

**CLINIC FEES & BILLING TO ICBC, WORKSAFE BC & MSP**

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

**Private Fees:**

- Exam/Consultation	\$170.00
- Subsequent Treatment	\$85.00
- Re-exam/6 Month Absence	\$95.00
- 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 \$170.00 – MSP \$23 =	\$147.00
- Current Patient Re-Exam Fee \$95.00 – MSP \$23 =	\$72.00
- Subsequent Visit Fee \$85.00 – MSP \$23 =	\$62.00

**ICBC Rates:**

- New Patient Exam Fee \$170.00 – ICBC \$108 =	\$62.00
- Current Patient Re-Exam Fee \$95.00 – ICBC \$102 =	Full cost covered by ICBC
- Subsequent Visit Fee \$85.00 – ICBC \$59 =	\$26.00

**WorkSafe BC Rates:**

- New Patient Exam Fee \$170.00 – 100% Coverage =	Full cost covered by WSBC
- Subsequent Visit Fee \$85.00 – 100% Coverage =	Full cost covered by WSBC

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 approved time period. We ask that you inform us of any new or active ICBC or WorkSafe BC claims as soon as possible, as some claims require pre-approval from ICBC or WSBC prior to the first treatment.

**CANCELLATION POLICY**

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, you can leave a voicemail or send us an email to avoid the cancellation charge.

Please ask any questions you may have before signing. Your signature confirms your understanding and acceptance of these policies.

Print Name \_\_\_\_\_

Signed \_\_\_\_\_