

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

DOCTOR OF CHIROPRACTIC *

This policy is provided to increase your understanding of how ICBC Enhanced Care, and the provincial medical plan (MSP) functions with our billing program.

Private Fees:	Exam/Consultation	\$160.00
	Subsequent Treatment	\$80.00
	Re-exam/6 Month Absence	\$95.00
	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:

- **New Patient Exam Fee \$160.00 – MSP \$23 = \$137.00**
- **Subsequent Visit Fee \$80.00 – MSP \$23 = \$57.00**

ICBC Rates:

- **New Patient Exam Fee \$160.00 – ICBC \$99 = \$61.00**
- **Current Patient Re-Exam Fee \$95.00 – ICBC \$99 = Full cost covered by ICBC**
- **Subsequent Visit Fee \$80.00 – ICBC \$54 = \$26.00**

All fees are payable at the time of service by cash, cheque, Interact, Visa or MasterCard.

MSP subsidizes 10 chiropractic, massage therapy, naturopathy, physiotherapy and non-surgical podiatry services, **combined**, per calendar year for persons receiving premium assistance. Patients with valid MSP coverage pay only the balance between the MSP rate and clinic fee.

ICBC Enhanced Care and WorkSafe BC cover a portion of each visit for patients with an active claim who are within the early access period. We ask that you inform us, if at any time, you are booking with a new or active ICBC or WorkSafe BC claim, as some claims require pre-approval from ICBC or WSBC prior to the first treatment.

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.

Signed _____

Date _____