

SP 9.0 Billing for Services

Effective April 1, 2005

Revised March 2010

Revision Effective June 1, 2010

Purpose and Objective

To ensure that ACAC members' fee schedules are consistent with ethical, professional billing practices.

Definition(s)

Members shall have one fee schedule which will be consistently applied to all patients receiving chiropractic services in their practice. These fee schedules 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 (ie. personal wealth or the presence of insurance coverage) is unacceptable.

Exception to the "one fee schedule" standard is acknowledged where specific legislation or contractual agreement governs fees specific to the delivery of chiropractic services in these areas. (i.e. WCB, specific corporate service agreements, Minor Injury MVA Protocols)

Members may enter into contractual agreements to provide specified services to specified patient groups representing 50 individuals or more. Such arrangements shall be appropriately documented, agreed to in writing by both parties and shall clearly define the specific services to be provided, the identification of the patient group and the fee schedule that shall be charged to all patients in the group or to third party payers on behalf of the patient group. The contact/agreement shall have a defined time line (sunset clause) for review and renewal. The contract/agreement authorized and signed by the ACAC member and the Corporate Officer authorized to enter into such an agreement, shall be available for review by the ACAC upon request or as part of the Practice Visit structure.

Enforceability

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

