



PROVINCIAL FEES

FOR NON INSURED SERVICES, PREVIOUSLY INSURED SERVICES AND INCIDENTAL FEES PROVIDED BY FAMILY PHYSICIANS

These rates are suggested by the FMOQ
Suggested rates are net of applicable taxes

1. Reports and non-insured services (excluding the exam)

Certificate required by an employer/school

(on employer/school mandated form) \$30

- State of health
- Absence from work or school
- Return to work

Medical report on printed form

- Disability insurance..... \$80 to \$150
- Unemployment insurance \$40
- RRQ (Québec Pension Board)..... \$150 to \$310
- Education Québec Disability (TDA) \$30
- Trip cancellation insurance \$80-\$150
- Tax credit (CRA or QRA)..... hourly rate
- Tax credit for disabled or inapt dependent hourly rate
- Aptitude to adopt or to become a foster family..... hourly rate
- Handicapped parking..... \$30
- Adapted transport..... \$80 to \$150
- Other reports hourly rate

Reports to SAAQ or partners organizations

- Driver's licence (when not insured) \$60 to \$150
- Rapport médical initial \$50
- Rapport médical d'évaluation \$150
- Rapport médical d'évolution \$150
- Rapport médical des séquelles \$90 to \$150
- Other reports or requests \$25 plus hourly rate

Missed appointment..... \$35

Prescription renewal without medical visit..... \$25

2. Administrative services not related to obtaining insured services from a health professional

- Photocopies or printing of chart or report, first page*, not related to obtaining an insured service \$10
- Additional pages†, not related to obtaining an insured service \$0.50 each
- Fax or transmission of a document by email or by other electronic means† not related to obtaining an insured service \$20
- Long distance calls not related to obtaining an insured service..... \$5 plus cost
- Courier services not related to obtaining an insured service\$25 plus cost
- Résumé of patient file, not related to obtaining an insured service..... hourly rate
- Transmission of copies or documents for a patient, not related to obtaining an insured service \$5 to \$10

3. Non-insured medical services (including consultation or examination of a non-resident patient, a pre-employment exam or an exam performed for an insurer) as well as services related to such services

- Fees for non-insured exam \$85 to \$275
- Non-insured therapeutic or diagnostic service (wound repair, reduction, immobilisation)..... \$85 to \$320
- Evaluation of patient's fitness to drive a motor vehicle..... \$145 to \$200
- Exam required by a camp, a sports club, a school, a university \$120
- Exam required by an insurance company (exam to assess eligibility) \$240
- Pre-employment or in course of employment exam (when not insured)..... \$240
- Drawing blood, not related to an insured service \$35 to \$70
- Transportation of biological specimens, not related to an insured service..... \$25
- Résumé of patient file, not related to obtaining an insured service..... hourly rate
- Telephone consultation (non-insured person) \$60 to \$120

4. Fees incidental to an insured service (fixed by regulation)

Fees for transportation of biological samples

- without a blood sample..... up to \$5
- with a blood sample up to \$15

5. Hourly rate

- Medico-administrative activities (prior agreement required) \$310
- Medico-legal activities (prior agreement required) \$480
- Expertise (prior agreement required)..... \$550

Validity of rates

In the event that the College of Physicians is required to evaluate whether fees charged to a patient respect its policies, it has indicated that it will evaluate all relevant aspects; the fees in this guide are simply one element among many.

Billing and posting rates

- In a private office, the participating physician or physician who has withdrawn must post, in view of the public in his waiting room, the price of services, supplies and prescribed incidental fees that can be claimed from an insured person, as well as that of services that are not insured or that are reputed not to be insured services, and related supplies and incidentals.
- No other amount than those posted may be claimed from an insured person.
- When payment is claimed from an insured person, an itemised bill must be provided, indicating the amount claimed for each service, supply or incidental service as well as each medical service that is not insured or reputed not to be insured.
- The posted fee schedule and each bill for services must refer to the recourse created by the first paragraph of section 22.0.1 of the Health Insurance Act allowing a person to request the reimbursement of amounts claimed without right.
- Failure to respect one of these obligations may result in the imposition of a fine on the physician or third party.

1./3. Non-insured services

Renewal of prescription without a medical visit

Prescriptions should generally be made after an assessment by the physician. Depending on the type of prescription and the circumstances, a recent exam may be a sufficient basis for renewal. The renewal without a new assessment may be reasonable if an office visit is scheduled shortly, for a known and non-urgent condition where, for example, interruption of drug therapy may harm the patient. A physician must be especially careful when prescribing psychoactive substances without the benefit of a fresh assessment.

Missed appointment

In order to bill, the physician must:

- Have advised the patient of his policy and of the amount charged;
- Provide an exception for unavoidable circumstances causing the patient to miss the appointment;
- Allow cancellation with 24 hours' notice.

The patient can require the physician to demonstrate that he has suffered a loss of income and that he was available at the time of the scheduled appointment.

Telephone consultation (non-insured person)

Before incurring costs, patients should be informed that a fee will be charged.

4. Incidental fees

- We remind you that you must always inform your patient before incurring fees for billable services.
- The law provides that no payment may be charged to or received from any insured person, directly or indirectly, for costs incurred for insured services provided by a health professional who is subject to the application of an agreement or by a professional who has withdrawn. Such costs include those related to:
 - (1) the operation of a private health facility or a specialized medical centre within the meaning of the Act respecting health services and social services;
 - (2) services, supplies, medications and equipment required to provide an insured service, as well as to perform diagnostic tests related to such a service
- Such costs do not include those related to services not considered insured that are required before, during or after the provision of an insured service
- CNESST: The CNESST has informed the Federation that when it requests copies of a patient file from a physician, it accepts to pay the following costs, based on the number of pages copied, plus the applicable taxes:
 - Up to 50 pages up to \$25
 - Between 51 and 100 pages..... up to \$50
 - In exceptional cases of more than 100 pages up to \$75

5. Hourly rates

- **Medico-administrative activities** Hourly rate: \$310
Time spent managing a patient's file, not related to obtaining insured services from a health professional.
e.g. completing a form.
Note that the Quebec College of Physicians does not allow billing for the sorting of relevant elements from a chart when required to produce copies in response to a request by a patient or a person acting for a patient.
- **Medico-legal activities** Hourly rate: \$480
Time spent preparing a file subject to litigation or liable to such, including court appearances, if necessary.
e.g. compiling factual information from a file or testifying to factual issues in the context of a divorce, a dismissal or a challenge to a will.
- **Expertise:** Hourly rate: \$550
Time spent providing professional services as an expert.
e.g. drafting an opinion, Court appearance

* This rate applies when making the copies involves pulling the chart and includes the cost of transmitting the copies by mail when necessary. When the chart does not have to be pulled and the transmission is not by mail, the rate for additional pages applies from the first page.

† When it is necessary to print pages in order to send them by fax, by email or by other electronic means (e.g. electronic medical record), the cost for photocopies at the rate for additional pages applies in addition to the cost of the fax or transmission by email or other electronic means.

A prior agreement regarding fees is required in order to bill for these services. Note that a patient that disagrees with the rate charged for a professional service provided by a physician can call upon the procedure for the conciliation of accounts of physicians offered by the syndic of the College of physicians

The patient who believes that the amounts billed are for services insured under the Health Insurance Act or fees required for their dispensation can, within five years of payment, make a written claim for reimbursement to the Régie de l'assurance maladie du Québec. When it is of the opinion that the amounts billed are not allowed, the Régie reimburses the patient and recovers the same amount from the involved professional or third party.