



Working with Private Medical Insurers

An introductory guide

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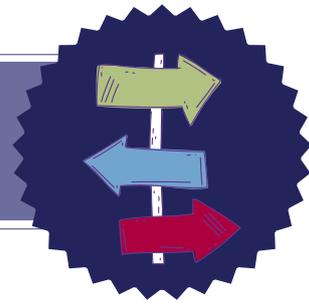
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What this guide covers



This resource draws heavily from the pragmatic experiences of self-employed Chartered physios who work with PMIs. It tries to shine a light on how this type of work represents both opportunities and challenges.

Opportunities because PMIs can offer income streams that may replace or sit alongside self-paying clients and, in some instances help with cashflow and/or the overall ambition of a practice. The challenges are in that PMIs are almost impossible to negotiate with and that our actions, as independent businesses, are subject to Competition Law.

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INTRODUCTION

This interactive e-resource is designed to help address some fundamental questions about working with private medical insurers (PMIs), and explains why Physio First or the CSP cannot intervene on members' behalf.

The information is drawn from the thoughts and feedback from Chartered physios with varying lengths of experience of working with PMIs. Its aim is to specifically frame the challenges and opportunities that are inherent in working with PMIs for those new to or thinking about starting in private practice.

For a comprehensive guide to building or running a private practice please refer to the Physio First [Essential Guide](#).

This guide to PMIs is borne out of the circular conversation that has been going on for years and that has consumed generations of self-employed physios in endless speculation on how to improve the PMI terms and conditions, specifically on rates of pay, on the number of allocated treatments and how terms might be improved through negotiation.

The ongoing question is "what can self-employed independent physios do to improve the terms offered to them by PMIs?" and it is hoped that this simple guide will be helpful in addressing the main questions, sharing experience, and will invite continued discussion within a 'legal framework'. The latter point is to ensure that we are mindful of staying within the bounds of the Competition Act which makes it illegal to share information that is likely to impede competition.

So, please do read this guide, and feel free to share your views, experiences and any information you think might be helpful. By doing so you can help with the incremental and ongoing update of this resource as a living document.

For your comments and feedback please email: minerva@physiofirst.org.uk

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Setting the scene



Uninsured self-paying patients

If you speak to a group of self-employed private physios, it would be hard to imagine them saying anything other than uninsured, self-paying patients are the best type to have. They come with no strings, they pay as they go, you can treat them for as long as you feel you are helping them, which will always be something that you will review with them from session to session.

So, for the purposes of this guide, it is taken as read that these are the best sort of patients and they will only be referred to as a benchmark in relation to working with PMIs. Before we leave the subject of uninsured, self-paying patients however it should be highlighted that, whilst Physio First data (Practice Profile Survey 2017; Data for Impact National Report 2021) shows that the uninsured self-paying patient makes up between around 72% and 75% of the average Physio First member's business, they are not invulnerable to potential corporate, or third-party capture.

Examples of this can be found in sectors, such as solicitors. Until around 1999 solicitors undertaking cases helping accident victims to receive the right amount of compensation for injuries caused by negligence, traded largely on their reputation, as self-employed physios do today. This was usually through a combination of very modest advertising and, primarily, through word-of-mouth referrals from existing or former clients. Claims farmers appeared on the scene in around 2000, and they paid extraordinary amounts in TV advertising to persuade the public to go directly to them under a "no win no fee" arrangement as an alternative to greedy, slow and boring solicitors.

The reality, however, was that the clients ended up with more or less the same solicitors who were now paying a referral fee for the privilege of acting on behalf of the client. So, neither the client nor the solicitor benefited BUT the claims farmers, acting as the middlemen, made extraordinary amounts of money without offering any value.

While the same sums of money are not currently available to any speculative middlemen seeking to put themselves between the physio and the uninsured self-paying patient. It is entirely conceivable that clever technology could enable entities to target this group with inducements that could be anything from convenience, e.g. 'use our App', to reducing the customer cost by driving down physio prices in return for offering them volume referrals, and to directing patients to other health professions who are "just as good" or "better".

