Charging for Uninsured Services

CPSA Policy
Revised June 2003
Replaces July 1999 and March 1995

This policy is developed in response to the increasing number of uninsured and deinsured medical services, a trend that could continue. It calls for physicians and the public to be aware of the payment status of individual health care services.

Definition

Uninsured services, for this policy’s purpose, are:

- Those that are not covered under the Alberta Health Care Insurance Plan (AHCIP) Schedule of Medical Benefits as amended from time to time, or in any tariff of fees established by the military, the RCMP, or WCB.

- Services to patients not covered by AHCIP:
  1. non-residents of Canada.
  2. residents of Canada not covered under reciprocal billing arrangements.
     - While it is true that the Province of Quebec does not have a reciprocal billing arrangement with Alberta, it does insure services provided to its residents, even when provided in Alberta. A reasonable approach is to bill those patients directly and give a receipt so the patient can obtain whatever reimbursement may be available from the Quebec Government.
  3. Albertans ineligible for, or opted out of, AHCIP coverage.

Principles

- Consider, in determining professional fees, both the nature of the service provided and the ability of the patient to pay, and be prepared to discuss the fee with that patient.

- Avoid any personal profit motive in ordering drugs, appliances or diagnostic procedures from any facility in which the physician has a financial interest.

- The patient’s best medical interest must always be foremost.

This policy provides general comment. In its specific application, the physician is accountable and must be able to justify his or her action in any direct billing.
Policy

1. For any uninsured service, a physician may claim a professional fee, and may also charge a technical fee where a diagnostic service is provided as part of the uninsured service.

2. In all cases which are not purely elective, or where no other physician is reasonably available, the physician must provide care as clinically required, despite the fact that collection of fees may never be possible.

3. The patients who may be directly billed must be informed and agree to the fee before provision of the service:
   - A physician’s agent may give preliminary information to the patient about the billing policies in that practice, but only the physician may make the final decision and explanation to the patient when the patient disputes a fee or requests clarification.
   - The physician providing the service must have a satisfactory system so that patients know they are free to ask questions of his/her about billing policies.
   - A general notice on the physician’s door or elsewhere in the office is not sufficient by itself.
   - A referring physician should try to know the proposed consultant’s billing policy so that the patient may be told. It then becomes the patient’s responsibility to obtain further specific information from the consultant’s office if necessary.

4. Physicians may request, but they may not demand, payment in advance for professional services.

5. In purely elective situations, a physician may refuse service in the absence of advance commitment for payment. This commitment could, for example, be a certified cheque to be cashed only after the service is provided. Though distasteful, legal remedies may be necessary as a last resort where fees agreed to are not paid, despite attempting other less costly and less confrontational attempts at resolution.

6. Physicians may require deposits for prosthetic devices or any applicable facility fees.

7. Telephone Advice:
   - Follow-up discussion concerning results of testing and treatment, and to clarify points of misunderstanding should be seen as included in the primary benefit for an insured service.
   - Advice not directly related to that insured service, or requested after significant time has passed, when provided by telephone may be considered uninsured and billed directly to the patient.
   - Prudent physicians will recognize that personal attendance on patients will avoid the limitations and potential pitfalls arising from the provision of telephone advice.
Missed Appointments

Although generally opposed, Council recognizes that, under certain exceptions, physicians may bill patients for missed appointments. Council chooses not to identify what might constitute a suitable exception and feels that, in the event of a complaint being lodged with the College, the onus would be on the physician to justify the billing.

Simply declaring a policy of billing for missed appointments might lead to a greatly reduced frequency of patients failing to attend as scheduled. All patients must be told of this policy at the time of booking an appointment.

This principle recognizes the value of the therapeutic contract between physicians and patients. This contract can be damaged by patients missing appointments without sufficient reason and without as much notice as possible (at least 24 hours). At the same time, physicians have an obligation to respect their patients’ time and should ensure that they are seen on a timely basis. This is the quid pro quo.

At some point, where the therapeutic contract is breached intolerably, it may be necessary for that patient and physician to end the professional relationship. In this event, the physician has a duty to provide medical information, as directed by the patient, to the physician taking over care.

