

Important notes about fees

The TAC is responsible for the cost of dental treatment rendered in order to restore teeth damaged in the accident to a level that is consistent with the client's pre accident standard of dental care. The TAC schedule of dental services lists the item number and fees for commonly utilised services rendered as a result of a transport accident. The schedule is revised regularly and is located on the TAC website www.tac.vic.gov.au. If a practitioner requests approval for a service that is not listed in the schedule, or if the practitioner considers that this service warrants a fee in excess of the schedule fee, the fee will be assessed by the TAC dental consultant.

Privacy

The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information. Without this information, the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further benefits and treatment. If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at www.tac.vic.gov.au

Patient details

Patient name	Claim number	Date of birth	Date of accident
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Patient address	Gender		
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Post code			
<input type="text"/>			

Accident details

Was the patient hospitalised? If so, where:

Had you seen the patient prior to the transport accident? If so, state pre-accident dental health. If not, do you know who did see the patient pre-accident?

Dental injuries due to transport accident

Soft and hard tissue damage

Teeth damaged in transport accident

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Please complete chart and insert appropriate letter code in boxes, e.g M</p> <p>M Tooth missing prior to transport accident</p> <p>F Tooth fractured or chipped <i>Extent of damage to be marked on chart</i></p> <p>L Tooth lost due to transport accident</p> <p>E Tooth requires endodontics as a result of trauma in the MVA</p>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Please provide details of any problems relating to

(a) TMJ

(b) Occlusion

(c) Pre-existing conditions

Does the patient wear dentures? If so, provide details



Emergency treatment provided since the transport accident

Tooth number	Item number	Description	TAC fee

Proposed treatment plan

Tooth number	Item number	Description	TAC fee

Medication details

Medication you have prescribed

Certification

Declaration

To be completed by the treatment provider

I, hereby certify

- a. that the dental injuries specified in this report result from a transport accident or are consistent therewith
- b. that the proposed treatment is solely to restore the damage sustained in the transport accident
- c. that the type of treatment is consistent with the patient’s pre-accident standard of dental care

Provider name, address and phone no. *Use practice stamp where possible*

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Signature

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Hours available

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Date

/ /

Please attach any information that may be relevant.