So, despite uninsured self-paying patients remaining both the best, and most prevalent type of patient for the private practitioner, we cannot become complacent in thinking that market forces may not find a way to change this status in the future.

"Uninsured self-paying patients make up around 75% of the average Physio First member's business, but we cannot become complacent in thinking that market forces may not find a way to change this"



The difference between starting out and established business

Although time served can be no determinant of expertise, in most cases experience and having had the time to develop a reputation does count in business.

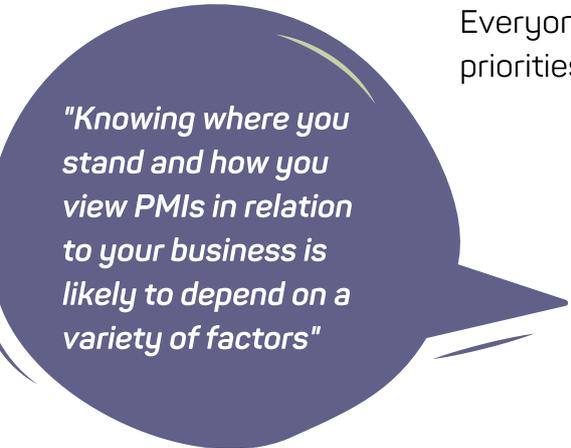
In many of the PMI discussions, it seems that the physio who is new to private practice is often OK about the rates being offered and wonders why the principal of a well-established practice is making a fuss about how insulted they are at the rates.

To make sense of such sentiments, context is everything.

For the physio starting out or trying to develop their practice beyond that of a sole practitioner, the rates AND speed of payment offered by many PMIs can seem quite attractive as a way to fill a developing appointment diary.

The well-established practice, with a growing waiting list of patients may be, at that stage, in a position to discriminate between those that are happy to pay your full fees and value your level of expertise and those who commoditise your service by offering fees below your standard rate.

Part of the context therefore is critical mass; how busy are you now? How busy do you want, or need to be to meet your own personal goals, however you have defined them? How you view PMIs in relation to your business is likely to depend upon a variety of factors that will differ for every practice.



"Knowing where you stand and how you view PMIs in relation to your business is likely to depend on a variety of factors"

Everyone is different, the point is to *know* your numbers and your priorities and then form your own view.

Put yourself in the shoes of a PMI

To really understand about working with PMIs, imagine this scenario:

You are selling to someone, but more likely to an employer company, an insurance policy that will enable the delivery of private healthcare to an individual or an employee when they need it.

In very basic terms you must sell enough policies, at the right premium, to ensure that you can both cover the private health provider charges, meet your own running costs and make a profit.

If you can see this point of view you can start to understand how PMIs need to think about:

- How to stop healthcare professionals from “over treating”
- How to triage out those patients
 - who do not really need to see a healthcare professional OR
 - who should go to see a physio and not be operated on by an Orthopod
- How to ensure that customers receive a standard of care that will ensure they will want to renew their policies
- How to ensure that customers receive the most up-to-date, evidence based treatment
- How to stop healthcare professionals from criticising their policies to their clients
- How to persuade healthcare professionals to promote their particular brand

Now you are in the shoes of the PMI, you may identify other concerns that they have in relation to their business. As a Bupa consultant, managing a provider network - how would you be able to compare several physio providers treating a very similar condition, one taking 4 treatments and one requesting more and more and finally delivering 20 treatments? What would you do? Without patient outcomes and therefore success of treatment and without patient feedback you would only have an average cost per episode to work on in your forward planning.

We have to understand and accept that this data - because of its simplicity of scope and the significant variations in treatment (whether justified or unjustified) by physio providers – can be damaging to us as private practitioners. We can only expect this to change if the PMIs consider different data to make their decisions on value for quality outcomes.

What do you want from a PMI?

In attempting to answer this question, the trick is to really understand what you are dealing with when you work with a PMI and part of this is to recognise what they are, and prevent the waste of time, energy, and money on wishing they were something they are not. It also helps to be able to precisely assess how to interact with PMIs at whatever stage of development your business is at.



