

STANDARDS OF PRACTICE

Block Fees & Charging for Uninsured Services

Commented [CD1]: Title changed to acknowledge inclusion of block fees.

Under Review: Yes

Issued By: Council: January 1, 2010 (*Charging for Uninsured Medical Services*)

Reissued by Council: September 9, 2014 (*Charging for Uninsured Professional Services*)

The ***Standards of Practice*** of the College of Physicians & Surgeons of Alberta (“CPSA”) are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides ***Advice to the Profession*** to support the implementation of the Standards of Practice.

PREAMBLE

The *Canada Health Act* and the *Alberta Health Care Insurance Act* provide the legislative framework for the payment of insured health services in Alberta. CPSA recognizes that the provision of uninsured professional services is an essential aspect of healthcare that ensures patients have access to both necessary medical and non-medical services not covered by public health insurance.

These services may be billed directly to the patient. Regulated members are required to do so in a manner that places the interests of their patients ahead of their own and ensure patients or third parties are aware of fees in advance of the service. Regulated members must be able to justify their action in any direct billing to patients.

Uninsured professional services do **not** include the costs of maintaining an office, maintaining medical records or arranging appropriate medical referrals.

DEFINITIONS

Block fees: fixed fees for all designated uninsured professional services provided during a specified time period. At the time of payment, it will not be possible for the patient to know how many, if any, services will be required (e.g., uninsured professional services, such as providing medical notes for an employer, copy/transfer of medical records, and completing forms within an identified block of time). A block fee may also be charged for a number of professional medical services (e.g., cosmetic procedures).

Insured services: all services provided by a regulated member that are medically required, but do not include any services a person is eligible for or entitled to under any Act of the Parliament of Canada, the *Workers’ Compensation Act* or any law of any jurisdiction

Commented [CD2]: From CPSS
https://www.cps.sk.ca/IMIS/web/Physicians/Law_Guidance/Policies_Standards_Guidelines/PSG_Content/Uninsured_Services.aspx

Commented [CD3]: From CPSNL <https://cpsnl.ca/wp-content/uploads/Standards-and-Guidelines/Uninsured-Services.pdf>

Commented [CD4]: From CPSBC
<https://www.cpsbc.ca/files/pdf/PSG-Charging-for-Uninsured-Services.pdf>

Commented [CD5]: From CPSS and CPSNB
<https://cpsnb.org/en/physicians/professional-standards2/professional-standards/439-charging-for-uninsured-services>

Commented [CD6]: From CPSNB

Commented [CD7]: From CPSPEI
<https://www.cpspei.ca/wp-content/uploads/2017/03/Charging-for-Uninsured-Services-Sept-913.pdf>

Commented [CD8]: All definitions from CPSS (except “insured services”: from the *Health Professions Act*).

Commented [CD9]: From CPSO
<https://www.cpso.on.ca/en/physicians/policies-guidance/policies/uninsured-services-billing-and-block-fees>

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outside Alberta relating to workers' compensation. For more information, please refer to the [Schedule of Medical Benefits](#).

Professional services: include both medical (e.g., cosmetic treatments or other uninsured medical procedures) and non-medical (e.g., completing forms) services.

Third party: the recipient of an uninsured service who is not a patient (e.g., an insurance company that retains the regulated member to conduct a non-treating medical examination).

Uninsured services: services provided by a regulated member to an insured patient which are not covered by the [Alberta Health Care Insurance Plan](#) (AHCIP), other provincial plans or by other agencies (e.g., non-residents of Canada, residents of Canada not covered under reciprocal billing arrangements, etc.). Examples include, but are not limited to, certificates and forms, tests required for employment, and transfer of medical records.

Uninsured professional services do **not** include the costs of maintaining an office, maintaining medical records or arranging appropriate medical referrals.

STANDARD

1. In all cases, which are not purely elective or where no other healthcare provider is reasonably available, a regulated member **must** provide care as clinically required, despite the fact that collection of fees may never be possible.
2. A regulated member **must not** charge:
 - a. for the provision of insured services (including the constituent elements of insured services);
 - b. any amount in excess to what AHCIP has paid or will pay;
 - c. for services not performed;
 - d. for an undertaking to be available to provide services to a patient; or
 - e. for uninsured services where the government has agreed to remunerate physicians for the provision of these services.

Commented [CD10]: From AHCA
<https://kings-printer.alberta.ca/documents/Acts/A20.pdf>

Commented [CD11]: From CPSPEI

Commented [CD12]: From CPSNB

Commented [CD13]: From CPSNL

Commented [CD14]: From CPSPEI

Commented [CD15]: Added for clarity (from CPSNB, CPSM
<https://cpsm.mb.ca/assets/Standards%20of%20Practice/Standard%20of%20Practice%20Practice%20Management.pdf>)

Commented [CD16]: Added ensure appropriate charging/billing (from CPSO)

