



6 January 2012

**Chronic Disease Dental Scheme  
by Dr Adam Alford**

1 Please indicate whether you received the services on the attached patient history.

If you did not receive all of the services, we would appreciate more information about your treatment.

2 When were the services billed? *(please tick)*

All at once at the start of the treatment or ☐

All at once at the end of the treatment or ☐

Throughout the treatment ☐

3 Were you billed any additional costs, not covered by Medicare? Yes ☐ No ☐

4 Did you receive a written treatment plan and a quote for services? Yes ☐ No ☐  
Go to Q4a Go to Q5

a) If yes, when did you receive the treatment plan and quote? *(please tick)*

After an initial consultation or ☐

After the course of treatment was completed or ☐

During the course of treatment ☐

What was the date written on the treatment plan and quote (if it is dated): \_\_\_\_\_

What was the date you received the treatment plan and quote: \_\_\_\_\_

5 Do you have any further comments?

6 If you are happy to be contacted about this questionnaire, please provide your telephone number.

Thank you for completing this questionnaire.

**Privacy note**

The information provided on this form will be used to confirm that payments for services provided under the Chronic Disease Dental Scheme are made correctly. The collection of this information is authorised under the *Medicare Australia Act 1973*. This information may be disclosed to the dental practitioner for verification or as authorised or required by law