Private Clinics and the Threat to Public Medicare in Canada
Results of Surveys with Private Clinics and Patients

Ontario Health Coalition
June 10, 2017
The opinions expressed in this report are those of the Ontario Health Coalition. They are made honestly about matters of significant public interest. These opinions are grounded in the surveys conducted by our researchers and the facts that they disclose about the practices of various clinics across Canada. We have made every effort to reproduce accurate and complete notes from the interviews conducted by our researchers.

Acknowledgements

This report is the result two years of effort by a dedicated team to whom we owe a debt of gratitude. Foremost, this report would not be possible without our intrepid intern Rina Jeong whose patience and perseverance are exceptional. We are deeply grateful also to the staff and volunteers at the Ontario Health Coalition office who diligently copied, distributed, counted and summarized hundreds of patient surveys. Kim Johnston, we could not have done all of this without you. To the Board of Directors of the Ontario Health Coalition -- your dedication to protecting public health care in our province and our country is an inspiration. To the small army of volunteers who took surveys to community groups and seniors’ organizations, please know that your work has ensured that patients’ voices will be heard across the country. To the Canadian Health Coalition and coalitions across Canada, thank you for your patience and for all your helpful suggestions. And finally, to Govind Rao, thank you for inspiring this effort. We hope that you are pleased with the result.

Natalie Mehra, author
Executive Director
Ontario Health Coalition

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Introduction

Mariel Schooff was referred to a private clinic in British Columbia where she was charged more than $6,000 for her sinus surgery.¹ She wrote to her provincial government to have them take action. Like most Canadians, she expected health care to be provided without charge, paid through our public taxes. But the provincial government did nothing in response to her complaint. Her experience touched off a set of legal challenges that could change the face of health care in Canada.

For two decades, pro-privatization political leaders and pundits have claimed that the transfer in ownership and control of public and non-profit hospital services to private for-profit clinics would not cause harm to Canada’s public health care system. Such clinics are an “add on,” they assert, reducing wait times for services that have grown too long. But the self-created image of private clinic owners as altruistic saviours of public health care does not withstand scrutiny.

In fact, as private clinics have taken over services formerly provided on a non-profit basis in public hospitals, they have bolstered their owners’ incomes and profits by charging extra user-fees to patients amounting to hundreds or even thousands of dollars for medical care. For patients, costs have risen and user fees have proliferated. And as clinics have gained an expanding foothold, they have grown more aggressive. In some cases they are flagrantly charging patients for services for which they have already paid in their taxes. In other cases they are double-dipping -- billing individual patients and public health plans for the same procedures.

Dangerously, private clinics have institutionalized the practice of co-mingling medically needed services with medically unnecessary tests and procedures to sidestep Canadian laws that prohibit extra user fees for patients.

The right for Canadians to access public health care without financial duress is at risk. With too little national public attention, serious challenges to single-tier public health care in Canada are coming to a head. Two legal actions of national and historic significance, one in Quebec and one in British Columbia, will contribute to charting the future course of our country’s public health care system. Mariel Schooff, the patient who was charged more than $6,000 for medically necessary surgery in British Columbia, eventually joined four other patients to take her provincial government to court for failure to uphold their own medicare laws. The private clinics launched a counter-suit that is currently being heard in the B.C. Supreme Court. Their charter challenge seeks to overturn the laws that prohibit the extra-billing and the charging of user-fees to patients. Following regulatory changes which would have legalized widespread extra-billing in Quebec, an organization representing 450,000 seniors filed for a writ of mandamus with the Federal Court. They petitioned the Court in a bid to force the federal Health Minister to fulfill her duty under the Canada Health Act to stop the extra-billing of patients. At the same time, Saskatchewan’s provincial government has passed legislation openly defying the Canada Health Act and our health system’s foundational principle of equal health care for all.

At question in each of these cases is the practice of extra user fees for health care being charged to patients by private for-profit clinics. Today, it is no longer disputable that the privatization of public hospital services is undermining the patient protections and equity provisions of the Canada Health Act.

