



Non-insured Services

Billing Guide

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Overview

About this guide

Non-insured services are services not paid for by the Nova Scotia Department of Health and Wellness. They include services performed for third parties or government departments, administrative services, and clinical services not paid for by Medical Services Insurance (MSI).

Physicians may charge patients fees for providing a non-insured service. This guide aims to help Nova Scotia physicians carry out the direct billing process. It provides both suggested fees and fees established in legislation or payable by government departments. *Note: Non-insured services are billed outside of the Longitudinal Family Medicine (LFM) payment model and the time spent cannot be billed as LFM hours.*

Need a helping hand?

If you have questions about any aspect of billing for non-insured services, contact the Doctors Nova Scotia physician advisor in your zone for assistance.

Noelle Moulaison

Physician advisor (Zone 1 – Western)

902-740-5240

noelle.moulaison@doctorsns.com

Ryan Brown

Physician advisor (Zones 2 and 3 – Northern and Eastern)

902-304-6569

ryan.brown@doctorsns.com

Jennifer Girard

Physician advisor (Zone 4 – Central)

902-240-6301

jennifer.girard@doctorsns.com



Non-insured Services

Which non-insured services can be billed directly to the patient?

Non-insured services include services performed for third parties or government departments, administrative services, and clinical services not paid for by Medical Services Insurance (MSI). These services include things like completing forms or reports, medical-legal services, administrative tasks (such as copying records) or certain clinical services (see Appendix A).

Physicians may charge patients fees for providing a non-insured service. Physicians should bill patients the current rates for basic health services that are not covered by MSI or another insuring body. For recommended fees, see Appendix A.

Common non-insured services and associated fees

Common non-insured services range from simple in-office procedures, such as excision of benign moles, to providing anesthesia or conducting complicated surgeries. You may decide you want to avoid offering any non-insured services, or choose to offer only the services that would be most beneficial to your patients. Find a full list of the non-insured services and suggested fees in Appendix A.

Remember that the fees shown in Appendix A represent the professional component of the procedure only and does not include the cost of supplies used. When creating a list of non-insured services, include only services offered in your practice, and don't forget to include the costs associated with supplies or equipment when determining prices.

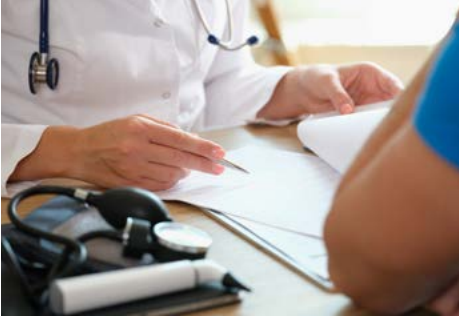
You may also bill patients directly for services such as providing copies of their medical records and providing medical-legal services, or for things like missed appointments or administrative work.

Ethical considerations when direct billing

When billing patients, consider the following highlights from the Canadian Medical Association (CMA) Code of Ethics, which was endorsed by the College of Physicians and Surgeons of Nova Scotia (tinyurl.com/CPSNS-BillingEthics):

- Consider first the well-being of the patient
- Never exploit the patient for personal advantage
- Consider the patient's ability to pay
- Accept the patient without discrimination
- Ensure that the patient understands the nature and extent of your responsibility to a third party
- Provide the patient or a third party with a copy of their medical record upon the patient's request, unless it could cause harm
- Avoid, minimize or manage, and always disclose, conflicts of interest

The MSI *Physician's Manual* Preamble (pages 3 to 5, Section 1 to 1.1.15) provides ethical billing practices for insured and non-insured services and guidance on what to do when both types of service are provided during the same visit.



Access to patient records

Nova Scotia's Personal Health Information Act (PHIA) and its regulations (tinyurl.com/NS-PHIA) govern how personal health information is collected, used, disclosed and maintained. Patients may request access to their own personal health information. Physicians must respond to requests within 30 days, and must outline associated costs in writing (see Appendix C). Fees are legislated and provided in the PHIA regulations for access-related queries (learn more at tinyurl.com/DNS-PHIA-fees).