It is very easy to get caught in a mindset of feeling disrespected and undervalued by the faceless and large PMI who is dictating really disappointing rates, instead, the more accurate, sensible, and empowering approach is to understand them as a business within the physio sector and to then consider what interaction might be required with them in the short, mid and longer term.

Self-employed private physios are all very similar in our passion for our profession and in our desire to do the very best we can for our patients, but we often want very different things from our businesses; from the sole practitioner who just wants to fit their practice around their lifestyle, to the physio with a burning ambition to build a big multi-clinic practice.

There are also differences in where and how practices are located, e.g. town vs country; dense vs sparsely populated areas; affluent vs poorer communities; demographic of high volumes of people with private medical insurance vs few with it; situated within a medical practice vs a high street or home premises; high vs low overheads, etc. Every one of these factors, and more will make a difference to how we might view working with a PMI.

What can working with a PMI do for you?

This is an empowering question and, again, answers will vary depending on the individual physio.

Some physios may feel that they do not want to leave anyone in their local community having to go somewhere else for treatment while others may just be so busy that it makes no economic sense to work for PMI rates, and other clinicians might feel vulnerable if they allowed competitors to mop up a demographic of patient that they refused treat. Again, the point is that everyone is different.

How would working for a private medical insurer benefit you, your practice, your goals now, AND how might that change in the future?

Often a business plan is the only place that such questions can be satisfactorily answered. A business plan is something that is so often advised and understood, but so seldom undertaken, an inertia that may come from the “where do I start?” question. Business plans will be discussed later in this document.



The main content of this section will be on PMIs, although cash plans will be touched on because they are a little different, a little rarer and are generally easier to work with as they come with very few impositions on the practitioner. Another area for discussion is commercial intermediaries, and while a short discussion on the subject is included in this section, it is one that warrants its own, separate e-booklet that will be produced in due course.

Cash plans

The Associate of British Insurers (ABI) describe cash plans as:

“An insurance policy that can help to cover the cost of everyday healthcare, such as visits to the dentist, opticians or physiotherapist, by reimbursing the individual for some, or all, of the cost of routine and/or unforeseen healthcare charges and appointments. Cash plans are available for a monthly premium and are an affordable, simple and accessible way of helping the individual to manage the cost of everyday healthcare.” (See link [here](#))

The operative words with which to understand the difference between cash plans and a PMI policy are that they reimburse the patient “for some...of the cost”. This means that if a patient, or sometimes an employer, buys a cash plan policy they will only ever receive a fixed amount against the cost of their treatment.

For example, someone with a cash plan who has five sessions with a physio at £40 per session, may only receive reimbursement from their insurance at a rate of £30 per session up to a maximum number. The patient pays the practitioner directly for the full cost of their treatment in cash or by credit card and then submits the invoices to the cash plan provider. This removes any cap on the physio’s usual private self-paying rates and the burden of collecting their fees from a third party.

Dealing with a patient with a cash plan is, therefore virtually the same as dealing with an uninsured self-paying patient in that they come with no strings. In fact, when treating such patients, the physio often doesn’t even know that they are a cash plan policy holder, as they don’t need to.

Commercial intermediaries

These are companies who establish a network of physio clinic providers, and then use their services to provide the healthcare that they are contracted to.

The larger PMI companies such as Bupa and AXA PPP commission their own network of physio clinics which, if you join them would mean that you might be considered a Bupa or AXA PPP provider. Smaller insurers and most occupational health providing companies who either lack the infrastructure to manage their own network, or do not want to create it, prefer to subcontract this role out to commercial intermediaries, examples of which include Nuffield Fusion, Vita Health and IPRS.

If you work with a commercial intermediary network, they are the middleman. They make their money between what the contracting company will pay them for the physio's service and what rate they pay the physio clinic. This means that intermediary rates to the physio are usually lower than what might be obtained from a PMI, and they are less inclined to delegate treatment sessions because their focus is upon controlling costs to create both the opportunity to demonstrate their value to their client and to optimise their own profit.

