



Dr Rebecca Sun  
Suite 13, 1<sup>st</sup> Floor  
14-16 Brierly Street  
Weston ACT 2611  
(02) 6288 6866  
reception@rfgdentistry.com.au  
www.rfgdentistry.com.au

## **New Patient Welcome Information**

Welcome to rfg Dentistry, and thank you for choosing us. We aim to establish positive, long-term relationships with each and every one of our new patients by providing exceptional care and value. Our core focus is on disease prevention, by providing people with the tools and knowledge to improve then maintain their oral and general health.

Our standard protocol is to send all new patients a welcome pack, which you will find attached. Please return this welcome pack at your earliest convenience, either via e-mail or in person before your appointment. We also request that you return your completed medical history form (separate document). If you would like for your previous dental records to be forwarded to rfg Dentistry, please also return the Release of Records form (separate document).

At your initial appointment, we can conduct either a comprehensive examination or a limited consultation.

A comprehensive examination is where the dentist will thoroughly assess your oral health status before providing a personalised care plan. We recommend this to ensure no dental diseases are left undiagnosed.

If, however, you have a matter which urgently needs attending to, then a limited consultation is where we focus only on your chief concern and provide treatment where possible.

For a limited consultation we are unable to provide you with a quote. However, the details and costs of any treatment you receive from us will be discussed with you before commencing. A standard consultation can range from \$140 onwards depending on your treatment.

For details regarding fees for our comprehensive examination, please see the following page.

Dr Rebecca Sun and all of us at rfg Dentistry look forward to meeting you.

*Acknowledgement of Welcome Information received and read:*

*Patient signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_



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## **Details of Comprehensive Examination**

Thank you for trusting us with your dental health.

As a new patient, it is important that we take time to gather all the information regarding your health and an hour can be set aside after or during your initial consultation.

Depending on your requirements, during a comprehensive examination we may cover the following areas:

- A review of your medical history and explanation as to the impact on your dental health
- Your previous dental experiences
- Oral health and cancer check   Health fund item 054/059                         up to \$60
- Gum analysis   Item 221   up to \$60
- Bite/jaw/muscle check   Item 963   up to \$60
- Nerve check of teeth (if required)   Item 061   up to \$60
- Saliva check   Item 047   \$40
- Comprehensive tooth examination and filling inspection                         Item 015   up to \$140
- Radiographs as required   Item 022 per film   \$80 per film
- Photographs as required   Item 072/073   generally no charge

In some cases, additional diagnostic information (scans, models of teeth etc.) and further consultation appointments may be necessary.

We aim to provide dentistry at the highest standard possible, in the most comfortable way. Our goal is to provide you with extra care, education and information, so that you have complete understanding and control of your dental health.

Please note that fees provided are an estimate only and may vary depending on the exact treatment provided.

*Patient signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_



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## Health Fund Information

rfg Dentistry is proudly independent and privately owned so that your dental care and treatment is tailored to suit your personal needs.

While we accept payment from most private health funds, please note that we are **not affiliated** with any health fund. This is because we are health focused, and health funds are generally profit driven.

Private health funds dictate which services attract a rebate and therefore are determining which services you should receive, despite not being a medical professional who has assessed your needs. Some services that you may need in order to maintain your health may not attract a rebate at all. Private health funds also often approach their members with recommendations to see a “preferred provider”.

### **What is a “preferred provider”?**

Clinicians who are contractually bound to health insurance companies are deemed “preferred providers” by health funds. A preferred provider status has nothing to do with a clinician’s level of care or competency. A preferred provider’s fees and services are set by the health fund they are obligated to, despite the fact that health funds are not permitted or able to provide dental advice. Therefore, many patients end up compromising their health for the benefit of their health fund.

rfg Dentistry is not a preferred provider. By remaining independent, you can be assured that our dentistry is individually tailored to your specific needs, and with your health as the primary focus.

Unfortunately, and unethically, preferred provider agreements arbitrarily penalise patients who choose to maintain their choice of provider (clinician). Patients are incentivised to see a preferred provider as health funds will usually offer a higher rebate. This is a matter that is very serious within the dental industry and has been brought to the attention of the Australian Competition and Consumer Commission (ACCC) by the Australian Dental Association.

If you are unhappy with the rebates given by your health fund, you can complain directly to the Private Health Insurance Ombudsman. Please visit:

<https://www.ombudsman.gov.au/How-we-can-help/private-health-insurance>

For more information regarding this matter, please visit the Australian Dental Association’s page:

<https://www.ada.org.au/time2switch/>

Patient signature: \_\_\_\_\_

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## **Your Health Information and our Privacy Policy**

Our practice respects your right to privacy.

We realise that it is important that you understand the purpose for which we collect details about your health, as well as how this information is used at our practice and to whom this information might be disclosed.

You can be assured that your health information will be treated with the utmost confidentiality.

Disclosure will not be made to any other person not involved in either your treatment or administration of this practice, without your prior consent.

The policy of our practice is to follow these procedures:

- The information collected on this form will be used for the purpose of providing treatment to you. Personal information such as your name, address and other personal details will be used for the purpose of writing to you about issues affecting your treatment.
- We may disclose your health information to other health care professionals, or require it from them if, in our judgement, that is necessary in the context of your treatment. Disclosure of your personal details will be minimised wherever possible.
- We may use parts of your health information for research purposes, in study groups or seminars as this may provide benefit to other patients. Should that occur, your personal identity will not be disclosed without your consent to do so.
- If any of the information we have about you is inaccurate, you may ask us to alter our records accordingly.
- By law, your patient history, treatment records, radiographs and other material relevant to your treatment must be securely kept on site. Please note that your radiographs belong to the practice. The fee paid is for the report and not the actual films.
- You may inspect your treatment records at any time. If you would like to forward a copy of your records to another clinic, these will be transferred directly and in a secure manner. Fees may apply.
- Further information can be obtained at *Health Records (Privacy and Access) (Fees) Determination 2016*.
- If you request an explanation of your records or a written summary, our standard fee will apply.

If you have any queries or concerns about our handling of your health information, please do not hesitate to raise these concerns with us.

*Patient signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_