

## Are You Paying For Insured Health Services? Know the Law

Did you know that it is against the law for a health care provider to charge you any amount for medically necessary insured health care services? This is called extra-billing.

Patients with a valid OHIP card are entitled to access insured health care services at no charge. The government investigates cases of extra-billing to ensure all patients have equitable access to insured health care services.

Here are just a few examples to help you understand what constitutes an illegal charge. If you are unsure whether or not a charge is legal, you can contact the number or email address below.

<b>Scenario</b>	<b>Why is this illegal?</b>	<b>What would make it legal?</b>
<p>You have been told by your doctor's office that you must pay an annual fee or block fee. It is also not clear what the block fee covers.</p>	<ul style="list-style-type: none"> <li>• Payment of an annual fee or block fee must be voluntary and you cannot be denied access to insured services for choosing not to pay this fee</li> <li>• You must be offered the option to pay for services that are not insured on a per-use basis</li> <li>• Since it is not clear what the block fee covers, it may cover payment for insured services</li> </ul>	<ul style="list-style-type: none"> <li>• A block fee is allowed if: payment is voluntary, it does not cover insured services, is for a specified period of time, and lists the uninsured services that it covers</li> <li>• You are offered the option to pay for uninsured health care services on a per-use basis and are not denied insured health care services because you have not paid the block fee</li> </ul>
<p>You attend a clinic for a colonoscopy and are asked to pay a fee to receive the service. You are told that the fee is for preparing the equipment and for refreshments after the procedure.</p>	<ul style="list-style-type: none"> <li>• Medically necessary colonoscopy is an insured service and you cannot be charged any amount in order to receive this service</li> <li>• Payment by OHIP (to the provider/clinic, etc.) is payment in full for the service and also includes preparation of equipment</li> <li>• Payment for additional uninsured services (e.g., refreshment) must be optional and you cannot be denied the service if you do not pay for the uninsured service</li> </ul>	<ul style="list-style-type: none"> <li>• You receive the service without paying anything, or</li> <li>• You receive the service and voluntarily choose to pay for the refreshments after the service</li> </ul>
<p>You are having cataract surgery and it has been recommended that you have specific diagnostic tests prior to the surgery. In addition it is also recommended that you</p>	<ul style="list-style-type: none"> <li>• Medically necessary diagnostic tests (e.g., optical coherence tomography) required prior to cataract surgery are insured and you cannot be charged for these. You should be told that any</li> </ul>	<ul style="list-style-type: none"> <li>• You are made aware that the cataract surgery can be provided at no cost to you including the necessary tests and lenses.</li> <li>• You are not charged for the insured tests</li> <li>• You only pay an amount that is</li> </ul>

<p>purchase a lens with additional features (e.g., ultraviolet filters). You agree and pay for the diagnostic tests and the full cost of the upgraded lens.</p>	<p>additional diagnostic tests are optional and that if you elect to have them you must pay for them</p> <ul style="list-style-type: none"> <li>• You must be offered the medically necessary insured lens at no cost, and the cost of that lens must be deducted from the cost of the upgraded lens</li> </ul>	<p>equal to the difference between the cost of the insured lens and the cost of the upgraded lens – in other words, you are credited for the amount of the insured lens</p> <ul style="list-style-type: none"> <li>• You are not charged any other amount for the services associated with the cataract surgery</li> </ul>
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**If you think you have been charged for an insured service or have been asked to pay for preferred access to an insured service the ministry may be able to help. Contact us by telephone (1888-662-6613) or email ([protectpublichealthcare@ontario.ca](mailto:protectpublichealthcare@ontario.ca)).**

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