DNS has online resources to support physicians. Visit tinyurl.com/DNS-PHIA to learn more.

Medical-legal services

Physicians should discuss and confirm arrangements with the lawyer in advance, particularly when the costs will be more than the usual fee. Fees are passed on to the patient as an add-on to the lawyer's fees.

Note: A lawyer's request for a medical report must include the patient's consent to the transfer of information.

Examples of medical-legal services for which physicians may bill include:

- medical-legal report with opinion
- medical-legal briefing between physician and lawyer outside of court appearance
- court appearance (including waiting time)
- cancellation of court appearance (without adequate notice)
- copying of file – (as per PHIA regs)
- travel and preparation time

Rates may vary based on the complexity of the report; however, if requested, the physician must be able to disclose the basis for the fee(s) charged and the method of calculation. Fees may also be charged for services performed for the Crown.

Note: There is an exception to fees requested by a lawyer representing a legal aid client.

For further information, please see Guidelines for Medical-Legal Reports (tinyurl.com/DNS-GuidelinesMedicalLegal). These guidelines were agreed to jointly by Doctors Nova Scotia and the Nova Scotia Barristers Society and are currently under review.

You may also wish to consult the College of Physicians and Surgeons of Nova Scotia Standard on Third-Party Examinations and Reports (tinyurl.com/CPSNS-ThirdPartyExamsReports).

Which non-insured services may not be billed directly to the patient?

Passports

Physicians may not charge for acting as a passport guarantor. If you receive payment for acting as a guarantor, the application becomes invalid.

Services to refugees

Services to refugees may be covered by the Interim Federal Health Program (tinyurl.com/GC-IntFedHealth). Physicians must register as a health-care provider under the program to be compensated.

Workers' Compensation Board

While services for injured workers are not a medically insured service, arrangements are made for Worker's Compensation Board fees (tinyurl.com/DNS-WCB) to be paid to physicians through MSI. A full list of service fee codes is listed in the Physician's Manual (tinyurl.com/MSI-PhysManual).

Setting fees for non-insured services

Fees for non-insured services should appropriately reflect:

- the service provided
- the level of expertise required
- the amount of time required to provide the service
- the materials and equipment required
- the practice's needs (overhead)
- the patient's ability to pay

Note: Some services may be taxable. Discuss HST-related issues with your accountant.

Setting fees for non-insured services outside of treatment

When providing services outside of medical treatment, it's important to assess the value of your time appropriately. One way to do this is by determining the opportunity cost of providing a non-insured service.

Opportunity cost

Physicians should be remunerated at a rate based on the revenue they are forgoing by not providing their usual services. This is the opportunity cost. (*Note: Physicians may not bill for committee involvement if it is a deliverable.*)

Determine your hourly rate by dividing your annual gross earnings by your annual hours worked. Loss of leisure or family time should have a higher opportunity cost.

Sessional rates

You may prefer to charge hourly by billing a sessional rate based on the services provided. Remember to include overhead costs when setting a sessional rate.

Physicians must discuss fees with their patient prior to providing services.

Inflation

Review fees annually to keep pace with inflation, changing conditions within the practice and your growing expertise. Two percent is generally accepted as an annual increase but consult your accountant if you're unsure.



NOT SURE IF A SERVICE IS COVERED?

Email MSI for clarification at MSI_Assessment@medavie.bluecross.ca. Keep a copy of MSI's email response for audit purposes.

Fee structures for non-insured services

Physicians may choose to bill patients for non-insured services on a per-service basis or they may choose to charge an annual or block fee.

