

Member of the public 4

11 September 2013

Sirs,

Anti competitive behaviour (ACB)

My broker has summarised your healthcare report and recommendations but one area of ACB which you do not seem to have recognised is the differential charging by hospitals between private individuals and insurance companies. If you telephone the private hospital and ask for the costs of a procedure they always ask first whether you will be self funding or insured. This is because they charge the insurers up to 400% of the self funding charge presumably on the basis that the individual would not meet an inflated cost.

As an example in 2010 I was sent for a CT scan at my local Spire hospital. The cost was in excess of £2000 This hurt me as my insurance allowance was depleted and I had to pay over £700 towards this cost. I thought this a very expensive scan and telephoned the hospital and asked for the cost allowing them to think I was a new self funding patient The quote was just under £500. Ridiculous! I had to pay more in excess costs than I would have had to pay if I had paid the lot!

This year I had a follow up scan – same hospital and same clinical areas – and went self funded. The charge (which I subsequently passed on to my insurer) was £773 the increase was, no doubt, down to medical inflation over three years.

How can hospitals justify having two levels of charge? It increases insurance costs and thereby premiums. the self fund charge is clearly the true market charge so the rest is a rip off.