There are some intermediaries that deal only in the treatment of motor accident victims, where both rates and cashflow can be very poor, but the types of commercial intermediaries will be explained in a separate, dedicated e-booklet.

It is fair to say, however that working for a commercial intermediary is often considered to be the least rewarding when compared with a self-paying patient, a patient with a cash plan and/or a patient with a PMI policy.

Private Medical Insurers

Self-employed physios in all types of practice have, for years, considered working with PMIs as an unsatisfactory state of affairs. This often comes from the sense of powerlessness in the face of having, what are considered derisory rates for treatment, levied by PMIs when compared to self-pay rates.

No one underestimates this sense of feeling undervalued and an assault on our wellbeing, but the main point is not to get distracted by our emotional response to these offers, but rather to look at them with a cold, analytical business eye, by viewing your practice through the eyes of the PMI and asking yourself whether there is anything special about your practice from their point of view.

Some questions to consider include:

- Do you offer any type of treatment that is hard to find and that insurers want?
- Are you located in an area where patients have a limited choice, unless they are prepared to travel long distance?
- How do your number of treatment averages compare with the PMI requirements?



- the Bupa requirement, for example, is currently for an average of 5.5 sessions per patient
- if your patient averages are particularly high, do you know the reason for this?
- might you be able to segment your patients into cohorts so that you can separate out patients with chronic conditions who are not covered by PMI anyway, or those who particularly skew your averages?

- Are you taking part in any data collection process that analyses your patient outcomes, such as the Physio First Data for Impact (Dfi) scheme?

Bupa currently takes the collection of data, and specifically, the Physio First Dfi scheme into account in their contract renewal process, and it will certainly become a factor for more PMIs as the whole private healthcare system moves towards selling on evidenced value-based quality.

Knowing how your practice compares against the national average can be identified by:

- reviewing the results of the Physio First Practice Profiling Surveys, the latest of which was conducted in 2017, with another one due in 2021
- reviewing the Physio First and University of Brighton triannual reports on their analyses of patient outcomes from Physio First members taking part in their Dfi scheme. These reports are available to view on the Physio First website and are updated after each data download in January, May and September.

It might be possible to conduct your own, individual analysis, but there are currently no known ways of comparing your patient outcomes with any other national data bank other than through the Physio First Dfi scheme. In addition, even as others emerge, many practices will be reluctant to impart this sensitive information to a third party for analyses without guarantees that those analysing it can be trusted not to use it against participants. Physio First owns the data in the Dfi scheme but it is kept by the University of Brighton and is completely confidential even to Physio First.

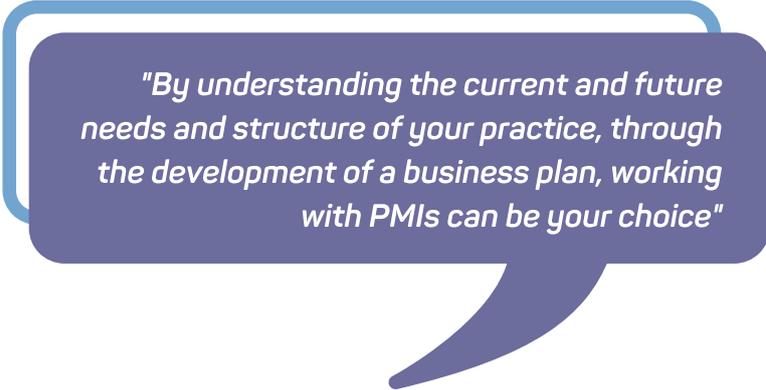
Another place to focus your analytical business eye is on your practice's reliance upon PMI patients. For example, if they make up 40% of your turnover, then your business would be very reliant upon this work. In this case, the practitioner who is unwilling to work for the PMI rates offered will either need to have a plan to replace 40% of lost revenue or will be looking to downsize their practice.

Making either choice, if consciously managed, may turn out to be exactly the right choice for the physio who really does find working for PMI rates untenable.

