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To whom it may concern

I participated in the scheme back in 2007 because patients showed up with the EPC referral. At the time I rang up Medicare to understand the procedure, and the only information I received was that there is a fee schedule defining the fee per item of service and that we could charge the fee we liked and patient would have to pay any out of pocket costs. Apart from that no further information was given.

No letter or information packs were sent by Medicare to the practice. I personally have received no correspondence from Medicare on procedure and certainly received no information that I must send a treatment plan letter to the GP before commencing treatment.

At the time I had slight exposure to the Department of Veteran Affairs. The procedure for them is similar to Medicare in that you claim per item of service provided but there was no need to send a treatment plan letter for approval.

In 2011 was when I heard about certain protocols that needed to be followed with Medicare, through colleagues, not Medicare. I am not a member of ADA as this is not a requirement and my indemnity cover is through MIPS so to date I have not received any information from any official body. I have been updated on the Medicare protocol by my practice manager and colleagues. I am currently not being audited.

I believe the scheme is of great benefit to many patients as they can't afford treatment and their health would definitely deteriorate otherwise. I still treat patients under the scheme and have no concerns with it now that I am fully aware with the protocol. I do think that Medicare should keep doctors updated with any changes in the protocol with a letter or email etc.

Kind Regards

Dr Meetal Shah