# Association des chiropraticiens du Nouveau-Brunswick



# **New Brunswick Standards of Practice**

# **Billing for Services Policy**

### History

Approved by the Board: August 09, 2010 Effective: August 23, 2010

### **Purpose and Objective**

- 1. To ensure that NBCA members are aware that the NBCA has a definition of, and specific policy regarding billing patients for chiropractic services.
- 2. To ensure that both NBCA members and the public are aware that fee schedules are consistent with ethical, professional billing practices.

#### **Definitions and Context within this Standard of Practice**

Members shall have one fee schedule which will be consistently applied to all patients receiving chiropractic services in their practice. This fee schedule may contain fee stratification with regard to specific patient groups such as children, students, and/or seniors provided that such stratification is equally applied to all patient billing circumstances. Individual financial consideration for personal issues is also appropriate and may be applied at the discretion of the member.

Members may not arbitrarily charge different fees for similar services. The practice of charging higher fees based on the ability to pay (i.e., personal wealth or the presence of insurance coverage) is unacceptable.

Exception to the "one fee schedule" standard is acknowledged where specific legislation governs fees specific to the delivery of chiropractic services in these areas (i.e., WorkSafe NB, Veterans Affairs Canada, RCMP).

#### **Professional Fees**

- A chiropractor must consider the welfare of the patient above all else, and will not let
  expectations of renumeration, or any lack thereof, affect the quality of service rendered
  to the patient.
- A chiropractor may post a Fee Schedule including any special office policy/charges such
  as: interest charges on past due accounts, length of time required for cancelation of an
  appointment without penalty and amount charged for missed appointments.
- A chiropractor will discuss fees with patients when appropriate, and always when proposed fees exceed those customarily charged.
- A chiropractor must not advertise discounted treatment fees or offer gratuitous treatment or products to the public as a marketing or advertising technique (see Advertising and Marketing Standard of Practice). Treatment should always be based on clinical need.
- Before undertaking any examination or diagnostic procedure that is not included as part
  of a regular consultation, and before providing treatment for which fees will be charged
  differently, the chiropractor must inform the patient of the amount of all additional fees
  and obtain the patient's consent to proceed.
- Upon request, a chiropractor will supply patients with the information they require in order to exercise their entitlement to any employment, insurance or extended-health benefit.
- A chiropractor may participate in community fundraising with a registered charity by:
  - 1) donating services,
  - 2) donating fees for services, or
  - 3) donating products (pillows, support, etc.).

When donating chiropractic products or services, a chiropractor must comply with all provisions of the *Act* and Bylaws of the NBCA, including in particular the provisions concerning patient care and record-keeping. All donated services are considered to be "paid in full". A chiropractor will not bill third-party payers for donated chiropractic products or services or provide documentation to patients in support of the billing of third party payers for donated chiropractic products or services.

## **Fee Arrangement**

- A chiropractor will not offer any cash or other consideration to any person for the procuring of patients.
- A chiropractor must not make any billing arrangement with a patient, whether oral or in writing covering more than 12 office visits. A chiropractor may make a billing

arrangement with a patient covering 12 office visits or less, provided the billing arrangement is wholly at the option of the patient and is not a condition of the chiropractor providing care.

- A billing arrangement for 12 office visits or less may include terms for prepayment, provided:
  - a) receipts for prepayment are clearly marked, "Prepayment for treatment not yet rendered", but following treatment and upon request, patients who have prepaid will be provided with separate receipts acknowledging provision of the treatment and the per-visit fee;
  - b) the chiropractor refunds all unused portions of a prepayment within three business days and without financial penalty, upon:
    - I. a request from the patient to discontinue treatment, or
    - II. the chiropractor deciding for any reason that treatment should be discontinued, or
    - III. a request from estate of a deceased patient; and
  - c) the chiropractor familiarizes patients with the terms of this section prior to any prepayment.
- A chiropractor will not require an employee to be a patient as a condition of employment.

# Enforceability

Any member identified to the Complaints Committee as non-compliant in the Standard of Practice related to Billing for Services is subject to the investigations and complaints process under Section 33 of the Association's *Professional Incorporation Act, Bill 45, 1997*. Identification may occur as a result of Practice Visit process, patient written complaint or any other means by which documented information may be brought to the attention of the Complaints Committee.

#### **Penalty**

- First Offence: \$500 fine plus a written warning.
- Second Offense: \$1,000 fine plus a written reprimand to the member's file.
- Third Offense: \$2,500 fine plus additional sanctions for professional misconduct as prescribed by the Discipline Committee.