



**GOVERNMENT OF  
NEWFOUNDLAND AND LABRADOR**



***DEPARTMENT OF HEALTH AND COMMUNITY SERVICES  
Board Services***

<b>POLICY: Patient Fees</b>	<b>POLICY NUMBER: EHS 2003-09-55</b>
<b>ORIGINAL DATE: May 27,1996</b>	<b>LAST REVISED DATE: November 1, 2005</b>

**I. PURPOSE:**

This policy will ensure that:

- A. A set patient fee is charged for all road ambulance patients province wide.
- B. A criteria is established for billing a patient fee for road ambulance service.
- C. A guideline is set as to when a patient fee is appropriate.
- D. To outline when it is appropriate to bill the Department the patient fee portion of funding.
- E. To establish a set procedure to follow when billing the Department patient fees.

**II. POLICY:**

- A. As per the Motor Carrier Regulation 28.1 (1) an ambulance service shall charge the rates established by the Minister of Health and Community Services
- B. Currently a fee for road ambulance responses of all distances will be set at a flat rate of \$115.00 and charged to the patient unless otherwise stated in policy. (Rate subject to change)
- C. Patient fees are for ambulance service and not necessarily patient transport. If a patient requires medical assistance by the ambulance personnel then refuses transportation or is deemed not to require road ambulance transport by medical authorities, a patient fee is applicable.
- D. A patient fee shall be charged to all patients except under the following circumstances.
  - 1. There shall be no fee charged to a patient that is transported as a result of an approved air ambulance medevac, the \$115.00 patient fee will be paid by the Department of Health and Community Services provided the operator records a valid air ambulance authorization number on the Patient Information and Billing Form (PCR) in question.

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2. If a patient is transported to a facility and, prior to the ambulance departing the facility, it is determined that the patient must be transferred to another facility by the ambulance that initially transferred the patient (as defined as a continuation trip) for further treatment within 1 ½ hours of arriving at the original facility, only one \$115.00 patient fee is to be charged.
  3. The Department shall not provide any subsidization for calls that violate this policy and reserves the right to recover monies already paid for such calls. Further, the Department may reduce or suspend some or all of the annual operational funding provided a given service for repeated violations of this policy.
- E. The Department shall pay the road ambulance patient fee for all patients that utilize road ambulance in conjunction with a properly authorized air ambulance transport.
- F. When a patient is required to utilize the services of two separate ambulance operators during a single transport ( for example a vehicle breakdown or the patient is passed off from a community service to a private service), the patient shall only be billed one patient fee. The Department shall pay the road ambulance patient fee to the second operator who transports the patient, the initial operator shall bill the patient as per normal procedure.
- G. When an inpatient is required to be transferred to another facility for diagnostic procedures and/or clinical treatment(s) not provided by the originating facility and is expected to return to the originating facility where they have remained an inpatient, the patient fee is the responsibility of the originating facility and to be charged accordingly.
- H. The Department shall pay the road ambulance patient fees associated with HR&E clients that have a valid authorization number covering road ambulance usage and/or the transport has been provided in accordance with all Departmental policies, standards, and legislation governing ambulance service.

### **III. PROCEDURE:**

- A. Operators are to provide a bill for service to the patient and collect patient fees in accordance with prudent business practices applicable to billing and collectibles from all patients meeting the above stated criteria. The Minister shall accept that a maximum of 20% of total possible patient fees may not be collectable.
- B. When a single ambulance treats and/or transports multiple patients as part of a single response a \$115.00 patient fee is to be charged to each patient.
- C. Only when an inpatient is required to be transferred from one designated health care facility to another to be admitted upon arrival at the receiving facility and deemed to be an inpatient in the receiving facility, the patient fee is the responsibility of the patient and is to be billed to the patient.

- D. When an inpatient is required to be transferred to another facility for diagnostic procedures and/or clinical treatment(s) not provided by the originating facility and is expected to return to the originating facility, where they have remained an inpatient, the patient fee is the responsibility of the originating facility and charged accordingly.
- E. For patients traveling in conjunction with a valid air ambulance transport, ambulance operators shall obtain and record on the Patient Information and Billing form a valid air ambulance authorization number prior to completing the transport.
- F. For patients utilizing two ambulance operators for a single transport, the second operator shall indicate in the comments section of the PCR form that the call was performed in conjunction with another service and that the patient fee is to be covered by the Department.
- G. For HR&E clients of the community in general or in Personal Care Homes a valid six digit HR&E File Number shall be documented on the PCR form. The Health and Community Service (HCS) File Number in the 400,000 series are not valid for the purpose of payment of HR&E patient fees. In order for the patient fees associated with these patients to be paid, the HCS office would have to refer the client to the HR&E district office in order to obtain the necessary valid file number. Once the client receives a valid HR&E number the operator is to indicate the number on the PCR form prior to submission or in supplemental correspondence to the Department after PCR submission referencing the original claim ID number.
- H. For residents of long term care facilities that may qualify for payment of road ambulance patient fee coverage, the social worker at the facility shall confirm, in writing, that the patient had a valid HR&E number for the date of the transport, which shall be attached to the PCR form. Signed confirmation by the social worker is preferred. If written confirmation is unavailable due to such reasons as proximity of the facility, office, etc., a note stating the social worker's name, telephone number and date of confirmation must be provided.. This confirmation note shall be attached to the PCR form when it is submitted for processing.

#### **IV. RESPONSIBILITY:**

- A. It is the responsibility of all operators to adhere to this policy and earnestly bill and collect patient fees when applicable.
- B. It is the responsibility of the Department of Health and Community Services to ensure patient fees are charged and collected in accordance with the above stated policy.

- C. It is the responsibility of the patient, the patient's family, or the patient's legal guardian to pay the patient fee when charged in accordance to the aforementioned policy.
- D. It is the responsibility of the operator to provide all information necessary to process requests for patient fee payment.
- E. It is the responsibility of the Department to pay the patient fee in accordance with this policy when proper and complete documentation is provided.