

# Uninsured Services

## SERVICES NOT COVERED BY OHIP

*In 2000, the Ontario Medical Association (OMA) and the College of Physicians and Surgeons of Ontario reached an agreement that physicians can charge patients directly for services not covered by OHIP*

## BLOCK FEES AND FEES FOR SERVICE

As I see patients much more often than GP's, about every 2-3 weeks on average within the first year of care, I anticipate spending a proportionally greater amount of time on un-insured services than a GP. In addition, the methods of evaluation and treatment we use are complex. Doctor – patient communication ( phone, email, fax) between appointments is often needed if results comparable to what has been achieved in our research studies are to be attained.

**Currently physicians charge patients for uninsured services in one of two ways, block fee billing and Fee for Service billing.**

1. **“Block” fee**; is a charge for 1 year of services in advance. It covers all uninsured services as shown below. Block fees are generally **not covered** by third part insurance.

- In order to lessen up-front expense, the Block Fee has been divided into segments of \$35 billed to you per visit, to a maximum of \$735 per- annum.

2. **“Fee for Service”**; this charge is made when you use an un-insured service. Fee for Service charges are also generally **not covered** by third party insurance.

- In order to lessen up-front expense, the Block Fee has been divided into segments of \$35 billed to you **per visit**, to a **maximum of \$735 per- annum**.

I regret that I cannot spend time on your behalf **outside of an appointment**, unless you have decided to agree to pay either the **“Block” Fee or “Fee for Service”** options as indicated on the agreement forms Above or here: (link to form page.)

In many cases charges for **psychological services are covered by extended health insurance**. If such coverage is not available to you, I will make whatever reduction in fees may be needed to accommodate you as far as is possible.

**A 5% discount** of is made for easy payment by Visa, MasterCard, Amex.

Please discuss any questions you have with my office manager, Ms. Vikki Hansen. She will adjust any fees as needed, as far as possible, if there is financial hardship.

## CANCELLATION POLICY.

**OHIP cannot be billed for a missed appointment.** Appointments not cancelled with **48 business hours advance notice**, waste valuable time, and you will be charged **\$175 directly**. Patients are asked to respect others and cancel in good time.

In the event of significant personal illness or injury, or a family emergency, as determined by Dr. Levy in his sole discretion, no charge will be made for a missed appointment. Similarly severe winter storms are also acceptable reasons for a missed appointment. However, being called into work at the last minute, missing your flight, attending school, or other appointments, car breakdowns, etc. are not acceptable reasons for late cancellation/missed appointment.

## HOW TO OBTAIN A REFILL PRESCRIPTION.

Some of the medications I prescribe cannot be “phoned in ” to a pharmacy , as they require written authorization.

Renewals of your prescriptions can be done here in the office during your appointment, or when you **call your pharmacy** and direct them to **fax the request** for the refill to my office at fax #: **416-488-3844**. In some cases, as time allows, faxes may be dealt with on weekends.

## NEW CHARGES: 2015

In some cases, it is useful to employ the services of Dr. John Fleming, a Clinical Psychologist with whom I have done research for many years. Various questionnaires are selected, and are completed by computer here in the office. The results are sent to Dr. Fleming for his evaluation and comments.

**• A charge for Un-Insured services is made to cover the costs of administration and analysis of these psychological tests: – \$400**

## ADMINISTRATION OF VARIOUS QUESTIONNAIRES .

**At certain times throughout your course of treatment, various tests may be advised. Click the links below for more information regarding these tests:**

- Adult ADHD Self Report Scale ( ASRS v.1.1) , Adult ADHD quality of Life Questionnaire,
- Mindful Attention Awareness Scale,
- Perceived Stress Scale,
- Quick Inventory of Depressive Symptomatology ( QIDS), Centre for Epidemiological Studies
- Depression Scale (CES-D), CES-D- Children, Beck Depression Inventory
- Bipolar Spectrum disorders screen, Young Mania Rating Scale Bipolar
- Zung Anxiety Scale, Beck Anxiety Scale, GAD-7 anxiety checklist
- Spence Children's' Anxiety Scale,
- The Epworth Sleepiness Scale

- Yale Food Addiction Scale
- Yale- Brown Obsessive Compulsive Scale ( YBOCS)
- Trail Making Tests A and B.

We measure your improvements in several areas critical to your success. You will see the test results immediately and the feedback is most helpful. If for example, a medication is working adequately, the same tests repeated 2 months apart will generally show the degree of change in areas of mood, pain, sleep problems, binge eating, cravings, concentration, impulsivity, and so forth. For me, it is a helpful and scientifically valid way of determining just how well any treatment is working.

- **Average time taken is 10 minutes- \$50, if fee for service.**
- **No charge under Block fee.**

### **PHONE CALLS, E-MAILS, AND FAXES TO AND FROM A PATIENT.**

My clinical experience is that phone, fax, or e-mail communication between visits can be essential to the optimal management of medication or test results. Most of the patients I see are being treated for complex medical and other problems; hence medication and other treatments often need to be adjusted in a very timely fashion, and rapid communication by phone or e-mail is essential to that.

Where a lab report requires urgent action, I will ;

- **contact you by phone**
- **email you if you have chosen Block Fee or Fee for Service.**

Otherwise I will as my secretary to call you to make an appointment asap.

- **Average time taken to communicate and place my notes in your chart: 6 -12 min.**
- **\$40-80 if fee for that service.**
- **No charge for those on Block fee .**

### **COMMUNICATION WITH VARIOUS PERSONS ON YOUR BEHALF AND AT YOUR REQUEST.**

There are un-insured fees for phone calls and other forms of communication such as a letter, faxes etc.- to Insurance companies, Human- Resources officials, Agencies or Professionals hired by companies to do evaluations ; also letters/forms for short and long term disability plans, physicians reports ongoing, School notes, special authorization forms for specific drugs, communication with Canada Revenue Agency, Universities' Student Disability Services, ODSP workers, and to other "care providers" who are not covered under the Health Act.

- **Fee depends on time spent attending to these items, if you have selected "fee for service".**
- **No charge for those on Block Fee**

## **CHARGES NOT COVERED BY “BLOCK” FEE.**

- **Review of extensive documentation-** Documents submitted for my review outside of an office visit, ex. Legal, Psycho-educational reports, patients previous medical records.
- **Fee will need to be negotiated.**
- **Chart review for Insurance or other purposes.** Average cost would be \$200-300, depending upon time spent.
- **The charge would be agreed upon before the work is started.**

# 2015-2016 Un-insured Services Fee Agreement Form

Patients' name: \_\_\_\_\_ . Todays Date:

Read and Select one of the following 3 options. Please **circle** the number to indicate your choice.

## 1. BLOCK FEE

Billing divided into a series of equal charges per visit.

- each visit fee charge \$35. (The total charge will not exceed \$ 590 per annum.)

## 2. FEE FOR SERVICE

Charges will be made based upon the time taken by Dr. Levy to deal with your needs regarding Un-insured services.

- Fee for service charges are based upon 6 minute increments of time spent (or part thereof) ,
- each 6 minute unit being billed at \$40.
- The hourly rate is \$400.

## 3. NO UN-INSURED SERVICES PLEASE.

By my signature, I agree that I have read and understood the foregoing description of fees and services, and that I chose the option circled above. I understand, and agree, that this agreement will remain in force until I revoke it.

Print your name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of patient:

This form must be returned to the office at your **second** visit.

Thank you!

**Note:** In order to be sure that no patient fails to get any services that are necessary due to cost, if there are current or unanticipated financial difficulties, my office manager, Ms. Hansen is empowered to adjust fees as seems reasonable.