But despite the widespread evidence of contraventions, governments at the provincial and federal level have failed to fulfil their obligation to Canadians to uphold the principle that the provision of health care should be based on need not wealth.

¹ Amended petition of Mariel Schooff et al. to the Supreme Court of British Columbia submitted October 1, 2009, at: http://www.bchealthcoalition.ca/sites/default/files/uploads/Petition%28Amended%2BClinics-added%2BSept.4-09.pdf
Private Clinics and the Canada Health Act

The extent to which public medicare has been undermined should not be overstated. It is not too late to safeguard single-tier health care. The vast majority of hospital and physician services are still provided under the public health system without charge and our system of public medicare continues to serve millions of Canadians well. Some provinces with smaller populations have no privatization, or very little. Some larger provinces have curtailed their experiments with privatization and have built capacity in public and non-profit hospitals. Quebec’s patient advocates have been successful in rolling back a significant proportion of extra user-fees.

But the threat is real. In the majority of provinces, private clinics have set up shop and are charging user fees to patients. From our surveys alone, we found 88 clinics in six provinces in which we suspect that there are violations of the Canada Health Act that should be investigated, and from patient complaints we know there are many more. In the last decade, contraventions of the Canada Health Act have become more overt. User fees have proliferated: the number of services that are now being charged directly to patients has increased, as have the cost of the user charges. In the most egregious examples -- in provinces such as British Columbia and Quebec -- patients have frequently found themselves confronted with an expensive array of charges for health care when they are sick and in need of diagnosis and treatment. There is evidence, too, that the “market” of private clinics is consolidating. Chain-owned companies have expanded and foreign ownership is taking root, increasing the threat of multinational corporations challenging single-tier medicare under international trade agreements.

In 1984, the Canada Health Act was passed unanimously in Canada’s Parliament. The Act sets out the framework for single-tier public medicare. Medically-needed hospital and physician care are to be provided on equal terms for all, without user-charges or extra-billing. Grounded in principles of equity and compassion, access to health care is to be based on medical need, not on the individual patient’s ability to pay. Patients cannot be charged extra user fees when they are ill and care cannot be denied to patients who cannot pay. As articulated by Justice Emmett Hall,

“We as a society are aware that the trauma of illness, the pain of surgery, the slow decline to death are burdens enough for the human being to bear without the added burden of medical or hospital bills penalizing the patient at the moment of vulnerability. The Canadian people determined that they should band together to pay medical bills and hospital bills when they were well and income earning. Health services are a fundamental need, like education, which Canadians could meet collectively and pay for through taxes.”

But as the for-profit private clinics have moved in to take over services formerly provided by public and non-profit hospitals, the ethos of equitable health care for all have been imperiled. The evidence is now indisputable: where private clinics have gained a foothold, user fees and extra-billing have followed.

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2 Emmett Matthew Hall was appointed by Prime Minister Diefenbaker to chair the Royal Commission on Health Care. His 1964 report led to the creation of the national health insurance system. He became a Supreme Court Judge during the period in which he chaired the Commission. In 1979, in response to extra-billing of patients by physicians, he was again appointed to chair a follow-up Commission which made recommendations leading to the introduction of the Canada Health Act in 1984. Justice Emmett Hall is considered one of the fathers of Public Medicare in Canada, along with fellow Saskatchewan native, Tommy Douglas, who brought in Canada’s first public health care insurance program in 1947 when he was Premier of Saskatchewan, and who later championed the issue when he moved into national politics.

3 Canadian Museum of History: [http://www.historymuseum.ca/cmc/exhibitions/hist/medicare/medic-7h04e.shtml](http://www.historymuseum.ca/cmc/exhibitions/hist/medicare/medic-7h04e.shtml)
Under Canada’s public medicare system, provinces are responsible for meeting the conditions and criteria of the Canada Health Act, including the Act’s prohibitions on user fees and extra-billing of patients that protect equity in access to care. Provincial governments have a duty, therefore, under Canadian law, to ensure that residents are not faced with user charges when they visit a doctor, a hospital or a clinic.

