To whom it may concern,

I would like to take this opportunity to express my thoughts on the audit process conducted by Medicare Australia. I have been practising as a dentist since 1994. I have only worked in the private sector since I graduated. I have two private practices, one in Richmond which is located within a medical clinic and the other is in Footscray. The only dealings I have had with a third party are with Veteran Affairs. The paperwork requirements are completely different. In fact we ring the department when doing major dental treatment (ie, dentures, crown/bridge work). With regards to the EPC scheme there has been very little information given to dentists when it was introduced. My practice manager had called Medicare numerous times to gather information on the EPC scheme. Information given was inconsistent depending on who she spoke with at Medicare. In fact I was only made aware of the EPC program's existence by patients.

I agreed to participate in the scheme in good faith without realising how stringent the criteria are when dealing with Medicare. Treatment to patients in the EPC program was provided in good faith. In many cases the threshold of \$4250 was exceeded without patients paying for the difference. The majority of patients are from a Greek background who speak and understand very little English (approximately 99%). My patients were extremely thankful to have received treatment as many have been on waiting lists in the public dental system for many years. Treatment plans had to be explained to these patients in Greek so they could understand treatment/s that needed to be carried out. The majority of these patients had significant dental problems as there was a combination of poor oral hygiene and general neglect. The majority of these patients had previously sought treatment through public dental health services as they did not have the financial means to receive treatment in the private sector. The majority of work performed was complex in nature so there was involvement of third parties. (i.e. Dental Technician/Dental Laboratories).

The cost of providing treatment to EPC patients is quite high as we bulk bill we essentially offer subsidised dental treatment. Practice overheads (i.e. rent, wages, stock) are high without offering subsidised treatment. Both audits were conducted in good faith on my behalf and I am dismayed that been honest has led to this rather harsh punishment. I believe a major problem was a lack of education with regards to the scheme's administration. The other problem we faced was seeing a large number of patients in a short period of time as efforts had been made to abolish the scheme in the senate. My experience with the current scheme has forced me to reassess future involvement with any government funded/regulated schemes with stringent paperwork requirements. It has placed great stress on myself and my family. I am hopeful we can reach a speedy resolution which will be satisfactory to both parties.

Your sincerely,

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