The College of Physicians and Surgeons of Nova Scotia has established professional standards for block billing non-insured services (tinyurl.com/CPSNS-BlockBilling). Highlights include:

- Patients must have the option to pay fees individually or block fee
- Annual fees cannot be charged for a period of less than one year
- The annual fee bill must list each of the services covered by the fee
- Patients must be advised of the service cost if paid for individually
- Physicians cannot refuse to see the patient if they do not wish to pay by annual fee
- Physicians cannot provide preferential treatment to patients who pay a block fee
- Physicians may not charge patients for services not performed, except for cancelled appointments with less than 24 hours notice or as agreed in writing



Communicating about non-insured services

Keep staff well-informed

Clear processes and good communication with staff and patients will help ensure the direct billing process is implemented in a professional, efficient and timely manner.

- Establish and maintain a clear, simple written office policies and procedures for direct billing.
 - Use your discretion to determine the services for which patients will be directly billed
 - Establish the fees for those services
 - Outline exemptions, such as seniors or low-income patients
 - Create bookkeeping and collection procedures
 - Create written resources outlining costs, policies and procedures for patients and staff
- Share the policy and procedure with staff and inform them of any changes.
- Maintain up-to-date accounts
- Always discuss fees with patients before providing the service
- Follow up in an orderly and consistent manner
- Collect payments from patients at the point of service as often as possible

Keep patients well-informed

It's crucial to ensure that patients understand what constitutes a non-insured service, and that they know about associated costs, billing procedures and timelines, and collections policies. Ensure that information about non-insured services is posted in your practice, and always discuss the cost of a non-insured service with your patient before performing the service.

Find templates to use in patient communications in Appendix B.

Developing your non-insured service information

Your patient handout should include general office information as well as information about your direct billing policies and procedures, including:

- office hours and after-hours procedures
- contact information, including telephone number, email and online portal as applicable
- test or X-ray procedures and availability
- prescription refill instructions
- brief description of direct billing
- list of non-insured services that are billed directly
- procedures for third-party claim forms
- methods of payment



Handling payments

Accounts receivable

Ensure each patient's statement is complete and accurate. Generate invoices in your electronic medical record (EMR). Offer a range of payment methods for patients and consider offering a payment plan for patients facing large bills for non-insured services.

Receiving payment

Provide a variety of options to make it easy for patients to pay. Accepting cash is easy; you may want to consider working with your bank to accept debit or credit cards or online banking.

The longer an account remains unpaid, the more difficult it is to receive payment. Maintain an up-to-date reporting and billing system to collect payments, particularly when dealing with third-party agencies that often make partial initial payments.

Collecting accounts

Payment at the time of service is optimal, however, patients may be billed after the service has been provided. Accounts are typically billed on a 30-/60-/90-day schedule. Interest charges can be applied to outstanding accounts if the physician is appropriately registered under the Consumer Protection Act of Nova Scotia (tinyurl.com/NS-ConsumerProtection). Letters and telephone calls from staff can prompt patients to pay. (See Appendix B for templates of collection letters, and Appendix C for a sample collection timetable.)

Staff members pursuing payment should obtain a verbal commitment from the patient to pay their invoice and restate the commitment by telling the patient that the physician is expecting payment by the date promised.

Keep a record of the calls to ensure payment is made as promised.

If the patient is genuinely dissatisfied with the service, or undergoing unexpected hardship, it may be best to write off the bill.