The federal government has the power to investigate transgressions of these protections for patients, and should be penalizing provincial governments that fail to comply. Both levels of government also have an obligation to Canadians to engage in population health planning, to provide services to meet Canadians’ needs.
Our Surveys

In 2008, the Ontario Health Coalition, in partnership with Health Coalitions across Canada, set out to document the extent of the problem.\(^4\) We called all the private clinics that we could find in the country to ascertain whether they were charging patients extra user fees and selling access to care. We found that the majority of the existing private clinics at that time were billing the public health care plans (such as OHIP) in their provinces and also charging extra user fees to patients. In 2016-17, we conducted a new survey of private clinics across Canada. Now, almost a decade after our first survey, we found that, the majority of private clinics continue to charge extra user-fees to patients. We found that in at least half of the provinces, extra-billing has become more overt, not less so. The surveys revealed that the extra user-fees are proliferating and, without exception, costs in the private clinics are exorbitant, far higher than those in the public health care system.

We also surveyed patients in Ontario to gather first-hand accounts of the extra user-fees that they are being charged. We received information from 250 patients who had been subjected to such charges for medically-needed care. As a result of fees for medical services, patients described running short on rent money, using a significant amount of their pension income, forgoing groceries, and finding themselves unable to buy things for their families. Higher income patients worried about the impact of the fees on those less well-off. In a fraction of cases, patients were given a choice about paying the extra user-fees, but the vast majority were not. Many believed that they could not get needed tests and procedures if they did not pay. Even when given a “choice” patients did not have the information to determine the veracity of the claims made by clinic staff and doctors in an attempt to convince them to buy unnecessary add-ons such as special lenses or pre-surgical tests. Patients were suspicious about the fees but afraid to question their doctors who would be performing tests and procedures on them. Many of the patients surveyed were seniors who had faced multiple charges for different services.

Key Findings

From the autumn of 2016 to the spring 2017, researchers called all the private clinics we could reach through public listings and through our networks across Canada. Included in the survey are private surgical clinics including cataract surgery clinics, MRI/CT, colonoscopy/endoscopy clinics and “boutique” physician clinics. The latter are executive health clinics which charge membership fees.

In total, we surveyed a sample of 136 private clinics in 9 provinces. Of the 136, there were a number from which we could not get clear information or that would not answer our questions. From our interviews, we found 88 clinics in six provinces that are charging patients extra user fees and selling medically necessary services.

The evidence is irrefutable that the majority of private clinics are charging patients for tests and procedures that are already paid in our public taxes and for which patients should not face additional charges. In the country’s largest urban centres, “boutique” physician clinics have sprung up, selling memberships and executive care packages for the well-heeled that run up to thousands of dollars per year. Cataract surgery clinics routinely charge seniors on fixed incomes $100 per eye or more for extra eye measurement tests, and direct charges to patients for eye surgery often amount to $1,500 - $2,000 or more. Diagnostic clinics selling MRIs flagrantly charge patients close to a thousand dollars for a basic scan. Additional body parts are extra. Colonoscopy and endoscopy clinics are charging “block fees” or administrative fees. Orthopedic surgeries run into the thousands of dollars in flagrant violation of the Canada Health Act.

