



listed in regulation¹² that a physician may not charge patients for. These include:

- Services not performed (but a physician may charge for the cancellation of an appointment less than twenty-four hours before the appointment time, or in psychotherapy practice, in accordance with any reasonable written agreement with the patient).¹³
- An undertaking not to charge for a service or class of services.¹⁴
- An undertaking to be available to provide services to a patient.¹⁵

2) Offering a Block Fee

Physicians may offer patients the option of paying for uninsured services by way of a block fee. A block fee may be a more convenient and/or economical way for physicians to administer fees for uninsured services, and for patients to pay for these services.

Physicians offering a block fee must ensure the fee covers a period of not less than three months and not more than 12 months.

a) Patient Choice

Physicians who charge for uninsured services are not required to offer the option of paying by block fee. However, those physicians who offer the option of payment for uninsured services through a block fee must also provide patients with the alternative of paying for each service individually at the time that it is provided.

To ensure patients are fully informed of their payment options for uninsured services, physicians who offer a block fee must:

- Offer a block fee in writing,¹⁶ indicating the services that are covered by the block fee and providing examples of those (if any) that are not, along with a list of fees¹⁷ that will be charged individually for each service should the patient not select the block fee option.

- Provide patients with a copy of this policy or the appended information sheet for patients.¹⁸
- Answer any questions patients may have about the physician's billing policy and about any charges they do not understand.
- Obtain written confirmation if the block fee option is chosen and maintain it as part of the patient's medical record.¹⁹

Patients must be given the opportunity to rescind the decision to pay block fees within a week of their original decision (in which case they would be required to pay for services individually, as provided).

b) Patient Access to Care

Patient decisions regarding payment for uninsured services must not affect their ability to access health care services. Physicians must not:

- Require that patients pay a block fee before accessing an insured service.
- Offer to or treat patients preferentially because they agree to pay a block fee.
- Terminate a patient²⁰ or refuse to accept a new patient²¹ because that individual chooses not to pay a block fee.²²

3) Use of Third Party Companies

Physicians may use third party companies to assist them to administer a block fee or payment for uninsured services. Any communication to patients should identify the fact that a third party was involved.

Third parties who are asked to administer block fees or payment for uninsured services are acting on the physician's behalf. Physicians are responsible for ensuring these companies adhere to the same standards required of physicians.

12. Ontario Regulation 856/93, as amended (made under the *Medicine Act, 1991*).

13. Ontario Regulation 856/93, as amended (made under the *Medicine Act, 1991*), s.1(1) 20

14. Ontario Regulation 856/93, as amended (made under the *Medicine Act, 1991*), s.1(1) 23.1

15. Ontario Regulation 856/93, as amended (made under the *Medicine Act, 1991*), s. 1(1) 23.2.

16. This can include e-communication; however, physicians must provide information to patients by other means (i.e., mailed letter) if their patient(s) do not have access to the internet. Physicians should be aware of the inherent risks in using e-communication with patients and refer to relevant privacy legislation, policies and guidelines for further direction.

17. Physicians cannot charge an administration fee if patients elect to pay per service.

18. If the physician does not provide the patient with a copy of this policy or information sheet, then he or she must inform patients how they may obtain a copy. Physicians can refer their patients to the CPSO for further information about the CPSO policy.

19. For more specific guidance on medical records requirements, refer to the College's Medical Records policy.

20. For more specific guidance on ending the physician-patient relationship, refer to the College's Ending the Physician-Patient Relationship policy.

21. For more specific guidance on accepting new patients, refer to the College's Accepting New Patients policy.

22. *Commitment to the Future of Medicare Act, 2004*, S.O. 2004, c.5, s. 18 (2).