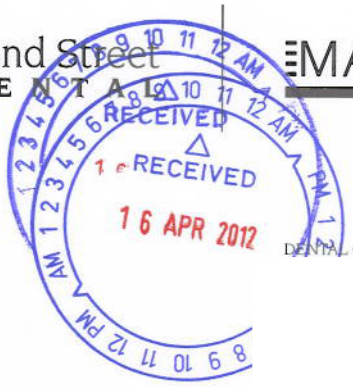
Bond Street DENTAL

EMALOCLINIC DENTAL CARE

DENTAL CORPORATION



11th April, 2012

Submission of letter to the senate

RE: MEDICARE Enhanced Primary Care Scheme for Dental Practitioners.

Dear Committee Members,

I am writing this letter, after, once again, becoming quite confused at the lack of information supplied to myself and work colleagues from Medicare regarding the EPC program.

I am currently employed as a full time Dental Receptionist at Bond Street Dental and have been dealing with patients who have been referred by their GP's for over 3 years for dental treatment under the scheme.

During this period I have found all information supplied by Medicare to have been inconsistent and does not match given instructions by Medicare staff over the phone or in person at a branch.

My questions to you are, "who do we follow? And, "what do we do?"

My employer, Dr Larry Benge, is currently one of the many Australian Dentists being currently subject to a Medicare audit. Medicare are reviewing the paperwork requirements at our practice.

At the time of appointments any private patients who presented with the EPC voucher from their GPs, myself and the other reception staff, have always phoned Medicare to see if the plan was in place and had Medicare approval. We had always followed instructions given, always gave the patients a full treatment plan and advised them of any co- payments. We then wrote a letter back to the referring GP at the completion of treatment to advise everything was now finished.

We were notified by Medicare in early 2011 that Dr Benge's practice would be subject to an audit. We are aware Medicare are likely to seek recovery of all benefits paid in the 2 year time period that was being audited, although all treatment had been done and the patients were happy Medicare had funded some of their dental work.

Upon investigating and finding out the "correct steps" we have been 100% compliant with every single patient and piece of paper work given to patients and referring GP's. Meaning we now DO NOT proceed with any treatment until a letter is sent back to the referring GP with a full treatment plan.

Now, the problems with this is referring GPs do not even want a letter or even acknowledge that they have received the letters. They never call in response and seem to simply have a lack of interest in what treatment we are proposing.

Medicares' own staff members do not even know their own guidelines.
As of yesterday I had a private patient present a voucher AFTER treatment was finished. I explained to the patient we can not use the voucher as we had not followed the rules and written a letter to the GP before treatment started. The patient was quite upset and then went to the Medicare branch in , where Medicare called us and simply just asked us "to change the item numbers". I then had to explain to the Medicare staff member I was not prepared to do that as it does not go hand in hand with Medicare's instructions to us in relation to providing treatment to patients under the EPC scheme. The patient did not accept that and then proceeded to the branch. The same thing happened again and I once again had to explain to the Medicare staff member their "own" rules and why I was not prepared to break them.

Basically, if Medicare staff do not know what their own rules are and the exact thing we are getting investigated for was ignored even yesterday, why is all this happening?

We are constantly misinformed and misguided and I'm simply not sure who to go to for advice on this, when we are always trying to do the right thing- the actual source (Medicare) have no idea themselves.

I'm happy to be contacted at any time to discuss this further and give any more required information as I have taken down all staff names etc of all relating correspondence.

Sincerely,

Courtney Murray.