



PRACTICE ADVICE

BILLING FOR PRIVATE SERVICES

DATE: 2010

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Many CASLPO members work on a fee-for-service basis and as a result we are regularly asked for clarification around appropriate billing practices. In the past, CASPLO Today has published other articles related to billing including, *Regulating Business Practices and Fees* (August 2004) and *Fee-Based Service Settings* (May 2008) which you may also wish to reference.

When fees are being paid, either by the patient or an insurance company, ethical dilemmas may occur. CASLPO members should protect patients and themselves from questionable practices.

FREQUENTLY ASKED QUESTIONS

Q: I am currently seeing a six-year old patient in my SLP practice. Like many families, the patient's parents have private insurance benefits that cover up to \$1,000 of my services per year. Last week my patient's mother asked me to begin invoicing her for "teaching" because the insurance coverage for her child has reached its limit. I don't actually do any teaching with this parent, but the patient could benefit from continued care. Would it be acceptable for me to bill the parent in this circumstance?

Situations such as those described above are challenging for members as a result of the patient's continuing need. However, you can only bill (invoice) the individual for whom the service was provided. To do otherwise may be considered professional misconduct as you would be misrepresenting what actually occurred;

[Professional Misconduct Regulation 749/93](#)

s. (23) Submitting an account or charge for services that the member knows is false or misleading.

Instead, you may wish to recommend to the parent that she contact her insurance company to negotiate coverage. Depending on the severity of the patient's needs, insurance companies have been known to extend the usage of other family members' benefits to that individual.

Q: I have only been in private practice for a few months and am still struggling to develop a client base. I am considering reducing the fees that I charge in order to be more

competitive, and wondered if CASLPO lists minimum fees that I am required to charge for services?

Given CASLPO's mandate of public protection, we are more concerned with ensuring that patients are not charged excessive fees, and do not set minimum fee requirements.

[Professional Misconduct Regulation 749/93](#)

s. (24) Charging a fee that is excessive in relation to the services charged for.

(25) Charging a fee that exceeds the fee for services set out in the schedule of fees published by the Ontario Association of Speech-Language Pathologists and Audiologists, without the prior informed consent of the patient or client.

Q: Can I charge for services that are actually provided by my CDA?

Many members work closely with Communication Disorders Assistants (CDAs) and utilize them to provide certain aspects of patient care. The proposed CASLPO [Records Regulation](#) states that the patient's financial record must list the *provider* of the service, while the [Professional Misconduct Regulation](#) stipulates (as noted previously) that charges cannot be false or misleading.

The difficulty that members face is the likelihood that the patient's insurance company will deny payment for services provided by a CDA. CASLPO recommends that members advise their patients to contact their insurance providers to negotiate coverage for services provided by CDAs.

Q: CASLPO's guidelines state that I can charge a "reasonable" fee for providing a copy of a patient's record or a report relating to a patient's record. What would be considered reasonable?

The difficulty comes when "a reasonable fee" is not perceived to be the same by the patient as it is by the Audiologist or Speech-Language Pathologist. A patient may not understand what is involved for a Speech-Language Pathologist, for example, to transcribe, analyze and produce a report of her findings. CASLPO recommends that members discuss the fact that copies and/or reports are available for a fee up front with their patients in order to avoid any confusion or unexpected costs. Including this discussion as part of obtaining consent is one option.