



A Reminder About Co-payment Collection Regulations

Failure to make reasonable attempts to collect the co-payment portion of dental fees not covered by a patient's insurance company or third party payer is professional misconduct. Dentists have reported to the College that this problem continues and a "no collection of co-payment policy" has in fact been employed by some dentists who seek to build their practice.

Section 2, paragraph 34, of the professional misconduct regulations under the *Dentistry Act, 1991* (under the RHPA) defines "professional misconduct" to include:

"Accepting an amount in full payment of an account or charge that is less than the full amount of the account or charge submitted by the member to a third party payer, unless the member has made reasonable efforts to collect the balance from the patient or has the written consent of the third party payer."

When considering the rationale behind this regulation, dentists should consider the following points:

- A practitioner alone decides what fee he or she will charge for a given procedure.
- The fee charged is to be the fee which the dentist expects to collect, regardless of whether the payment is to be made by the patient, by an insurance carrier, or shared by the carrier and the patient.
- Practitioners must treat the payment of the fee as though the patient, and only the patient, were responsible for payment. For example, if a dentist renders a fee of \$100. to a patient for a specific service that is covered 80% by an insurer and 20% by patient co-payment and the dentist elects to forgive the co-payment portion, the implication can only be that the dentist is undeniably prepared to accept \$80. as the true fee. If so, then the carrier's payment should have only been \$64. – that is 80% of \$80.

Not making an earnest attempt to collect co-payments may be viewed by a Complaints Committee or Discipline Committee as

professional misconduct because the member has asserted to the insurance company, usually by virtue of a dental claim form, that the fee was \$100. when, in fact, the dentist was prepared or has expressly or impliedly agreed to accept less. Reasonable steps to collect the patient portion of the fee satisfies everyone that the dentist has not taken money from the insurer under 'false pretenses'.

Consider the scenario wherein a dentist, in trying to get around the co-payment collection rule, thinks as follows: "I'll ignore the \$20. co-payment, but I'll send 2 or 3 bills and then simply write into the account card "uncollectible". Then, 6 months later, the scenario is re-enacted, and re-enacted 6 months later and once more 6 months thereafter. Has the dentist complied with the regulation? The College suggests not! That is because no one could accept that any dentist would allow this scenario to take place with a non-insured patient.

If a patient continued to refuse payment of 20% of a fee, recall appointment after recall appointment, why would any dentist continue to accept that person as a patient (subject to unusual circumstances)? Therefore, why would that be the case just because the 80% is being paid by the insurer? The only rational explanation is that the dentist is evading the intent of the regulation to justify accepting only the insurance portion of the fee.

The RCDSO understands that the collection of co-payments is not popular with patients; however, a dentist's ethical responsibility is to ensure that the payer/insurer is not misled by his or her conduct. And further, it is the College's view that it is unethical to use the write-off of co-payments as a way to differentiate between practitioners. To do so is to say "I am less honest but I will cost you less".

We hope that the RCDSO's position on the collection of co-payments is clear. If you have any questions regarding collection of co-payments, please call the College.