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3. Amounts charged for uninsured professional services, including block fees, **must** reasonably reflect professional and administrative costs.
 - a. In determining reasonable fees, regulated members are directed to consider the Alberta Medical Association's (AMA) "[Uninsured Services Guidelines to Billing](#)".
4. A regulated member **may** delegate the provision of preliminary information about fees and billing policies to the patient, but the regulated member remains ultimately responsible in accordance with the [Responsibility for a Medical Practice](#) standard.
5. A general notice to patients in a regulated member's office is **not** sufficient by itself to fulfill the requirements in clause (4).
6. A regulated member **must**:
 - a. **except in the case of emergency care where it is impossible or impractical to do so**, discuss professional fees for uninsured services with the patient or third party **before** the provision of an uninsured professional service, regardless of whether it is a professional service or a medically required service;
 - b. prior to providing an uninsured service, notify the patient or third party if they charge more than the AMA Guide and the excess amount that will be charged;
 - c. consider the patient's ability to pay, in accordance with the Canadian Medical Associations' [Code of Ethics & Professionalism](#);
 - i. this includes considering the possibility of waiving or reducing a fee on compassionate grounds;
 - d. make the decision or provide an explanation if a patient requires accommodation, disputes a fee or requests clarification;
 - e. maintain clear documentation in support of all fees charged; and
 - f. account for the fee charged for the service, including providing an invoice, if requested.
7. A regulated member **must not** charge a fee to the patient for being available to provide professional services, including for the provision of after-hours care, as required by the [Continuity of Care](#) standard of practice.

Commented [CD17]: Added based on feedback from the AMA; CPSNL, CPSO, and CPSS also require similar.

Commented [CD18]: From current version: reworded for clarity.

Commented [CD19]: Added to include expectation not captured in current version (from CPSBC)

Commented [CD20]: Added for clarity (from CPSS)

Commented [CD21]: Added to align with clause 3(a) (from CPSO)

Commented [CD22]: Added to include expectation not captured in current version (from CPSBC & CPSNL)

Commented [CD23]: From current clause 3 – separated out for clarity.

Commented [CD24]: Aligns with *Patient Record Content* standard (from CPSNL)

Commented [CD25]: Added for clarity (from CPSO)

Commented [CD26]: Now clause 5(a)

Commented [CD27]: Now clause 4

Commented [CD28]: Now clause 5

Commented [CD29]: Now clause 1

Commented [CD30]: Now clause 9

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Block fees

8. A regulated member **may**, but is not required to, offer a block fee payment option to patients on an annual basis for uninsured professional **services**.
9. A regulated member who offers a block fee option **must** ensure:
 - a. the patient understands that payment of a block fee is optional, and they may choose to pay for uninsured services as **provided**;
 - b. the patient understands that their decision to pay for uninsured services as they use them or through a block fee will not affect their ability to access healthcare or the quality of care **provided**;
 - c. the block fee agreement covers a period of no more than one (1) **year**;
 - d. **the agreement accurately and clearly shows, in writing:**
 - i. **the services that are included in the block fee;**
 - ii. **those that are not included; and**
 - iii. **the fees for each uninsured service if paid for on an individual basis;**
 - e. the patient has the opportunity to ask questions to determine whether block fees are in their best **interest**;
 - f. **written confirmation is obtained if the block fee is chosen, maintaining it as part of the patient's record;**
 - g. **a copy of the agreement, with a copy of this standard, is given to the patient, including the opportunity to rescind the decision to pay a block fee within one (1) week of their original decision;**
 - i. **if the patient does rescind their decision, any amount paid must be refunded before then charging the patient individually for any uninsured services already provided; and**
 - h. **patients retain their choice of paying the annual fee or being billed on an individual item by item basis at the end of each agreement.**

Commented [CD31]: Added for clarification (CPSBC)

Commented [CD32]: Added for clarity to ensure patients understand block fees are not mandatory (CPSBC, CPSO)

Commented [CD33]: Added for clarity to ensure transparency to patients (CPSS, CPSO)

Commented [CD34]: Added for clarity to ensure transparency and fairness for patients (CPSS, CPSBC, CPSNB, CPSO, CPSM)

Commented [CD35]: Added for clarity and transparency (CPSS, CPSBC, CPSNB, CPSO)

Commented [CD36]: Added to ensure patient understanding (CPSO)

Commented [CD37]: Protects regulated member & aligns with *Patient Record Content* standard (CPSO)

Commented [CD38]: Ensures fairness for patients (CPSNB)

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10. A regulated member who offers a block fee option **must not**:

- promise, imply or provide preferential services to patients who pay block fees;
- charge a block fee to cover administrative or overhead costs associated with providing services;
- require a patient to pay the block fee before accessing insured or uninsured services;
- terminate or refuse to accept a new patient because the individual chooses not to pay a block fee; or
- include in a block fee any service for which the regulated member is compensated through any other means.

Commented [CD39]: Add for clarity to ensure transparency to patients (CPSBC, CPSNB, CPSPEI, CPSO, CPSM)

Commented [CD40]: Added to ensure appropriate charges (CPSO)

Commented [CD41]: Added for clarity (CPSBC, CPSO, CPSM)

Commented [CD42]: Added for clarity (CPSBC, CPSO, CPSM)

Charging for missed or cancelled appointments

11. A regulated member **may**, but is not required to, charge for appointments that are missed or cancelled with less than 24 hours' notice.