For those practitioners who decide that they need that 40% of turnover, they fall into what a PMI would call "an average" practice, there is likely to be very little that can be done to increase the rates they are offering.

In this case there are still choices, including accepting the rates offered but managing the PMI patients differently from the practice's higher value patients by, for example managing uninsured self-paying patients into the premium appointment slots, usually before or after working hours, or at lunchtime, or by prioritising self-paying patients on a list with competing availability.

In the real world many physio clinics would regard the organisation and communication coordination required to manage self-payers into premium slots, or the likelihood of patients competing for appointments as rare, so such options are often not feasible. But the example illustrates the point that the physio has choices with regard to working with a PMI and if, based on how their practice is structured, has developed or is located, it makes no sense to do so, then "why should I?" is a fair question.



"By understanding the current and future needs and structure of your practice, through the development of a business plan, working with PMIs can be your choice"

Even for those physios who might respond that they "need the work", there is a choice to plan the growth and development of their practice to the point where they can ask "why should I?". The solution is in having a business plan that is thought through, and which will help guide your practice to where you want to get to.

Negotiating with PMIs

As many practice principals have proven over the years, it is possible to negotiate terms with a PMI but to do it successfully requires a good business case that, when looked at from the PMI perspective, demonstrates that if they are not prepared to increase their rates, and you are not prepared to work with them and because of that, THEY will lose out as a result.



The harsh reality is that the only vocabulary currently available to physios and PMIs is in price and location. and whilst there are exceptions that prove the rule, in most instances the PMI is unlikely to change the offered treatment rate without a very compelling business case. However, as private healthcare moves to having to sell on evidence-based value, the added vocabulary for self-employed private physios and PMIs will be about patient outcomes, which is why Physio First, in partnership with the Private Physiotherapy Education Foundation (PPEF) and the University of Brighton have created the Physio First Dfl and Quality Assured Practice / Clinic (QAP/QAC) schemes to ensure that Physio First members have a voice in this developing evidence-based requirement.

All of that said, "if you do not ask you do not get!" So, it is always worth considering each year whether to ask the PMI for more, as it will at least ensure that you review your PMI rates and set them against the question of what business case you can make.

If your reason for requesting an increase in rates is, for instance that you cannot afford to work for the sum being offered, your business case should factor in all of the time and effort required to run your practice, such as time spent updating clinical records, writing reports, invoicing, and admin, etc. Understanding your business is a good discipline that will help you to evidence the value you provide to your patients (their clients), enable you to build a good enough business case to ask for more, and inform you whether or not you can afford, or want to work for PMIs.

An aside about patient treatment averages and “acute v chronic”

It is necessary to pause when thinking about the PMI model – just in the interests of fully understanding it and in avoiding our wishing it was something else.

When PMIs talk about patient treatment averages, their point is that we can treat patients as we feel we should but, if our “averages” are out of kilter with their data about their provider network, then they have a legitimate question – “why?”

Of course, having a patient treatment average requirement can (and we presume does) have a downward pressure on treatment averages but, looked at the way a PMI explains the need for them, there is legitimacy that, if we were running a PMI, we too would regard as reasonable.

So really, the only point to make, is to remember to regard a requirement for a patient treatment average of say 5.5 as “an average” and not “a maximum” and, if our patient treatment averages are more than this, to know precisely why because it does mean that we are different to our colleagues. This is also another reason why our Physio First Dfl scheme is so valuable i.e., as a participant we get this sort of benchmarking information automatically sent to us three times a year, in our own personal reports!

Finally in this section, it is also essential to know that the PMI business model is premised upon insuring “only” acute conditions. The reason, because PMIs can use “chronic” to exclude long term expensive chronic conditions or end treatment if a condition moves from acute to chronic. Without this, they would say that private medical insurance would be less affordable. A point that we are likely to agree with, if we ran a PMI!

Fairness and patient choice in negotiations

There is no doubt that fairness drives us as human beings, but when negotiating in a business context it is not really a commercial driver and it means very little if it is our only point of negotiation and unaccompanied by a cogent business case.

