

**Terms for Implementation of Amendments to Part 5 of the PCH**

The latest amendments to Part 5 of *Professional Conduct Handbook* (the “PCH”) come into force on February 13, 2020. From that date, chiropractors in BC are precluded from

- entering into billing arrangements with patients that cover more than one patient visit, and
- accepting pre-payment for professional services.

Still, the Board recognizes that as of February 13, 2020 chiropractors may already have billing arrangements in place with their patients that offend this new rule. In certain cases, the immediate termination of an existing billing arrangement might require the patient to pay for treatment already received under that arrangement all at once, as opposed to over time in instalments. The Board is concerned that some patients might not be able to afford an accelerated payment of that nature.

For this reason, the Board has decided to implement the amendments to Part 5 in a manner that allows for billing arrangements in place as of February 13, 2020 to continue for a period of up to one year, provided the patients who have entered into those billing arrangements are told about the amendments to Part 5 and given the opportunity to end their billing arrangement if they wish.

The terms for the implementation of the new amendments to Part 5 of PCH are as follows:

- (1) Starting on February 13, 2020, when the new sections 5.1 and 5.4 of the PCH come into force, a chiropractor must not enter into a new billing arrangement with a patient that covers more than one patient visit.
- (2) If, prior to February 13, 2020, a chiropractor has already entered into a billing arrangement with a patient that covers more than one patient visit, the chiropractor does not have to terminate that billing arrangement, but must
  - (a) advise the patient in writing about
    - (i) the changes to Part 5 of the PCH, and in particular, that chiropractors in BC can no longer enter into billing arrangements with patients that cover more than one office visit, and can no longer accept pre-payment,
    - (ii) the patient’s right to continue with or terminate the billing arrangement with the chiropractor,
    - (iii) any financial implications for the patient (including an accelerated payment as described above) if he or she decides to terminate the existing billing arrangement,

- (iv) the continued application of s. 5.2 and Appendix “I” of the PCH under paragraph (3), and
  - (v) if the billing arrangement is intended to continue in force as of the ultimate in-force date identified in paragraph (4),
    - A. the requirement to terminate the billing arrangement on that date, and
    - B. any financial implications for the patient (including accelerated payment as described above) if the billing arrangement is terminated on that date, and
  - (b) document the patient’s decision to continue with or terminate the existing billing arrangement, including having the patient sign the document confirming that decision.
- (3) While a billing arrangement to which paragraph (2) applies remains in force,
- (a) the chiropractor may accept any payments for professional services not yet rendered to the patient that are provided for in the arrangement, and
  - (b) the arrangement
    - (i) remains subject to the requirements of section 5.2 and Appendix “I” of the PCH, in the form they existed on February 4, 2020 (the day before the Board approved the amendments, please see attached), and
    - (ii) must not be renewed or extended so that it applies to a longer time period or a greater number of patient visits than was originally intended when it was made.
- (4) Despite paragraph (2), a billing arrangement that covers more than one patient visit must not remain in force beyond February 12, 2021 and if in force as of that date, must be immediately terminated by the chiropractor.

To be clear, these terms are mandatory. The breach of any of these terms could result in disciplinary action by the College.

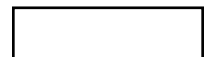
## **Part 5      Fee Arrangements**

- 5.1      A chiropractor will not offer any cash or other consideration to any person for the procuring of patients.
- 5.2      Any billing arrangement between a chiropractor and a patient covering more than [6] office visits must:
- (a)      be in writing,
  - (b)      be signed by both the chiropractor and the patient, and.
  - (c)      comply with the terms and conditions described in Appendix “I” to the Handbook.
- 5.3      A chiropractor will not require an employee to be a patient as a condition of employment.



## **APPENDIX “I”: Mandatory terms and conditions for billing arrangements**

- (1) Entry into a billing arrangement is wholly at the option of the patient and must not be a condition of the chiropractor providing care.
- (2) The following information must be set out in writing in a billing arrangement:
  - (a) the name of the patient entering into the billing arrangement,
  - (b) the name of the chiropractor(s) providing treatment under the billing arrangement,
  - (c) the total number of office visits covered by the billing arrangement,
  - (d) the amount of the fee that the patient will be charged for each office visit covered by the billing arrangement,
  - (e) the total amount of the fees to be paid by the patient if the patient attends for every office visit covered by the billing arrangement, and
  - (f) the terms for payment of the fees over the course of the billing arrangement, including the amount of the payments and the dates on which those payments are due.
- (3) The chiropractor must give a copy of the signed billing arrangement to the patient, and keep a copy in the patient’s file.
- (4) A billing arrangement may include prepayment covering a maximum of 12 office visits at any one time, provided that, before accepting any prepayment, the chiropractor gives the patient written notice of the requirements under paragraphs (6), (7) and (8) below.
- (5) At the time of any payment made further to a billing arrangement, or at the next office visit, the chiropractor must provide the patient with a receipt indicating the amount paid, the date of the payment, and the amount of any balance owing on or held in the patient’s account.
- (6) All receipts for prepayment must be clearly marked, "prepayment for treatment not yet rendered". However, following an office visit covered by a prepayment, and upon request, the chiropractor must provide the patient with a separate receipt indicating that the office visit occurred and the amount of the fee for that office visit.
- (7) The patient may decide not to continue with a billing arrangement at any time, subject to payment of the fees for the office visits that have already occurred, but otherwise, without financial penalty. In particular, when a patient discontinues a billing arrangement, the chiropractor cannot charge a fee for an office visit that has occurred which is higher than the fee that would have been charged if the patient had not discontinued the billing arrangement prior to its completion.
- (8) The chiropractor must refund any balance held in the patient’s account within three business days of



- (a) a request from the patient to discontinue treatment or a billing arrangement,
  - (b) the chiropractor deciding for any reason that treatment should be discontinued,  
or
  - (c) a request from the legal guardian or estate of a patient who has become incapacitated or is deceased.
- (9) When all office visits covered by a billing arrangement are completed, the chiropractor must:
- (a) provide the patient with a written statement of account, when
    - (i) there are fees owing by the patient, or
    - (ii) all fees prepaid by the patient have not been used, and
  - (b) advise the patient of the fee that will be charged for any future office visits.

