

Practice Standard-Fees and Billing

Approved: June 2012 Revised: June 2022

Definitions

<u>Billing</u>: To invoice/request payment for services provided to a patient/client.

<u>Fees</u>: The amount charged to a patient/client for services provided.

Intent

To describe the College's expectations for members involved in the care of clients in terms of fees and billing practices and process.

Standard Statement

Members must ensure that:

- They have a clear fee schedule;
- Clients/patients receive the relevant fee information to enable them to make an informed choice about the financial aspects of the services and products they will receive; and
- The client/patient and any third party payor receive accurate, complete and meaningful information about the services provided and the fees charged.

Description of Standard

A member demonstrates the Standard by:

- Ensuring that when the patient/client arrives to his/her first appointment or prior to the patient's/client's arrival:
- the fee schedule and billing requirements are prominently posted in a location where
 patients/clients will see them, or they must provide a copy to the client. The fee schedule and
 billing requirements will describe and cover all services, products and administrative charges
 (e.g., copies of documents, fees for reports, late payment charges, cancellation charges etc.), as
 well as, how the bill we be calculated, the timing and frequency of billing, and accepted methods
 of payment;
- there is an explanation of the rates and billing requirements for a kinesiology appointment to the
 patient/client, including what part of the treatment time will be used for taking a health history
 and assessment/reassessment;

- that if a block fee¹ is proposed, ensuring that the patient/client clearly understands that choosing the block fee payment is optional, and ensuring that the patient/client understands the terms of the block fee payment option;
- there is an explanation to the client of the policy with regard to cancellation of appointments;
- the patient/client has the opportunity to ask questions about the rate, fee schedule and billing requirements; and
- any charges that deviate from the set fee schedule have been agreed to by the patient/client and are documented in the clinical notes with the reasons and agreement indicated.
- Ensuring that the fees charged:
 - are not excessive² when compared to similar services provided by other members with similar experience and skills in similar circumstances; and
 - are an accurate reflection of the services and products provided.
- Ensuring that any departure from an established or documented fee schedule is used only to
 reduce fees in appropriate individual cases. For example, patients/clients cannot be charged a
 higher fee because of their ability to pay or because the service or product is covered by a third
 party payor.
- When asked, providing an itemized invoice that contains:
 - an accurate and meaningful description of the services provided and charge for them;
 - an accurate and meaningful description of the products provided and charge for them:
 - the date each service or product was provided;
 - the identity of the person who provided the service or took the professional responsibility for selecting the product; and
 - any other information reasonably necessary in the circumstances (e.g., terms of payment, interest or late payment charges, other administrative charges, etc.).³
- Where a block fee is charged for a package of services and/or products, ensuring that there is a clear, understandable and complete written agreement that covers the following:
 - the services covered by the fee;
 - the amount of the fee:
 - the arrangements for paying the fee; and
 - the rights and obligations of the member and the client if the relationship between them is terminated before all the services are provided.
- Monitoring and documenting invoices and billing practices at periodic intervals in order to ensure:

¹ Block fees may include membership-based billing models, such fees charged on a regular interval (e.g. monthly) for access to a specified or unspecified number of treatment sessions.

² The fact that other members charge a lower fee does not make one's fee excessive. There is always some variability in fees even if everything else is equal. And circumstances are usually not completely comparable. However, where a fee is markedly higher for no discernible reason then they can become excessive. Any determination of excessive fees is done by a panel of the College that has both professional and public members on it.

³ It is unprofessional to provide false or misleading information in a receipt. For example, members must refuse any request to falsify the date of the service, the recipient of the service, the nature of the service or the amount charged in order to assist a client to obtain insurance coverage.

- the accuracy of invoices and receipts;
- an understanding of the fees that are being charged for their services:
- an understanding of how the member's registration or billing number is being used; and
- that when abnormalities are discovered, reasonable steps are taken to remedy the situation appropriately.
- Ensuring that processes exist for the timely:
 - notification of any balance due or owing; and
 - provision of applicable refunds.
- Ensuring that the financial records required by the Record Keeping Standard are maintained.
- Ensuring that there is no reduction for prompt payment of an account.
- Ensuring that there is no breach, without reasonable cause, of an agreement with a
 patient/client or patient's/client's representative relating to the services provided or fees
 charged for services.
- Ensuring that all fee and billing practices are consistent with the College's Code of Ethics and standards and guidelines relating to conflicts of interest, including that kinesiologists may not charge for services provided to a dependant, which may include the kinesiologist's spouse, or bill third-party payors for treatment provided to a dependant, which may include the spouse, of the kinesiologist.

Legislation

Regulated Health Professions Act (RHPA), 1991

Paragraph 1(1).6 of the Professional Misconduct Regulation, which reads as follows:

- 17. Issuing an invoice, bill or receipt for services that the member knows or ought to know is false or misleading.
- 18. Charging a fee that would be regarded by members as excessive in relation to the service provided.
- 19. Failing to advise a client or a client's authorized representative, prior to providing a service, of the fee to be charged for the service or of any penalties that will be charged for late payment of the fee.
- 20. Charging a block fee without first specifying the following in writing:
 - i. The services covered by the fee,
 - ii. The amount of the fee.
 - iii. The arrangements for paying the fee, and
 - iv. The rights and obligations of the member and the client if the relationship between them is terminated before all the services are provided.

- 21. Failing to itemize an account for professional services if requested to do so by the client or the person or agency who is to pay, in whole or in part, for the services, or if the account includes items that are not professional services, failing to itemize those items at the actual cost to the member, plus any applied mark-up and overhead costs.
- 22. Failing to keep records in accordance with the standards of the profession.

Notation

In the event of any inconsistency between this standard and any legislation that governs the practice of members, the legislation governs.