAL CARE
- MADE DEPOSIT PAYMENT TO KIDDIES DENTAL CARE
- KIDDIES DENTAL CARE WILL CONFIRM DATE OF PROCEDURE
- RECEIVED MY EMAIL CONFIRMATION PACK
- READ AND UNDERSTOOD TYPES OF TREATMENT INVOLVED
- COMPLETED HOSPITAL AND ANAESTHETIST ADMISSION FORMS
- PAID KIDDIES DENTAL CARE  
10 DAYS PRIOR TO TREATMENT DATE
- PAID ANAESTHETIST  
7 DAYS PRIOR TO TREATMENT DATE
- RECEIVED ADMISSION TIME FROM KIDDIES DENTAL CARE  
5 DAYS PRIOR TO TREATMENT DATE
- SPOKEN WITH ANAESTHETIST  
3 DAYS PRIOR TO TREATMENT DATE
- PAY HOSPITAL ON TREATMENT DAY
- EVERYONE FEELING CONFIDENT AND READY TO GO!

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