

Dear senator,

My name is Dr. Fong Nien Yong, a dentist currently practicing at . I am writing in relation to the unfairness of dentist having to repay claimed benefits.

As a health professional, I have participate in the chronic disease dental scheme to help both the referring medical doctor and patients in regards to their dental needs. As most chronic medical conditions will have an impact to their oral health or vice versa. Working in a bulk bill medical and dental centre and most of mine patients are referred from the medical doctors. All referred patients are bulk bill under this scheme as most patient cannot afford dental treatments.

I started practicing in the private sector just after this schemes came in. We have no exposure to any schemes funded by medicare prior to this. As a sub-contractor of primary medical and dental, most information regarding this scheme are given to me from the company. The information I received are more on the amount I can charge and my receptionists are trained separately on how to claim them as they are employed by the company. The doctors referred me the patients, we call up medicare to make sure its approved and we start treatment . I do not recall any direct information from medicare regarding this scheme until 2010 when Australia dental Association sent us a warning. We do provide treatment to the department of veteran affairs scheme and the experience is less complicated and we can concentrate more on treatment the patients need.

On October last year, I received an audit letter. And after a few weeks both my patients and referring doctors are been audit too. We have chosen to comply with the audit as we believe I have provide all the treatments required before claiming them. It has been 6months since the audit started and till now I have not received any reply from Medicare. During this period, it is both stressful and depressing as I notice the unfairness medicare shown to other colleagues. And it might happen to me too.

I believe all my patients have benefited from the service I provide. I do not believe my patients are in anyway affected if letters are not sent to a GP and treatment plan and quotation not provided. Medicare auditors have not attend my practice yet but through this audit, medicare is looking into if I have comply with the section 10 of the determination.

Through this audit, I feel unfair if we have to repay claimed benefits. We have provide treatments out of good will and treatments are done before claiming. Its unfair as we did spend time and money to provide the treatments and most of all, the patients and the referring doctors are happy with the benefits. If we understands the Medicare's expectations, we would have done so as it will only take us a few minute. I do hope something can be done to make it more fair for the public and professional.

Regards,

Dr Fong Nien Yong