

Subject: CDDS Audits.

To: The Senate Finance and Administration Committees.

When this Medicare Scheme was first introduced, due to the heavy demand and referral from the Local General Practitioners I thought it was a good idea to give something back to the community as I have been in private practice for a long time and decided to bulk bill and hence I did not charge any additional payment.

I wish to draw the following points to the Committees attention:

1. Due to the heavy demand some patients were getting very aggressive and abusive towards our staff as they were not given the appointments as requested because they had to wait. 2. Absolute confusion as GP's were not given enough information and Dentist as well were uneducated and unaware of the requirements. As a result of this after the first year of taking part in this scheme we found out that we had a whole bunch of patients with whom we have given treatment we were not paid by Medicare as the GP had not claimed the required 2 item numbers. On contacting the GP's involved they were not willing to rectify the problem as there was a lapse in time and Medicare were not sure what they could do.

The staffs at Medicare have not always been very helpful and even though at times they have helped us on claiming issues, most of the time they are themselves unaware of the requirements. Another big confusion is with the length of time for each referral which is 2 calendar years, trying to explain to the staff at the GP's clinic has been an absolute nightmare for my staff.

To top it all comes this issue with administrative non-compliance and the Audit, this has caused a lot of emotional stress and heartache for not only the practitioners but also for their families and all other people involved.

I sincerely hope the Senate Committee can see the unfairness and stress it has caused after all the hours of work that have been done for patients by Dentist and nurses.

Regards,

Dr Stanley Cheung