

DEPARTMENT OF HEALTH,
P.O. BOX 5013,
WELLINGTON.

23 February 1972

CLINICAL SERVICES LETTER NO. 112

TO MEDICAL PRACTITIONERS

Dear Doctor,

HIGHER GMS BENEFIT: RECORDING OF BENEFIT NUMBERS

Experience with the operation of the higher GMS benefit scheme for certain classes of patients has shown that the requirement for the higher benefit number to be entered on each claim has given rise to difficulties for both doctors and district health offices.

The position has recently been reviewed and it has been decided that in future the benefit number is to be obtained and recorded on the patient's record held by the doctor, but need not be entered on each claim. The symbol "P" should, however, continue to be shown on the schedule for these claims.

The onus continues to lie with the doctor to ensure that the patient is entitled to the higher benefit, the evidence being the production of a current eligibility certificate. Also, if required by the department, the benefit number is to be supplied from the patient records held by the doctor.

In the case of doctors operating the refund system, the patient is still required to quote the benefit number in order to obtain the higher rate of refund.

POST-MISCARRIAGE CONSULTATION FEE

In making provision for a post-miscarriage consultation fee in the current scale of maternity benefits, the period in which this is payable was indicated in the leaflet H. 558, D. 1 (3), as "after 14 days".

It has been decided that the overall period of eligibility for this benefit is to be the same as for the postnatal consultation, i.e., within the period of 3 weeks to 3 months following miscarriage.

Yours faithfully,

A. W. S. Thompson.

A. H. Paul

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