

BLOCK BILLING FOR UNINSURED SERVICES

BACKGROUND:

Patients¹ may be charged for uninsured services as they actually use them individually or a fixed fee for all designated uninsured services provided during a specified time period (block billing).

SCOPE:

The scope of the guideline includes all services provided by physicians that are not insured by Manitoba Health. Examples include:

- advice by telephone
- completion of various forms and reports
- telephone prescription refills
- transfer and/or photocopying of medical records
- examinations for reasons of employment or insurance.

GOAL:

The primary goal is to avoid potential conflicts with patients and potential unethical billing practices which may occur if a physician offers patients the option of paying a block fee for uninsured services, by ensuring certain safeguards are in place.

OBLIGATIONS:

Physicians must:

1. make it clear to the patient that the patient has the choice to pay a block fee or to pay for uninsured services individually.
2. ensure that the patient understands the options and is given enough information to make an informed choice. Information provided to the patient should include, but is not limited to:
 - (a) a written statement of exactly what uninsured services are included in the block fee, and the cost of each uninsured service if paid for individually and
 - (b) a copy of this guideline.

The physician is obliged to answer the patient's questions respecting charges for uninsured services.

3. offer the same block fee options to all patients in the same category (e.g. all personal care home patients, all office patients, all home care patients, etc.). The physician may waive or reduce any fee according to the patient's ability to pay.
4. not link the block fee arrangement to the provision of insured services. For example:
 - (a) the payment of a block fee must not be a condition of the physician accepting the patient.

¹ "Patients" includes any substitute decision maker for a patient.

No. 154

- (b) the physician must not offer to provide preferential services to a patient who agrees to pay a block fee.
5. not include in a block fee:
 - (a) any charge for a service for which the physician is compensated through any other mode, including any charge for a service which is included as part of an insured service. An exception exists for the completion of forms for a patient's benefit where the payer limits its payment to a fixed fee and specifies additional charges may be collected from the patient.
 - (b) any charge for being available to render a service.
 - (c) any charge for services not actually requested by the patient.
 6. not bill for a block fee:
 - (a) before the patient has expressly elected to pay a block fee and agreed upon the amount of the block fee.
 - (b) before the patient has actually received the services for the period agreed upon.
 7. not enter a block fee arrangement for a period of less than six months or of greater than 12 months.
 8. maintain a record of the uninsured services provided to the patient throughout the time frame covered by the block billing arrangement. Upon request, a copy of the record must be provided to the patient.

First Print Exec/04-02

A statement is a formal position of the College with which members must comply.