

PRACTICE STANDARD

Charging for Uninsured Services

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Related topic(s): [Access to Medical Care Without Discrimination](#); [Conflict of Interest](#); [Ending the Patient-registrant Relationship](#); [Sale and Dispensing of Drugs](#); [Promotion and Sale of Medical Supplies and Devices](#)

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of its registrants (all physicians and surgeons who practise medicine in British Columbia). Standards also reflect relevant legal requirements and are enforceable under the [Health Professions Act](#), RSBC 1996, c.183 (*HPA*) and College [Bylaws](#) under the *HPA*.

Preamble

This document is a practice standard of the Board of the College of Physicians and Surgeons of British Columbia.

This practice standard applies to uninsured services provided to BC residents who are enrolled in the Medical Services Plan (MSP).

Background

The MSP of British Columbia covers most of a patient's medical fees for services provided by registrants. However, there are some medical services, referred to as uninsured services, that may not be covered by MSP or other third-party insurers (e.g. medical examinations, certificates/forms, or tests required for employment or driving a motor vehicle). Patients may be charged for these services either on a fee-for-service basis, or in some circumstances, by charging a block fee that would cover all of the services not paid for by MSP over a certain time period.

Registrants are reminded that they must place the interests of their patients over their own personal interests and manage any real or perceived conflicts of interest that might arise in this context. It is expected that registrants who choose to charge a fee for an uninsured service comply with the principles outlined in this guideline, other related College policies, and applicable legislation.

The College endorses the following principle outlined in the Canadian Medical Association's *Code of Ethics and Professionalism*:

Managing and minimizing conflicts of interest

26. Discuss professional fees for non-insured services with the patient and consider their ability to pay in determining fees

College's position

Charging a Fee for Service

Services not covered by MSP can be paid for independently at the time the service is provided. Patients must be informed as to how much the service will cost and agree to pay for that service in advance of the service being provided. Registrants are expected to use their best judgement to determine a fee that is commensurate with the service being provided.

Charging a Block Fee

Registrants who charge for uninsured services may, but are not required to, offer patients the option of paying uninsured services by way of a block fee. Registrants who offer this option must not require that a patient pay the block fee before accessing an insured or uninsured service; treat or offer to treat patients preferentially because they agree to paying a block fee; or, terminate a patient or refuse to accept a new patient because the individual chooses not to pay a block fee.

To ensure patients are able to make fully informed choices regarding payment for uninsured services, registrants who choose to offer a block fee must

- indicate that the payment of a block fee is optional and that patients may choose to pay for uninsured services as they are provided,
- charge a block fee for a period of no greater than one year,
- list, in writing, each of the services covered under the block fee, including how much each service would cost if paid for on a fee-for-service basis, and
- allow the patient the opportunity to rescind the decision to pay a block fee within a week of their original decision. Where a patient rescinds their decision to pay a block fee, registrants should refund the amount charged for the block fee and can then charge the patient for any uninsured services already provided. Additionally, when a registrant ends the patient-physician relationship or ceases to practice, or when a patient leaves a practice, registrants are advised to consider whether it would be reasonable to refund a portion of the block fee, considering the time remaining in the block fee and the services that have been provided to date.

Setting Reasonable Fees

Registrants must set fees which are reasonable and commensurate with the service(s) provided. Registrants must also consider the patient's ability to pay when determining a fee and the possibility of waiving or reducing a fee on compassionate grounds. It is not acceptable for a registrant to decline to provide necessary medical treatments due to outstanding fees which have not been paid by the patient.

Registrants who are considering ending the patient-registrant relationship due to an outstanding balance must comply with the expectations set out in the *Ending the Patient-registrant Relationship* practice standard.

Communicating Fees

Registrants must ensure that a patient or third party is informed of any fee that will be charged prior to providing an uninsured service, except in the case of emergency care where it is impossible or impractical to do so.

While registrants are ultimately responsible for ensuring that fees are communicated in advance and must be available to offer explanations and/or answer questions, registrants may utilize office staff to inform patients or third parties about fees for uninsured services and to answer any questions they have. Similarly, while posting a general notice listing fees for common uninsured services in a registrant's office is recommended to assist in patient education, this is not a substitute for directly informing patients of the fees associated with uninsured services prior to providing them.

Combining Insured and Uninsured Services

Registrants sometimes propose or provide insured and uninsured services together or offer uninsured services as an alternative or adjunct to insured services. These situations can be confusing and complex, and patients are particularly reliant on the honesty and integrity of their physicians to ensure their needs and interests are being put first, and that they have clear information about their clinical options and any corresponding fees. In these situations, registrants must clearly communicate which services or elements of a service are associated with the fee and which are not and must describe the patient's options in a clear and impartial manner.

Charging for Missed or Cancelled Appointments

It is acceptable to bill patients privately for missed appointments provided the patient has been forewarned of the registrant's policy in this regard, and the registrant exercises judgment and compassion in submitting such an account. Registrants who intend to charge patients in these circumstances must have a system in place to facilitate the cancellation process.