



**THE SOCIAL SECURITY (MEDICAL FEES) REGULATIONS 1986,
AMENDMENT NO. 8**

CATHERINE A. TIZARD, Governor-General

ORDER IN COUNCIL

At Wellington this 9th day of December 1991

Present:

HER EXCELLENCY THE GOVERNOR-GENERAL IN COUNCIL

PURSUANT to sections 95, 123, and 132 of the Social Security Act 1964, Her Excellency the Governor-General, acting by and with the advice and consent of the Executive Council, hereby makes the following regulations.

REGULATIONS

1. Title and commencement—(1) These regulations may be cited as the Social Security (Medical Fees) Regulations 1986, Amendment No. 8, and shall be read together with and deemed part of the Social Security (Medical Fees) Regulations 1986* (hereinafter referred to as the principal regulations).

(2) These regulations shall come into force on the 1st day of February 1992, and shall apply to medical services provided on or after that date.

*S.R. 1986/290

Amendment No. 1: *(Revoked by S.R. 1989/360)*

Amendment No. 2: *(Revoked by S.R. 1990/178)*

Amendment No. 3: S.R. 1989/360

Amendment No. 4: *(Revoked by S.R. 1990/357)*

Amendment No. 5: S.R. 1990/357

Amendment No. 6: S.R. 1991/54

Amendment No. 7: S.R. 1991/168

2. Interpretation—Regulation 2 of the principal regulations is hereby amended by inserting, in its appropriate alphabetical order, the following definition:

- “‘Dependent child’, in relation to any person, means a child whose care is primarily the responsibility of that person, and who—
- “(a) Is being maintained as a member of that person’s family; and
 - “(b) Is financially dependent on that person; and
 - “(c) Is not a child in respect of whom payments are being made under section 363 of the Children, Young Persons, and Their Families Act 1989.”.

3. New regulations substituted—(1) The principal regulations are hereby amended by revoking regulations 4, 4A, 5, and 5A, and substituting the following regulations:

“4. Issue of high use health cards—(1) The Director-General may from time to time, on application, issue any eligible person with a high use health card in such form as the Director-General from time to time determines.

“(2) Every high use health card shall be endorsed with a commencement date and an expiry date, and shall not be valid for any purpose before the commencement date or after the expiry date.

“(3) Every application for a high use health card shall be in such form as the Director-General from time to time determines, and shall—

“(a) Be dated and be signed by a medical practitioner and the applicant (or the parent or guardian of the applicant, if the applicant is a dependent child); and

“(b) Have attached to it receipts or other evidence acceptable to the Director-General showing either—

“(i) That in the period of 12 months immediately preceding the date of the application, the applicant has received, and been charged for, general medical services on not less than 12 specified dates; or

“(ii) That in the period of 6 months immediately preceding the date of the application, the applicant has received, and been charged for, general medical services on not less than 6 specified dates; and

“(c) Have incorporated in it or attached to it—

“(i) In the case of an applicant to whom paragraph (b) (i) of this subclause applies, a statement, certified as correct by a medical practitioner, that the applicant’s medical condition or medical conditions makes continued high use of general medical services necessary; or

“(ii) In the case of an applicant to whom paragraph (b) (ii) of this subclause applies, such particulars and information as the Director-General requires showing, to the Director-General’s satisfaction, that the applicant is suffering from a medical condition of such severity as to make continued high use of general medical services necessary.

“5. Fees for general medical services for various categories of persons—(1) Subject to the provisions of this Part and of Part III of these regulations, for each occasion on which a medical practitioner provides any general medical services for a patient who is within one of the

categories specified in Part II of the First Schedule to these regulations, the medical practitioner shall be entitled to receive from the Department the relevant fee specified in the said Part II.

“(2) If a patient is within more than one category specified in Part II of the First Schedule to these regulations, the fee payable shall be the highest relevant fee.”

(2) The following regulations are hereby consequentially revoked:

- (a) Regulation 3 of the Social Security (Medical Fees) Regulations 1986, Amendment No. 5:
- (b) Regulation 4 of the Social Security (Medical Fees) Regulations 1986, Amendment No. 6.

4. New First Schedule—(1) The principal regulations are hereby amended by revoking the First Schedule, and substituting the First Schedule set out in the Schedule to these regulations.

(2) Regulation 4 of, and the Schedule to, the Social Security (Medical Fees) Regulations 1986, Amendment No. 5 are hereby consequentially revoked.

Reg. 4 (1)

SCHEDULE
NEW FIRST SCHEDULE TO PRINCIPAL REGULATIONS

“FIRST SCHEDULE

PART I

Interpretation

In this Schedule, unless the context otherwise requires,—

‘Group 1 card’ has the same meaning as in the Social Security (Entitlement Cards) Regulations 1991 (S.R. 1991/236):

‘Group 2 card’ has the same meaning as in the Social Security (Entitlement Cards) Regulations 1991 (S.R. 1991/236):

‘High use health card’ means a high use health card issued pursuant to regulation 4 of these regulations.

PART II

Fees Payable for General Medical Services

<i>Category</i>	<i>Fee</i> \$
1. (a) Holder of current Group 1 card	15
(b) Dependent child, under 5 years of age, of holder of current Group 1 card	25
(c) Dependent child, 5 years of age or over, of holder of current Group 1 card	20
2. (a) Holder of current Group 2 card	12
(b) Dependent child, under 5 years of age, of holder of current Group 2 card	25
(c) Dependent child, 5 years of age or over, of holder of current Group 2 card	20
3. (a) Holder of current high use health card who is not a child	17
(b) Holder of current high use health card who is a child under 5 years of age	25
(c) Holder of current high use health card who is a child 5 years of age or over	20
4. Child who is not within a category specified in clause 1 or clause 2 or clause 3 above	15
5. Guaranteed retirement income earner	12
6. Person 65 years of age or over	12”

MARIE SHROFF,
Clerk of the Executive Council.

EXPLANATORY NOTE

This note is not part of the regulations, but it is intended to indicate their general effect.

These regulations—

- (a) Provide for the issue of high use health cards;
- (b) Prescribe the fees payable for general medical services provided for the various categories of persons specified in the Schedule to these regulations.

Issued under the authority of the Acts and Regulations Publication Act 1989.

Date of notification in *Gazette*: 12 December 1991.

These regulations are administered in the Department of Health.