

SP 23.0 Financial Agreements for Patient Care/Services

Approved by Council July 2006

Effective: September 1, 2006

Purpose and Objective:

To provide members with a Standard of Practice related to financial agreements for patient care/services that will support the therapeutic recommendations made to patients, while maintaining appropriate payment and treatment options at the discretion of the patient.

To provide members with a Standard of Practice related to financial agreements for patient care/services that will support the information requirements of members of the public while maintaining an appropriate and professional image of the chiropractic profession.

To allow members to develop and provide appropriate payment options to assist patients in choosing chiropractic care as a personal health option.

Definition(s)

Financial agreement for patient care/services.

Payment plans designed to facilitate the acceptance of recommendations for care, as a budgetary assistance to the patient and an administrative assistance to the practitioner.

It is NOT a binding contract for a specified treatment regime, period of time, or suggested outcome.

Compliance with this Standard of Practice related to financial agreements for patient care/services requires that the agreement:

Shall:

- Be consistent with fees charged on the individual 'per session' fee
- Be offered as an option to individual 'per session' fee
- Be consistent with SP 9.0 'Billing for Services'
 - Members shall have one fee schedule which will be consistently applied to all patients receiving chiropractic services in their practice
- Be consistent with SP 10.0 'Clinical Relevance of Treatment Recommendations'
 - derive and record an appropriate treatment plan, consistent with the diagnosis and congruent with a treatment protocol taught at a CCE accredited chiropractic institution, (or technique systems approved by the Council/Registrar)
- Be consistent with SP 21.0 'Payment of Fees in Advance'
- Be allowed to provide an administrative discount, to a maximum of 10% per agreement
- Contain a clause indicating that the plan may be terminated by the patient at their sole discretion
- Contain a clause indicating that, 'upon termination of the agreement, treatments-to-date utilized under the terms of the 'Financial Agreement' will be assessed at the lowest fee-per-treatment rate specified in the agreement' and not be adjusted to a higher rate due to withdrawal from the proposed treatment plan
- Contain a clause indicating that the balance of funds remaining in the patient account will be refunded within 7 days of termination of the agreement



SP 23.0 Continued

Shall Not:

- Be the only payment option available to patients of the facility
- Create any financial penalty to the termination of the agreement
- Create any additional financial incentive (fee discount) for engaging in the agreement aside from the permitted 10% administrative discount
- Create any financial incentive (fee discount) related to the number of treatments in the agreement
- Create or suggest any requirement for patients to refer others for care
- Create any requirement for commitment to the agreement prior to accepting the recommendation for care as presented in the Report of Findings
- Include the fees related to the initial consultation and examination
- Create a Case Fee or Unlimited Care at Fixed Fee agreement
- Reference, in any manner, 'free' or 'discounted' services

Enforceability

Any member identified to the Complaints Director as non-compliant in the Standard of Practice related to Financial Agreements for Patient Care/Services is subject to the investigations and complaints process under Part 4 of the *Health Professions Act*. Identification of non-compliance may occur as a result of the Practice Visit process, patient complaint or any other means by which this information may be brought to the attention of the Complaints Director.