Appendix A: Common non-insured services and suggested fees

SERVICE	SUGGESTED RATE/RANGE	NOTES (IF ANY)
GENERAL SERVICES		
Acupuncture	\$40 to 80 per 15 minutes	MSI will pay for a visit or consultation to determine if a treatment method is insured, even though the proposed procedure is non-insured.
Audiometric test not carried out by ENT specialist	\$30 to 45	Claims submitted under these codes will only be paid to physicians certified as specialists in otolaryngology.
Circumcision (newborn)	\$150 to 300	Newborn circumcision is non-insured from birth to age one unless considered medically necessary. The service may then be submitted under exceptional circumstances (EC) with text supporting the claim.
Ear wax removal	\$25 to 40 (if one ear, charge half)	Visit for diagnosis of ear symptoms is insured. Necessary removal of wax from the febrile child (up to age 12) to assist in diagnosis is insured.
Examinations or physicals unrelated to treatment of an illness or medical symptom	\$80 to 170	Age specific preventative services (for well-baby care, vaccinations, inoculations, yearly exams and Paps, etc.) are insured services. Examinations are insured for those with a family history, symptoms or signs or other diseases putting them at risk for preventable target conditions.
Injectables	\$25 to 40 (plus medication costs)	Charge for only those immunizations not covered by the Provincial Immunization Program, such as vaccinations for travel.
Skin scraping for fungi	\$25 to 40	This service is insured when direct microscopic examination is carried out, using KOH, immediately following the scraping.
Tongue tie, simple or Z-plasty	\$25 to 40	This service is insured if considered medically necessary. Submit under exceptional circumstances (EC) with text supporting claim.
COSMETIC SERVICES		
<i>When uncertain if the proposed procedure is medically required or cosmetic, the operating physician should obtain prior approval from MSI. MSI will pay for a visit or consultation to determine if a treatment method is insured, even though the proposed procedure is non-insured.</i>		
Cosmetic diagnosis/treatment of vein(s)	Fee depends upon the complexity of the procedure and extent of the condition.	These services are insured for diagnosis of varicose vein, varicose vein with inflammation, or any claim stating compression sclerotherapy or feganization. Diagnosis of spider veins or nevi, telangiectasia, superficial varicosities, or any procedure for cosmetic purposes only are non-insured.
Cosmetic piercing	\$50 to 100	
Excision of benign superficial cysts, lipomata, subcutaneous neuromas, skin tags and other superficial skin blemishes	\$65 to 100	These services are insured for malignant or recognized premalignant conditions and port wine stains on the face and visible areas of the neck. Physicians may submit claims under EC for consideration of coverage. For example, the drainage of an infected sebaceous cyst, or the removal of a large lipoma causing interference with function, are an insured service and should be submitted under EC with supporting text.
Warts, including papillomata, keratoses, nevi, moles and pyogenic granulomata (removal)	\$65 to 100	<ol style="list-style-type: none"> Excision of lesion for clinical suspicion of skin cancer is an insured service. This includes premalignant or atypical pigmented lesions including, but not limited to: Dysplastic nevi, Junctional nevi, Spitz nevi, Halo nevi, Regressing nevi, Lentigo, Melano acanthoma and Melanocytic neoplasia. Excision and destruction of condylomata, molluscum contagiosum, and plantar warts by cautery or cryotherapy are insured services. Other medically necessary conditions may be submitted under EC with text to justify. Pathological examination of excised specimens remains an insured service.
Xanthelasma (removal)	\$100 to 150	

SERVICE	SUGGESTED RATE/RANGE	NOTES (IF ANY)
COSMETIC SURGICAL PROCEDURES		
Breast reduction/augmentation surgery	*TBD	Breast reduction/augmentation surgery is insured only if medically necessary, and with prior approval.
Gastroplasty or gastric bypass for morbid obesity	*TBD	This service is insured for patients who meet defined criteria for morbid obesity. Prior approval is required.
Lipectomy and apronectomy	*TBD	Surgical fat removal from abdomen, peritoneum and omentum.
OPHTHALMOLOGIC SERVICES		
<p><i>Eye exams are insured where there is a presenting symptom of visual reduction or other complaint suggestive of a disease of the visual system. A comprehensive consultation (03.08), initial visit with complete examination (03.04), and comprehensive eye examinations (09.02) include refraction testing in the fee code. Do not bill a patient for a refraction when claiming any of these codes.</i></p> <p><i>A detailed refraction for the provision of a prescription for eyeglasses is non-insured in the 10 to 65 year age group. However, children who suffer from serious myopia and who require frequent refractions in adolescence, show medical necessity will be covered (with text to justify). These rules refer equally to ophthalmologists and optometrists.</i></p>		
Contact lens fitting	\$600 to 1,000	Contact lens fitting is an insured service when medically indicated. See article 5.3.212 of the MSI Physician's Manual Preamble for the list of insured conditions. Non-insured conditions are macular degeneration, open angle glaucoma, diabetic retinopathy, strabismus, borderline glaucoma and amblyopia.
Evaluation of lenses not fitted by practitioner	\$75 to 150	
Partial eye examination with refraction for dispensing visual correction	\$60 to 90	
Refraction for dispensing visual correction	\$60 to 90	
Replacement lens only	\$75 to 150	
Routine vision care from 10th to 65th birthday	\$60 to 90	
REPRODUCTIVE SERVICES		
Anaesthesia services	*TBD	Anaesthesia services performed in conjunction with non-insured services are non-insured as well. These services should be determined on a case-by-case basis. Anaesthesia services performed in conjunction with dental services are insured sometimes. Please contact MSI for more information at MSI_Assessment@medavie.bluecross.ca
Artificial/intrauterine insemination	*TBD	
Tubal ligation reversal	*TBD	
Ultrasound - second and subsequent in uncomplicated pregnancy	\$65 to 130	Medical literature supports only one examination at 18-20 weeks, per normal pregnancy. Evidence of medical necessity must be provided for additional exams. The CPSNS has developed guidelines regarding ultrasound for non-medical reasons (tinyurl.com/CPSNS-ObsUltNonMed).
Vasectomy reversal	*TBD	