NOTE: The fee for a missed appointment is for an uninsured service; all the conditions regarding notice to patients and explanation of charges apply.

Annual Administrative Fee

This is acceptable, subject to the following conditions, for either primary care physicians or specialists:

- The contract between physician and patient must cover a period of not less than one full year.
- The contract must accurately and clearly show in writing the services that are covered by the annual composite fee and those that are not included. Patients have the right to ask their doctor about any charge they don’t understand.
- The contract must also show the fees for each uninsured service if paid for on an individual basis.
- The contract and fees may vary from physician to physician and within group practices according to the services provided. The services and fees described by the AMA elsewhere may give some guidance. In any case, the fee asked should reflect the actual costs of providing the service.
- A copy of these rules must be given to the patient, and the patient must indicate acceptance of this form of paying for uninsured services before being billed the annual fee.
- Patients must retain their choice of paying the annual fee or being billed on an individual item by item basis.
- Acceptance or continuation of care by a physician of an individual patient cannot be conditional on the patient agreeing to the annual administrative fee.
- A fee cannot be charged in advance simply for “being available to” to render service, e.g., being available to take telephone calls from patients.

The actual items and fees will be specific to the physician or practice group.
Transfer of Medical Information

A physician, after conducting a complete history and physical examination on a new patient, may find a medical need for specific information in order to ensure proper continuity of care. That specific information (e.g., laboratory or imaging report, consultation report, report of surgical procedure, etc.) should be specifically requested from, and provided by, the previous physician as a professional courtesy without charge to anyone.

When an attending physician, NOT the patient, wants a copy of the complete medical record or a significant portion of it from a previous physician, and the patient consents to the release of the information, it is proper professionally and ethically for the providing physician to request financial compensation from the requesting physician.

If it is the patient who insists on transfer of the medical chart, the fee and administrative cost for doing so should be billed to the patient who requested the transfer according to provisions in the Health Information Act and its Regulations. In many cases, transfer of the complete medical chart is unnecessary; this should be explained clearly to the patient.

Transfer of records or information at the request of a third party, e.g., lawyer, with the patient’s consent, is not covered by the Health Information Act; therefore fees may be charged according to the Alberta Medical Association’s guidelines.

It can be difficult to know whether the request originates with the physician or the patient. The request should specify the individual who is initiating the request so the providing physician can bill appropriately. The request should also provide authorization for release and show that the patient accepts responsibility for payment where that is appropriate.

Attachments are examples only.
Appendix 1

Patient’s name and address:
____________________________________  
____________________________________  
____________________________________  
Phone No. __________________________

To: _____________________________  
____________________________________  
____________________________________  

Dear Dr. _____________________:

I am now attending Dr. ___________________’s office for medical care. I would appreciate your sending, at your earliest convenience, a summary of medical records that may be in your possession. The specific records I require pertain to:

PATIENT NAME (please print) DATE OF BIRTH
___________________________________  ___________________________
___________________________________  ___________________________
___________________________________  ___________________________

PATIENT’S CURRENT ADDRESS TELEPHONE NUMBER
___________________________________  ___________________________
___________________________________  ___________________________
___________________________________  ___________________________

I, __________________________, hereby authorize release of my medical records to Dr. ___________________________.

I understand that this is an uninsured service not covered by my medical insurance plan. I realize that there may be a charge for this service and that I am responsible for it. The Alberta Health Information Act dictates a fee for the transfer of medical records at the request of the patient. That fee is dependent upon the complexity of the situation. Please contact me concerning the fee prior to copying my records. Thank you.

(Patient’s signature) ___________________________ (Date) ___________________________

(The College of Physicians and Surgeons of Alberta clearly states that clinical patient records should be kept for 10 years and that the original record should not be sent.)
Appendix 2

Physician Request for Transfer of Records

Dear Fellow Physician:

We have received your request for a transfer of records on ____________________________. It is our Clinic policy to charge the patient directly for this service and the fee is variable depending on the complexity of the chart. We have enclosed our usual form that we give to patients to fill out for this service and would be glad to supply information requested as soon as we receive notification from the patient.

If there is some extremely urgent information you need immediately, please telephone or fax us and we would be pleased to comply with your request.

Yours sincerely,

__________________________, M.D.