

\*\*\* IMPORTANT NOTICE \*\*\*

03SEP19

(Revised)

Dear Patient

As you are aware, these are challenging times for patients and doctors. Limited resources, additional paperwork and accelerating practice costs have forced doctors to charge for services not covered by the provincial health plan (MSP).

These services have intermittently, until now, been charged to you as they have occurred. Our practice has, however, absorbed a considerable amount of the costs for non-insured services, and we have been forced to re-evaluate our approach.

The physicians at Riverview Medical have decided to offer the option of a **single annual user fee to cover services not paid by MSP**. Instead of charging you each time one of these services is performed, you may choose to pay a single annual fee. This will save considerable time and staff efforts and will help to make our office more efficient, thereby allowing us to focus on providing you and your family with quality medical care.

In accordance with the guidelines established by the College of Physicians and Surgeons of BC, please note that the single annual fee is not compulsory and your ongoing medical care will not be compromised should you elect not to participate. Attached is a list of the individual services covered by the single annual fee. Only those who decide **not** to pay the annual fee will be charged individually for these services. We will, however, be enforcing the payment of non-MSP insured services more strictly from now on to ensure continuity of service. The rates reflect those approved by the BC Medical Association fee guide.

Sincerely,

Dr Chris Brink

Dr Caitlin Visser



College of Physicians and Surgeons of British Columbia

# Professional Standards and Guidelines

## Annual Fees to Patients

### Preamble

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

Most of patients' medical fees are covered by the Medical Services Plan of BC (MSPBC). However, there are some services that are not covered. Patients may be charged for these services one by one, or charged an annual fee which would cover all the services which are not paid by the Medical Services Plan. The College has set out rules which physicians must follow if they wish to charge annual fees:

1. Physicians may not charge a patient an annual fee for a period of less than a year;
2. The bill for the annual fee must list in writing each of the services that is covered by the fee. The patient has the right to ask the physician about any charge he/she does not understand;
3. The patient must be told how much each service would cost if paid for by itself;
4. The patient does not have to pay an annual fee. Patients are allowed to pay for each service which is not covered by the Medical Services Plan one by one;
5. The patient may decide whether or not to pay for services not covered by MSPBC as an annual fee. The physician may not refuse to see the patient or refuse to include the patient in his/her practice if he/she does not wish to pay this way;
6. Before a patient is charged an annual fee, the physician must:
  - give the patient a copy of these rules, and
  - ask the patient if he/she agrees to pay an annual fee;
7. The physician may not charge the patient a fee for "being available" in advance (for example, being available to take calls from patients).

For more information about MSPBC, go to: <http://www.health.gov.bc.ca/msp/>

Updated September 2009

**The following uninsured services ARE covered by the annual fee** and will now be enforced

Wart treatment (cryotherapy / liquid nitrogen) over age 15	\$ 93.35	Special Authority forms	\$ 25.00
Skin tag removal, Sun spot & Seborrhoeic keratosis removal(cryotherapy)	\$ 93.35	Driver's medical examination & form	\$ 205
Excision of benign lesion	\$216.70	Faxed Rx refills (maximum 2 per family member per year)	\$ 43.90
Private physical exam (annual physicals / "check-ups" for healthy persons are not covered by MSP)	\$ 169.00	Referrals for 3rd party insurance coverage of registered massage therapy, physiotherapy, chiropractic care and orthotics	\$ 30
Return to work assessment	\$ 50	Return to play assessment	\$60.00
Missed regular appointment (maximum 2 per family member per year)	\$77.40	Illness / return to work notes (simple and only where appropriate)	\$ 30-100
Doctor's note or signature fee	\$ 30	School / university medical	\$ 50-150
Pre-employment certificate of fitness forms	\$ 50-100	More than 1 medical issue / Discuss family member that is not present	\$31.46+
Photocopying / Faxing / Reprints of prescriptions or requisitions.	\$ 2.00for first 10 pages .50per page thereafter	Private insurance forms (form fees reimbursed by a third party are not covered by the annual fee)	\$ 50-350
Functional abilities form	\$ 40	Transfer of medical records to another physician (when requested by patient)	\$35.95 plus photocopying / faxing/mail
Employment Insurance (EI) / maternity certificate	\$ 40	Camp / school form (excluding examination)	\$ 30
Forms required for volunteers at nursing homes / hospitals	\$ 20	Camp / school physical form	\$ 50 - 150
Forms required for commercial weight loss programmes	\$ 40	Letters on behalf of patients	\$ 50-100
Travel cancellation insurance form	\$ 50-100	Disability Tax Credit form (filling of form does not ensure qualification for the programme)	\$ 50
Jury duty letter	\$ 40	Fitness / sports forms	\$ 50 - 150

**The following uninsured services are NOT covered by the annual fee (they are available to all patients at standard BCMA rates):**

Cosmetic excision of benign facial or neck lesion	Variable Fee	Legal reports	Variable fee
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Please fill out the form below and return it to our office.

- Please indicate your doctor:

\_\_\_\_\_ Dr Caitlin Visser

**Dr Chris Brink**

I am requesting coverage as:

**An individual**      **\$ 150.00**     

**A family**      **\$ 250.00**     

- If you choose the family fee, please print the names of **family members** on the lines provided (spouse and dependent children under age 18 only):

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Name      Name      Name

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Name      Name      Name

- Payment options:

**Cash**       **Debit**

**Visa**       **Mastercard**

- Please ensure that you retain your receipt once you have paid the annual fee.

Please accept my payment for the annual user fee.

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date