

## Member of the public 9

26 October 2012

### To whom it may concern: -

I have recently visited your web-site due to a national newspaper article explaining that you are at present investigating the private healthcare market/insurers?

I am a [✂] member of one of the main providers of private health care -

This provider was the "crème de le crème" of private healthcare providers in its day - but regret to say not any more!

My monthly premium has yet again been increased as it is **every year** - I check all my documents carefully, and noted on this years renewal notification that they will now expect me to pay the following: -

- 1 I do have an agreed proviso that I pay for any initial consultation - no problem!
- 2 This year - should I require a consultation follow up - following my initial consultation, (that I have already paid for), I now must pay for the follow up?
- 3 I am also now told that my provider will choose my Surgeon ??
- 4 Again I am told that my provider will choose my Anaesthetist ??

This is following my provider telling me which hospital I can attend ??

On querying the above anomalies - don't forget I am paying them for what I believe is a personal choice of hospital, Surgeon and Anaesthetist, (that's why I pay insurance??), I am now told, that they will only allow me to see Surgeons and Anaesthetists within **THEIR** fee schedule, and if I wish to choose my own preference, I will have to pay any difference between what they will pay them and what they charge??

Forgive me for my ignorance, but one assumes that if you are paying a premium for a service, (and perhaps going without other things to do so), one is entitled to choose their own preference?

How do they know that because these medics work within their fee schedule they are suitable for an individual?

Do insurers check the clinicians on their books for their expertise/experience etc??

Or do they allow them on their "network" because they accept what the insurers feel they are worth and no other reason?

Do they ask previous patients for feedback etc - I have never been asked?

This has never been sent to me in writing or explained that any rules and regulations have changed?

I now find myself in the unfortunate position of requiring a hospital, Surgeon and

Anaesthetist - after much discussion and what I can only describe as a "fight for my rights" I have been allowed the hospital of my choice - round 1 !!!

Unfortunately my Surgeon and Anaesthetist at the hospital of my choice, which is suitable for my medical condition, do not work within their fee schedule - therefore, I have to pay any excess on any treatment I may need - on speaking to the secretaries concerned, I now find that my provider has not increased either Surgeon or Anaesthetists fees for 16-years??

Unfortunately I am unable to get exact confirmation of where exactly my 25-years of increased premiums have gone??

I have to say that I do not know of any other industry where a private individual who provides a service in their "chosen field", and lets not forget in their own time, whatever that may be, is told what they are worth or will earn??

Unfortunately again - I am now stuck with this provider should I continue in the private health market as I now have existing conditions that other insurers will not cover, (I have checked), and those I have checked assure me that for the premium I am paying to my provider - I would have full cover for both Surgeon and Anaesthetist regardless of the fee?

Why should this be different ?? If you are regulating private healthcare providers - surely the rules must be the same for all ??

When I returned to my insurers again and queried and questioned their "rule" after many hours on the telephone and several letters and faxes, they would meet all fees for my chosen hospital, Surgeon and Anaesthetist in full - regardless of their fee?

Is this then a case of "shout and complain loud enough" and you will get what you should have got in your initial contact with them - because I was told initially many times that they would not pay for my choice under any circumstances and their was no exception to the rule ????

### **In other words - they can and will pay full fees for Consultants!**

This has been somewhat traumatic and extremely stressful to sort out, with the added worry of a possible hospital stay and surgery - long gone are the days where you would contact your insurer and they did all the work - I feel like I have had to arrange everything via the hospitals, secretaries etc and have spent a great deal of time and money on telephone calls which in my present condition has not been easy!

Not a great advert for a provider that pays millions in television and media advertising - I would hope that for the future, they seriously consider meeting all Consultant Surgeons and Anasesthetists fees to give their customers the "peace of mind" at a difficult time, and recognise the very important reason why they pay a hefty monthly sum to them!

Please note, I am not a wealthy individual - private healthcare is a **great luxury to me** and I subsequently forfeit other things in life to afford this, I despair for the future as I get older - [⌘] yrs of membership seems to mean nothing to them and it all seems to be about paying the "experts" as little as possible without being able to explain to their members why this is so, in my many dealings with them, I have not yet had a sensible explanation as to why, when I am paying for a service that I may/may not need - there is not enough money in their pot to pay for it???