

## Health fund complaint

Members or patients that have experienced adverse interactions with a health fund are encouraged to complete this report, which provides critical supporting evidence for use in advocacy work. It is strongly recommended that patients and dentists request reasons for health fund decisions in writing to discourage incorrect advice and provide evidence of discussions.

**Please submit reports and supporting documentation via email to [ask@adavb.org](mailto:ask@adavb.org) or return by fax 8825 4644.**

<b>Dental practice details</b>	<b>Patient/ health fund details</b>
Member name:	Patient name (if consent is obtained):
Suburb of practice:	Health fund:
Phone:	Health fund staff member's name (if known):
Email:	Date of incident:

### Summary of incident

### Result of incident

#### **Privacy**

*In presenting this report, we understand that the information contained within it may be shared with legal advisers, the organisation complained against and other parties. We consent to use of this information in correspondence, meetings and discussions about the incident.*

Signed (Dentist).....Date.....