

EHL HEALTH · ELSE HARRISHOJ LARSEN, D.C., CCOS(C)

DOCTOR OF CHIROPRACTIC *

This policy is provided to increase your understanding of how the provincial medical plan functions with our billing program.

Private Fees:	Exam/Consultation	\$150.00
	Subsequent Treatment	\$75.00
	Re-exam/6 Month Absence	\$90.00
	Emergency Visit	\$140.00
	Laser Initial Consultation	\$35.00
	Laser Subsequent Visit (30 mins)	\$50.00
	Laser Subsequent Visit (60 mins)	\$90.00

MSP Rates:

- **Fee \$150.00 – MSP V2 refund = patient balance** **\$127.00**
- **Fee \$75.00 – MSP V2 refund = patient balance** **\$52.00**
- **Fee \$150.00 – ICBC refund = patient balance** **Full cost covered by ICBC**
- **Fee \$75.00 – ICBC refund = patient balance** **\$21.00**

MSP subsidizes 10 chiropractic, massage therapy, naturopathy, physiotherapy and non-surgical podiatry services, **combined**, per calendar year for persons receiving premium assistance. By signing an “assignment of benefits” the MSP refund is paid to the practitioner. Patients with valid MSP coverage pay only the balance between the MSP rate and clinic fee. **All fees are payable at the time of service by cash, cheque, Interact, Visa or Mastercard.**

Fees for orthotics, cushions, supports, etc. are not covered by MSP, but may be reimbursed by your Extended Health Company. Receipts are provided either daily or cumulatively and follow a universal format accepted by Extended Health Plans.

The clinic requires 24 hours notice for cancellation of a scheduled appointment. **Failure to provide 24 hours cancellation notice will result in a \$35.00 fee.** Should you need to cancel an appointment after regular clinic hours, please leave a message on the answering machine to avoid the cancellation charge.

This clinic has a commitment to assist each patient in achieving their optimum level of health by providing high quality chiropractic care. If you feel financial hardship is a factor in your health care, please ask for further “hardship” details. Please ask any questions you may have before signing. Your signature confirms your understanding and acceptance of these policies.

We also ask that you inform us, if at any time, you are booking as a new ICBC claim.

Signed _____

Date _____