THE UNIVERSITY OF WESTERN AUSTRALIA

Consumer Approved

Form 14B

Application for Dental Treatment

Use Patient Barcode Label

Given Name _____

Surname _____

DOB _____

TEMP _____

UWA School of Dentistry
ECU Campus, Building 2
585 Robertson Drive, Bunbury WA 6230
Phone: 9780 7660

OFFICE USE ONLY			
SUB. CAT	APPL CAT	APPL TYPE	WAIT LIST

Eligibility Information

The Oral Health Centre provides emergency, general, and specialist treatment to Western Australians who are holders of a current Healthcare or Pension Concession Cards. If you receive a pension or benefit the cost of your treatment may be subsidised, based on the level of payment you receive. Treatment can only be provided to patients who are eligible at the time they are offered an appointment. To assess eligibility please complete all required information below which includes authorisation for Centrelink to electronically provide a statement. You will also need to provide a photocopy of your current Healthcare or Pension Concession Card in this application.

Section 1. PATIENT DETAILS

Mr Mst Mrs Ms Miss

Surname: _____

Given Names: _____

Gender: ☐ Male ☐ Female Date of Birth: ____ / ____ / ____

Country of Birth: _____ Spoken Language: _____

Are you of Aboriginal or Torres Strait Island Origin? ☐ Aboriginal ☐ Torres Strait ☐ Neither

Address: _____

Suburb: _____ Post Code: _____

Home Phone: _____ Mobile: _____ Email: _____

Section 2. APPLICANT DETAILS

☐ Tick here if the same as above and then go to Section 3.

(Parent or Guardian Responsible for Payment – must be Centrelink Main Card Holder)

Title: _____ Surname: _____ Given Names: _____

Address: _____

Suburb: _____ Post Code: _____

Home Phone: _____ Mobile: _____ Date of Birth: ____ / ____ / ____

Section 3. ELIGIBILITY

Type of Card: ☐ Pensioner Concession ☐ Healthcare Card ☐ Veterans Affairs Colour: ☐

Card Holder CRN Number: _____ Expiry Date: ____ / ____ / ____

Patient CRN Number: _____ Expiry Date: ____ / ____ / ____

Section 4. CONSENT TO OBTAIN INFORMATION

I authorise Centrelink to electronically provide a statement of information to the Oral Health Centre and their agents to assist in assessment of my entitlement to concessions or services from the Oral Health Centre.
I understand that the information provided by Centrelink may include, where relevant, current or historical details of payments received, dependants, Centrelink deductions, income assets and confirmation of my current address.
I understand that this authority, which is ongoing, can be revoked at any time by giving written notice to the Oral Health Centre and Centrelink. I understand that I will be able to obtain a written copy of the Statements at any time from Centrelink.

Signature of Centrelink Main Card Holder: _____ Date: ____ / ____ / ____