As for “the patient choice” argument. The fact that a patient cannot choose you if you no longer work with a private medical insurer can be completely countered by private medical insurers. Their point being that it is the patient who chooses to buy a policy. If that policy does not provide the choice they want, then they are free to buy another or to pay the practitioner directly. So, the argument around “patient choice” will never convince a private medical insurer.



There are essentially two things to understand when it comes to legalities around working with PMIs. The first is that this is a business-to-business relationship, which means that any contract signed is deemed under the law to have been read and understood, i.e., the contract is binding.

A business-to-business relationship

The importance of understanding this is because it is often easy to assume that there is (or ought to be) some kind of small business protection. Rather like consumers are often protected when signing terms and conditions that relate to a service.

Whilst there is various legislation that can help small businesses, for all practical purposes it is better to view the relationship with a PMI as entirely governed by the terms of the contract that has been signed. A bit like a marketplace seller signing a contract with Amazon, there is no real “get out” clause because of the difference in size or power except in very rare circumstances that usually do not apply here.

The private physio clinic collective experience does indicate that whilst there are some physios who are unhappy (sometimes very unhappy) at the rates offered by PMIs, their speed of payment is, barring some lost invoice and error blips, generally not a problem. Most have the facility of direct links to invoicing and pay quickly to meet their contractual obligations.

The Competition Act

This is a legal area that is far more controversial among self-employed physios owing to the perceived lack of fairness in the law.

As an example, if it was Microsoft contracting with Amazon, both companies would have their army of lawyers seeking to exploit their own strengths and the other’s weaknesses and, over what we can only assume would be a high-level series of to-ing and fro-ing, would eventually come to a deal that both can live with because they negotiated as near equals.

If this is translated to the contract negotiation between a PMI and a physio practice, the difference in resources between the two parties is so vast that the physio practice is more or less faced with a “here are the terms, take it or leave it!” In the face of this inequality, the law must surely provide protection or a means by which to level the playing field, even a little? The most obvious step, taken directly from the Trades Union movement is collective bargaining, i.e., the official process by which trade unions negotiate with employers on behalf of their members.

The question many physios ask therefore, is why are the CSP and/or Physio First, or anyone else unable to undertake collective bargaining with PMIs?

The simple answer is that the Competition Act prevents it.

The underlying purpose of the Competition Act, which has an equivalent in every first world country, is to make anything that impedes competition illegal. The reason being that, where competition is impeded, products and services would become more expensive and their development would be inhibited, because everyone in every sector would want to protect the status quo and, ultimately the consumer (everyone) would lose out.

From another angle, the Competition Act promotes competition which, in turn leads to more value being offered by those businesses competing with one another, with the aim of making their product or service more attractive to the consumer.

When looked at from the perspective of the consumer, this makes obvious sense, but from the perspective of a small independent self-employed practitioner who is dealing with a PMI, this law often feels unfair.

For more context on the Competition Act, please see the links below to some YouTube video explanations and always be mindful that, when engaging with a PMI, we must be aware of the law and no amount of wishing it were different, will make a difference.

YouTube links

For 1-minute summaries from the Competition & Market Authorities:

- [Why competition is good for business](#)
- [Price-fixing explained](#)

For a more in-depth review on the Competition Act:

- [Competition law: what your business needs to know](#)

Billing information



Here we have listed the various PMIs with details of how to contact them and their usual billing arrangements.

AXA PPP – Invoices can be emailed directly to: sms.health@axa-ppp.co.uk or can be posted to or submitted via their online portal [here](#).

You will need the patient's information including membership number and authorisation code to submit the invoice. This PMI reviews its terms every three years, and has an [online facility](#) for suppliers to request a review of consultation fees at that time.

There is no ability to organise a top up payment as against your contract terms

BUPA – Invoices submitted online via this link [here](#).