Commented [CD43]: New section added to formalize current expectation/guidance.

Commented [CD44]: Added for clarity (CPSO, CPSNB)

12. A regulated member who charges for missed or cancelled appointments **must**:

- have evidence that:
 - the patient was informed of the policy on missed appointments, including the amount of the charge and how much notice must be provided, prior to any charges being billed; and
 - the patient failed to cancel the appointment with less than 24 hours' notice;
- have a 24-hour messaging service (e.g., answering service, answering machine, voicemail, etc.) by which the patient can advise of their inability to keep their appointment;
 - such service must be accessible both during and after regular office hours;

Commented [CD45]: Added to protect members & ensure fairness for patients (CPSBC, CPSM, CPSPEI, CPSNB, CPSO)

Commented [CD46]: As above (CPSM)

Commented [CD47]: As above (CPSBC, CPSPEI, CPSNB, CPSO)

Commented [CD48]: As above (CPSPEI, CPSNB)

Commented [CD49]: Ensures ability for patients to cancel in accordance with such policy (CPSBC, CPSPEI, CPSNB, CPSO)

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- c. have been available to the patient at the intended appointment **time** and otherwise unable to bill for that **period**;
- d. ensure charges reasonably reflect the actual costs incurred; **and**
- e. take **into account** the circumstances of the missed appointment, exercising judgement and compassion when considering the patient's ability to pay.

13. A regulated member who charges for missed or cancelled appointments **must not** refuse subsequent care in the presence of an outstanding **invoice**.

- a. Recurrent failure to keep appointments **may** be grounds for termination in accordance with the [Terminating the Physician-Patient Relationship](#) standard of **practice**.

Commented [CD50]: Added for clarity CPSPEI, CPSNB, CPSO

Commented [CD51]: Added for clarity (CPSM)

Commented [CD52]: Added for clarity to ensure fairness (CPSPEI, CPSNB, CPSM)

Commented [CD53]: Added for clarity to ensure fairness for patients (CPSBC, CPSM)

Commented [CD54]: Added for clarity (CPSPEI, CPSNB)

Commented [CD55]: Added for clarity to ensure members are aware patients can be terminated for such behaviour (CPSPEI, CPSNB)

Combining insured & uninsured services

14. In situations where insured and uninsured services are proposed or provided, a regulated member **must**:

- a. clearly communicate to patients which services are associated with a fee, and which are not;
- b. describe the patient's options in a clear and impartial manner, providing unbiased information about the options **available**; and
- c. place the interests of the patient above their own by managing any real or perceived conflicts of interest that might arise in this context, in accordance with the [Conflict of Interest](#) standard of **practice**.

Commented [CD56]: Added for clarity (CPSBC, CPSO)

Commented [CD57]: Added for clarity (CPSO)

Commented [CD58]: Added for clarity (CPSBC, CPSO)

Collecting fees

15. A regulated member may take action to collect any outstanding fees owed to them but **must** do so in a manner that is professional and in accordance with privacy **legislation**.

Commented [CD59]: Ensures patient privacy is protected (CPSBC, CPSO)

16. A regulated member who uses a third party to administer and/or manage block fees or payments for uninsured services **must** ensure that:

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- a. any communication between the third party and patients identifies the third party by name and indicates they are acting on the regulated member's behalf; and
- b. the third party adheres to the same privacy standards required of regulated members, including this policy, other relevant policies and relevant legislation.

Commented [CD60]: Clarifies outsourcing collections (CPSO)

ACKNOWLEDGEMENTS

CPSA acknowledges the work of the College of Alberta Psychologists and the Colleges of Physicians and Surgeons of British Columbia, Ontario and Saskatchewan in preparing this document.

RELATED STANDARDS OF PRACTICE

- [Code of Ethics and Professionalism](#)
- [Continuity of Care](#)
- [Establishing the Physician-Patient Relationship](#)
- [Informed Consent](#)
- [Patient Record Content](#)
- [Practicing Outside of Established Conventional Medicine](#)
- [Responding to Third Party Requests](#)
- [Responsibility for a Medical Practice](#)
- [Terminating the Physician-Patient Relationship](#)

COMPANION RESOURCES

- Advice to the Profession:
 - [Charging for Uninsured Professional Services](#) [to be updated]
 - [Continuity of Care](#)
 - [Ending the Physician-Patient Relationship](#)
 - [Establishing the Physician-Patient Relationship](#)
 - [Informed Consent for Adults](#)
 - [Informed Consent for Minors](#)
 - [Insured Persons](#)
 - [Physicians as Custodians of Patient Records](#)
 - [Practicing Outside of Established Conventional Medicine](#)
 - [Responsibility for a Medical Practice](#)

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- Advice to Albertans:
 - [Ending the Physician-Patient Relationship](#)
 - [Establishing the Physician-Patient Relationship](#)
- [AMA's Uninsured services](#)
- [AH's Health care services covered in Alberta](#)
- Canadian Medical Protective Association:
 - [Medical Letters, Forms, and Reports](#)
 - [Responding to a Patient Without a Health Card](#)

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