

CBHS Group Dental Frequently Asked Questions

1. Am I bound by the CBHS Group fee for dental services listed on the dental schedule/s attached to the Terms and Conditions?

While you are a member of the CBHS Group Dental Choice Network (the Network), you are bound to comply with the Terms and Conditions for the Network, including the maximum fee levels for preventative dental services provided to CBHS Group members.

If you find that you are having difficulty meeting any of the obligations in the Terms and Conditions, we welcome you to contact us to see if we can work on a solution together.

You can choose to leave the Network by giving us four weeks notice in writing.

2. Does CBHS Group Dental Choice Network cover all dental services?

Initially CBHS' focus is on preventative dental treatment; however, this may in the future expand to other dental service categories. If we do decide to expand the scope of dental services covered by the Network, we will write to you to amend the Terms and Conditions to include any new services at least four weeks before the amendments come into effect.

3. Will all CBHS Group members have access to the CBHS Group Dental Choice Network?

All CBHS Group members with Extras cover will have access to the Network. Members will be subject to overall limit restrictions on CBHS Group lower level Extras Cover. These are illustrated in Schedule 1 (please find attached).

4. Will CBHS Group members be restricted to using Network dentists only?

CBHS Group members may visit the provider of their choice. However, No Gap and Known Gap services will only be supplied by CBHS Group Dental Choice Network providers.

5. How are claims processed?

Claims can be processed manually or electronically using HICAPS or CSC. CBHS Group encourages you to install these electronic services as they are the easiest and most efficient way for you to receive payment for services.

Alternatively, you can issue accounts and receipts to members making sure that you include all the information listed at clause 4.2 of the Terms and Conditions of this Agreement. The member can then claim by mailing the claim directly to CBHS.

6. How were Network fees decided upon, and when are they reviewed?

The fees are determined after careful data analysis of previous claims data in each of the defined categories of dental services.

Fee reviews occur annually, and may be indexed according to industry trends, data analysis and consultation with providers.

7. If I have more than one practice do I need to apply to join the Network in relation to each of them?

Yes, you will need to apply for each individual practice as participation in the Network is location specific, as is your Medicare Australia provider number.

8. What should I do if I have a locum on a regular basis or at short notice?

Your locum does not take over your rights and obligations as a Network member when you are away. In the event that a locum is required for a specified period, you will need to contact CBHS Group for specific arrangements to be made for the locum.