SERVICE	SUGGESTED RATE/RANGE	NOTES (IF ANY)
ADMINISTRATIVE AND TECHNICAL SERVICES		
<i>The fees should appropriately cover all the costs incurred providing these services including, but not limited to, staff time, cost of the supplies used, etc.</i>		
Medical records transfer or chart summary	Refer to PHIA Regs fee schedule (tinyurl.com/DNS-PHIA-fees)	For transfer of care.
Missed appointment	\$cost	Listed fee for scheduled service.
Hospital/ health authority committee work	As per organizational rate or opportunity cost	Physicians with committee involvement as an outlined deliverable may not bill this service.
Long distance telephone and fax charges	\$cost	
Medical supplies/ equipment	\$cost	Items not considered part of office overhead. Charges typically include carrying and storage costs.
NSF (non-sufficient funds) cheque	\$40 to 75	When a patient's check bounces due to lack of funds, physicians would receive a bank charge. This is to offset the costs to you.
Passport guarantor	Do not charge	Accepting payment voids the application. Physicians are no longer required as guarantors.
Photocopying	Refer to PHIA Regs fee schedule (tinyurl.com/DNS-PHIA-fees)	PHIA has established fees for patient requesting copies of their chart. Photocopying charges for third-party requests are at the discretion of the physician.

SERVICE	SUGGESTED RATE/RANGE	NOTES (IF ANY)
THIRD-PARTY EXAMINATIONS, FORMS AND REPORTS		
<i>When performing services at the request of a third party, the fees may vary depending upon the complexity of the examination required and/or the complexity of any required reports. See also the CPSNS standard on Third-Party Examinations and Reports.</i>		
Canada Pension Plan (CPP) disability form	\$85 for the initial Medical Report (ISP-2519) \$85 for the Terminal Illness Medical Attestation for a Disability Benefit Under the Canada Pension Plan (ISP-2530B) \$25 for the Reassessment Medical Report (ISP-2509) \$50 for the Scannable Impairment Evaluation (IMPAIR) \$25 for the Medical Report - Recurrence of the Same Medical Problem (ISP-2525) \$150 if CPP asks for a narrative report (<i>depending on the complexity and the time required for completion</i>)	These fees are set by CRA and CMA and are payable by the federal government. Mail invoice to the Service Canada office address noted on the medical form. Payment will be made by cheque and mailed to the address noted on the invoice. Your invoice must include: <ul style="list-style-type: none"> • your patient's name • your patient's address, date of birth or Social Insurance Number (SIN) • your business number, GST/HST number or SIN <i>Costs over and above those paid by Service Canada may be charged to the patient.</i>
Complete disability report, including Canada Revenue Agency (CRA) disability tax credit forms	\$65 to 200	Follow-up requests may also be billed.
Insurance company short term disability form	\$65 to \$200	The short-term disability form has been standardized, reducing 28 forms to one, and added to the EMRs.

