

# Policy Statement 5.16 - Informed Financial Consent

### **Position Summary**

Information about treatment costs should ideally be provided to patients prior to their treatment. Patients are responsible for contacting their private health insurer to confirm their cover and the benefits that the insurer will pay for the dental service.

### 1. Background

- 1.1. The Board has a Code of Conduct which has identified the requirements for obtaining patient financial consent to treatment.
- 1.2. Some Third Parties require health care practitioners to obtain informed financial consent from patients before proceeding with a course of care.
- 1.3. Provision of a written quotation of fees and recording its acceptance by the patient prior to treatment is good business practice and results in fewer disputes over accounts and fewer bad debts.
- 1.4. Due to the plethora of different private health insurance policies, there is inconsistency between rebates for a particular dental service.
- 1.5. Patients are responsible for contacting their private health insurer to confirm their cover and the benefits that the insurer will pay for the dental service.
- 1.6. Dentists cannot be expected to know the difference between their dental fees and the benefits (gap) payable by private health funds for a dental service.
- 1.7. The amount of rebate for a service from a Third Party funding agency is normally a contractual arrangement between the patient and the agency.

#### **Definitions**

- 1.8. BOARD is the Dental Board of Australia.
- 1.9. FUNDING AGENCIES are third parties, which make contributions to the payment of the fees charged by dentists.
- 1.10. INFORMED FINANCIAL CONSENT is consent given to the dentist by a patient to the fees to be charged for treatment agreed to be performed.
- 1.11. PATIENT is a person receiving health care or any substitute authorised decision maker for those who do not have the capacity to make their own decisions.
- 1.12. THIRD PARTY is an outside body that can influence the relationship between the dentist and the patient. These include but are not limited to:
  - funding agencies (e.g. government departments, agencies and statutory authorities, private health insurance and private health organisations) which have responsibility for the entire fee for service, or part thereof;
  - owners of dental clinics who are not dentists, including health insurance funds, corporations and the public sector (government departments);
  - regulatory authorities;
  - the dental industry;
  - professional indemnity providers; and
  - appointment and rating websites

This Policy Statement is linked to other Policy Statement: 5.5 Funding Agencies, 5.8 Dental Acts, the National Law and Boards, 5.14 Dentistry and the Legal System & 5.21 Regulatory Authorities and the ADA Guidelines for Good Practice "Consent for Care in Dentistry".

### 2. Position

- 2.1. Informed financial consent should be part of sound ethical professional practice.
- 2.2. Informed financial consent may not be appropriate if it would delay and therefore compromise emergency patient care.
- 2.3. The clinical relationship between a dentist and a patient is independent of the source of funding for the patient's treatment. Nevertheless, an ethical approach to patient healthcare should incorporate consideration by the provider of the ability of the patient to pay out-of-pocket expenses for a dental service.
- 2.4. Dental fees may be based on either an itemised schedule of treatment or on the time taken to complete the dental procedure. Accordingly, the dentist may only be able to estimate a range of fees based on the expected time to undertake the procedure and the anticipated complexity of the procedure. Similarly, if the planned procedure is changed during the procedure due to unforeseen circumstances, this may also result in a change to the final fee charged by the dentist. Any such change should be advised at an appropriate time.
- 2.5. Any information about expected charges provided to the patient prior to treatment should include advice that the estimate is not guaranteed and the cost to the patient may increase if the planned procedure takes longer than expected or other procedures are required.
- 2.6. Where charging is based on an itemised schedule of treatment, dentists should provide the patient with the relevant item numbers from *The Australian Schedule of Dental Services and Glossary* or the appropriate government schedule item numbers for each of the proposed dental services to enable the patient to confirm the applicable private health insurance benefit or government rebate.
- 2.7. In some instances, patients may have wrongly assumed that the fee for the dental service is fully or mostly covered by their health fund. Patients should be encouraged to contact their health fund to better understand applicable benefits and be afforded the time to give due consideration to the out-of-pocket costs of treatment before treatment commences.
- 2.8. Where patients are concerned with the cost for a dental service, they should discuss their concerns directly with their treating dentist.
- 2.9. Dentists should ensure that a patient or the person responsible for the dental account has adequate capacity to give informed financial consent.
- 2.10. Dentists should take reasonable steps to confirm that patients have adequately understood the estimated cost of treatment.

## Policy Statement 5.16

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