There is no possibility to organise a top up payment as against your contract terms

WPA – Invoices can be directly emailed to: providerservices@wpa.org.uk

The going clinic rate is currently met by this company and there has been little in the way of issues reported. **If not billing insurance companies**, then advise patients to call WPA on: 07779 572352. Patients can claim their treatment costs back from WPA with a receipt on headed paper which states they have paid in full.

CIGNA – Invoices can be directly emailed to: ukmedicalclaims@cigna.com

If not billing insurance companies, then advise patients to call Cigna on: 0147 549 2217. Patients can claim their money back from Cigna on receiving a paid receipt.

AVIVA – Invoices can be directly emailed to: hcteam1@aviva.com or via their secure [website page](#).

SIMPLY HEALTH – invoice the patient directly and they will get full refund up to their limit.

VITALITY – There is a new link on their website for billing [here](#).

H3 – Invoices can be directly emailed to: invoices@h3insurance.com

If not billing insurance companies, patients to call H3 on: 028 9046 9994 or email claims@h3insurance.com

All patients must be advised to contact their insurer prior to any appointment to confirm approval, as there is no guarantee of payment without this consent. It is also advisable to check any contract terms that your clinic may be under to ensure that you are not in breach of contract

Individual PMI feedback



Part of the reason for compiling this guide was due to the ongoing discussions, comments and feedback on the range of experiences with PMIs that self-employed physios have shared over the years. Here we highlight four accounts with an insight into how working with PMIs can work for you and we invite you to send us your anecdotes too, to help paint a practical picture of what it is like to work for PMIs.

After working with AXA PPP on the same fee for 13 years, In 2020 I decided that an increase in their rate was well overdue and that I would try to renegotiate our contract with them. I used the link to the form for reviewing our rate, and attached a letter stating my case, together with details of my actual fees for direct payers.

AXA PPP responded within a week and, although they did not match my self-pay clinic fee, I did get a 14.3% increase in their rate for insured patients. I have now become very much more alert to my charges, about ensuring that I regularly assess my fees and am more organised about questioning my charges. If I had not been happy to continue to work with AXA PPP I would have walked away as my reliance upon them at the time was 3% of my turnover.

A position I was in because of having a long-established practice.

Back in 2009 when Bupa first started to negotiate fees with private practitioners, my response was to write to them with details of my post grad qualifications (acupuncture, injection therapy etc), specialised equipment, skill mix of practitioners, and so on.

I ended by saying that I thought they were getting a very good service at my current price so I would not be dropping to their suggested discounted rate; the result was that I maintained my pricing for the next two years.

However, the caveat is that I was only able to do that because I knew that this particular PMI constituted less than 4% of my patient throughput at the time but the point remains – know your numbers!

In 2021 when Bupa first announced that they were introducing a minimum number of Bupa patients that had to be seen in a year, Bupa contacted me to say that because I had not met this, I would not be allowed to renew my contract. I wrote back to them pointing out that my contract was initially set up with them because I offered a specialised service within a locality for complex upper limb patients where there was no other service available.

I also pointed out their contract wording about such specialities and the fact that this was an exemption in the contract clause which looks at numbers treated and termination of contract. I also e-mailed the consultant who refers his problem patients to me, which resulted in me being offered a new contract.

All of that said, I did realise that financially it really would not have made much difference if the contract had been terminated, especially as their rates are lower than my self-pay rates. However, it is the patients that matter to me at the end of the day.

I have attended various business courses over the years but upon attending a Physio First business course in 2007, it was suggested to me that if I took the trouble to create a business plan, I could plan my way into not having to treat private medical insurance patients in the future. This idea really appealed to me, as I felt very frustrated by the rates being offered and, when I looked at my accounts, it became obvious that treating these patients at such low rates, was not economically attractive.

So, to cut a long story short I did just that. I created my business plan, and over the years concentrated upon building my uninsured self-paying patients until I was able to actively suggest to private medically insured patients that they consider going elsewhere. On this basis I was able to drop the smaller insurers over the years, then AXA PPP in 2019, and finally Bupa at their contract renewal stage in April 2021. I now feel so very relieved at having done so. This is now a totally self pay practice.