



Billing for Services Standard of Practice

Purpose and Objective

1. To ensure that members are aware of, and adhere to, the New Brunswick Chiropractors Association (“the Association”) standards respecting the billing of patients for chiropractic services.
2. To ensure that billing practices are consistent, ethical and professional, to the benefit of both members and the public.

One Fee Schedule

Members shall have one (1) fee schedule which will be consistently applied to all patients receiving chiropractic services in their practice. The fee schedule may, however, contain fee stratification differentiating between specific patient groups (e.g. children, students, seniors), provided that fees are applied consistently to all those within each patient group.

Two limited exceptions to the “one fee schedule” standard exist where:

1. Legislation sets the allowable fees with respect to the delivery of chiropractic services (e.g. WorkSafe NB, Veterans Affairs Canada, RCMP); or
2. At the sole discretion of the member, a patient has demonstrated financial need such that the member wishes to deviate from the fee schedule by lowering fees charged.

A patient’s personal wealth or insurance coverage shall not be justification for charging fees in excess of the fee schedule, or, where fee stratification exists, in excess of fees ordinarily charged to other patients receiving similar services within the same patient group.

Professional Fees

- A member must consider the welfare of the patient above all else, and shall not let expectations of remuneration, or any lack thereof, affect the quality of services rendered to the patient.
- A member shall post their fee schedule in a visible location within their place of work. In addition to the fees charged for chiropractic services, the fee schedule must contain details of any special office policies or charges such as: interest charged on past-due accounts, advance notice required for cancellation of an appointment without penalty, or amount charged for missed appointments.
- A member must always ensure that patients are fully informed of fees prior to treatment, and prior to a change in treatment
- Upon request, a member will supply patients with the information they require in order to exercise their entitlement to any employment, insurance or extended-health benefit.
- A member must not advertise discounted or gratuitous treatments or products to the public as a marketing or advertising technique (see Advertising and Marketing Standard of Practice).
- A member 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 member must comply with all provisions of *The Chiropractors' Act, 1997* ("the Act"), Regulations, By-laws, and Standards of Practice of the Association, and will pay particular attention to the provisions concerning patient care and record-keeping. All donated services are considered to be "paid in full". A member 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 member will not offer any cash or other consideration to any person for the procuring of patients.
- A member must not make any pre-paid billing arrangement with a patient, whether oral or in writing, covering more than twelve (12) office visits. A member may make a billing arrangement with a patient covering twelve (12) office visits or less, provided the billing arrangement is wholly at the option of the patient and is not a condition of the member providing care.
- A billing arrangement for twelve (12) office visits or less may include terms for prepayment, provided that:
 - a) receipts for prepayment are clearly marked, "Prepayment for treatment not yet rendered", and, 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 member refunds all unused portions of a prepayment within three (3) business days and without financial penalty, upon:
 - I. a request from the patient to discontinue treatment; or
 - II. the member deciding for any reason that treatment should be discontinued; or
 - III. a request from the estate of a deceased patient; and
 - c) the member familiarizes patients with the terms of this section prior to any prepayment.

Enforceability

Any complaints alleging a breach of this Standard of Practice by a member will be investigated pursuant to the provisions of the *Act*.