SERVICE	SUGGESTED RATE/RANGE	NOTES (IF ANY)
THIRD-PARTY EXAMINATIONS, FORMS AND REPORTS		
<i>When performing services at the request of a third party, the fees may vary depending upon the complexity of the examination required and/or the complexity of any required reports. See also the CPSNS standard on Third-Party Examinations and Reports.</i>		
Disability form	\$40 to 100	Such as Claim for Disability Benefits (Form NS-1a) or any other proof of disability
Driver's Medical Examination Report	\$50-75	Ability/fitness to operate a motor vehicle, form and examination.
Examinations	\$100 to 200	Including camp or school physical, insurance physical, driver's examination, periodic industrial health physical, etc.
General insurance exam, industrial exams, pre-placement and periodic exams, and CPP exams	\$200 to 300	Industrial examinations include MOT, marine personnel, pilots and air traffic controllers.
Proof of child immunization	\$15 to 25	Or direct patients to VaxRecordsNS to obtain information about vaccinations.
Letters/questionnaires on patient attended	\$130 to 350	Includes insurance company assessment
Letters/questionnaires not requiring patient attendance	\$65 to 130	An additional fee may be charged depending on the complexity of any required report.
Special authorization form for medication/equipment/ or services	\$15 to 50	
Sick note for employer	\$20 to 30 (<i>plus office visit</i>)	If an office visit is required, add office visit fee to this charge. The Medical Certificates for Employee Absence Act limits most employers' ability to request sick notes .
RCMP	As appropriate	Bill non-insured services to RCMP members at the same rate as other patients. Basic health-care services are billed through MSI, bill WCB rates if higher.
Veteran's Affairs Canada (VAC)	N.S. services	Veterans will receive a VAC health-care card if they qualify for: <ul style="list-style-type: none"> • a disability benefit, • the Veterans Independence Program, • the War Veterans Allowance, or • financial assistance from VAC for long-term care. Health-care providers can register to receive payment from MSI for approved veterans or the veteran can pay the physician and be reimbursed.

* Fee will depend upon the surgeon and the facility where the procedure is performed.

Appendix B: Patient information and billing letters and forms (templates)

Modify these templates to fit with the guidelines and policies in place in your practice by copying and pasting the text samples into the accounting software, email program or word processor of your choice.

Sample change in billing policy letter

Date

Address

Dear <Patient Name>,

I am writing today to update you on the recent changes to my billing procedures for non-insured services.

Non-insured services are not paid for by Nova Scotia's Medical Services Insurance (MSI) program. That means I am not paid by the Nova Scotia government to provide that service. Some examples of non-insured services include completing forms, examinations or physicals required for completion of reports and forms, medical examinations for work, school or driver's license, ear wax removal, sick notes and copying or transferring medical records.

Previously, I provided these services for free to my patients, even though I am not paid for them. Effective <INSERT DATE> I will begin to charge patients for non-insured services.

Attached for your information is a list of commonly requested non-insured services and the fees associated with each service. Information on the clinic's payment policies and procedures is available at my office.

This new non-insured billing policy applies only to non-insured services. In those instances, I will discuss each fee with you before the service is provided.

If you have any questions regarding non-insured services or our new billing processes, please feel free to discuss the issue with me during our next visit.

Sincerely,
Dr. X

Providing an estimate for services

Date

Address

Dear <Patient's Name>,

Thank you for your request for <insert non-insured service here> on <insert date of request>.

Non-insured services are not paid for by MSI. That means I am not paid by MSI to provide that service.

The service you have requested is a non-insured service, which means you will be responsible for covering the cost of this service.

Below is an estimate of the cost of this service.

Item description	Fee estimate

Please acknowledge that you accept the above estimate by signing and returning this form to our office.

Sincerely,
Dr. X

Approval Signature: _____ Date: _____

Sample invoice and billing letter #1

Date

Address

Dear <Patient's Name>,

Below, please find an invoice for the non-insured service(s) provided at your request on <date of service>.

As discussed, this service is not covered under MSI and therefore, it is your responsibility to pay for the service(s) listed below.

Description of service	Fee
Total due	\$xxx

For convenience, we accept the following forms of payment: <List forms of payment formats accepted>

Please pay the amount owing within 30 days of the date on this invoice. If you have already paid this bill, thank you and please disregard this notice.

If you have any questions regarding this invoice, please call <name of billing contact> at <number>.

Thank you,
Dr. X

Sample invoice and billing letter #2

Date

Address

Dear <Patient Name>,

This is a reminder that your payment for the non-insured services provided on <date of service> has not yet been received by our office.

The service(s) provided were not covered by MSI, therefore, you are responsible for the cost of the service(s) listed below.

Description of service	Fee
Total due	\$xxx

Please note, we accept the following forms of payment: <List forms of payment formats accepted>

Please make payment as soon as possible. If you have already paid this bill, thank you and please disregard this notice.

If you have any questions regarding this bill, please call <name of billing contact> at <number> as soon as possible.

Thank you,
Dr. X

Sample invoice and billing letter #3

Date

Address

Dear <Patient Name>,

This is a reminder that your payment for the services performed on <date of service> is now XX weeks overdue.

The services provided were not covered by MSI, therefore, you are responsible for the cost of the service(s) listed below.

Description of service	Date service provided	Fee
Total due		\$xxx

Please call <name of billing contact> at <number> within 14 days so we can agree on a plan to settle your account.

Thank you in advance,
Dr. X

Appendix C: Sample collection timetable – 120-day schedule

SAMPLE COLLECTION TIMETABLE – 120-DAY SCHEDULE

PROCEDURE	TIMELINE	SCHEDULE	STEP
Send patient statement.	Month service is rendered	January	Billing statement
Send patient statement with first letter reminder, this is a second statement.	Month after	February	Billing "Reminder"
Problem-solving call to patient. Goal to secure commitment of payment, arrange payment plan; determine if patient has a hardship or is dissatisfied with service.	Prior to mailing of March bill	Mid-March	Phone Call "Education"
If you did not reach patient by phone or have not received promised payment, send the second letter.	Second month after service	March	Billing "Letter #2"
Phone patient and ask for a definite dollar amount and date. Render problem-solving assistance if necessary.	Prior to mailing of April bill	Mid-April	Phone Call "Persuasion/ Information"
Send patient statement and last letter. You may wish to phone patient several days after mailing this letter.	Third month after service	April	Billing "Final Letter"
If payment hasn't been received and you are certain patient is not dissatisfied, it may be best to write off the amount as a loss.	Fourth month after service	May	Consider writing off

Appendix D: Fee estimate for copy of medical record (template)

Nova Scotia's Personal Health Information Act requires that a custodian must complete the form titled "Estimate of Fees – Access to personal health information" to provide a patient with an estimate of the fees required to access his or her own personal health information in the custodian's custody or control. Find the most current version of the form online at tinyurl.com/PHIA-FeeEstimate.

Non-Insured Services Fee Information for Patients

Clinic information

Non-insured services are those not covered by Medical Services Insurance (MSI). You may have to pay your doctor directly for some of these services.

Before you receive a non-insured service, your doctor will discuss the cost of the service with you. You will never be denied care if you are unable to pay.

SERVICES	FEES
Appointments missed without hours notice	\$
Cosmetic procedures	\$
Completing government forms	\$
Completing insurance forms	\$
Completing sick notes	\$
Ear wax removal	\$
Examinations or physicals (work, driver’s license, insurance, etc.)	\$
Eye examinations and refractions (for people aged 10 to 64)	\$
Medical supplies	\$
Medical-legal reports	\$
Photocopies, long-distance telephone costs, fax and scanning charges	\$
Removal of most non-cancerous moles, warts, skin tags, etc.	\$
Transfer of medical records	\$ <i>per PHIA Regulations</i>

Non-insured services process:

Payment options:

Clinic hours