Total Private Clinics Surveyed Across Canada (136)

<table>
<thead>
<tr>
<th>Province</th>
<th>Private MRI Clinics</th>
<th>Private Surgical Clinics</th>
<th>Private Cataract Clinics</th>
<th>“Boutique” Physician Clinics</th>
<th>Total # of clinics per province:</th>
<th>Total # of clinics charging patients user fees:</th>
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<td>Ontario</td>
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<td>15</td>
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<td>34</td>
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<tr>
<td>Quebec</td>
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<td>7</td>
<td>9</td>
<td>4</td>
<td>39</td>
<td>17 MRI + 14 other = 31</td>
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<td>TOTAL # per type of clinic:</td>
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<td>32</td>
<td>36</td>
<td>21</td>
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*Based on our research, we believe that at least one of the clinics in each of these provinces charge fees for services but we did not get clear information from them.
“Boutique” Physician Clinics

“Private health care, once taboo, has become a status symbol for those who can afford it. From anti-aging to Alzheimer’s, here are five of the city’s more sought-after clinics.” So gushes Toronto Life magazine in a feature about “boutique” clinics. Located exclusively in the most affluent neighbourhoods of Canada’s largest urban centres where there is a wealthy “market” for their services, these clinics sell a variety of medically necessary tests and procedures co-mingled with medically-unnecessary services in an attempt to sidestep the Canada Health Act’s prohibition on user fees. As a rule, these clinics charge extremely high fees for access to their services, and, as per the Toronto Life story, are often marketed for their exclusivity. Some clinics require health cards and bill both the public health care system and patients. Other clinics do not require a health card and charge patients directly for all services. In a number of clinics staff were overt about the extra user-fees. In others, staff would not answer questions about fees over the telephone.

Fees for “boutique” clinics are far more than average Canadians can afford to pay. In Alberta we were quoted a price of $1775 for mixed medically-necessary and unnecessary services, plus $600 for a medically-necessary MRI. In British Columbia, we were told a comprehensive health assessment would cost $1850, and annual fees ranged from $895 to $3495. In Ontario we were quoted prices that ranged from $1500 to more than $4000 per year. In Quebec, fees were measured by the minute – the longer your consult with the doctor, the higher the fee. Fees to see a doctor ranged from $95 - $320, urgent visits were more expensive, and an annual exam, we were told, would cost $400.

<table>
<thead>
<tr>
<th>“Boutique” Physician Clinics Surveyed</th>
<th># of clinics charging user fees to patients</th>
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<td>British Columbia</td>
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<td>Saskatchewan</td>
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<td>Total #</td>
<td>21</td>
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</table>

5 McKeon, Lauren, “Five of Toronto’s most exclusive medical clinics” Toronto Life February 26, 2014.
Private MRI Clinics

In our surveys we found private MRI clinics that charge patients directly for services in six provinces. Despite the fact that MRIs are Canada Health Act covered services, the user charges are overt, with clinic staff in Nova Scotia, Alberta, British Columbia, Saskatchewan and Quebec stating outright that they are private clinics and patients are required to pay. Generally, we were told that the patient requires a physician’s referral for an MRI, which means that the test is medically-necessary and should be covered under the province’s public health care plan. In a number of clinics, we were also told that the patient should bring their public health card, despite the fact that the clinic is charging patients privately for services. In Ontario, we were told by one clinic that the patient could bring a corporate cheque to pay. Fees for MRIs were generally $800 - $900. The lowest prices cited by clinic staff were in Quebec, where fees ranged from $600 - $750 for a basic scan. In Nova Scotia the fee was $895. In Alberta, fees ranged from a low of $725 to a high of $950+. In B.C. fees ranged from $650 - $995. In Saskatchewan fees ranged from $900 - $950. Additional fees, for contrast, range from $200 - $250 and scans for additional body parts added $500 or more to the price.

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<td>Total #:</td>
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Private Surgical/Colonoscopy/Endoscopy Clinics

In our surveys we found that these clinics charge patients directly for services in at least four provinces. In clinics offering orthopaedic surgeries, staff were overt about extra user-fees for patients. In addition to billing patients individually for consultation with a physician and for surgery, some clinics told our researchers that their public health card was also needed, raising questions about billing both the public system and patients for care. In British Columbia and Quebec, clinics quoted prices of $200 - $250 for an appointment with a physician for a consultation. Surgery for a torn ACL, our researchers were told, would run from $5,000 - $12,000, with prices commonly quoted at $8,000+ in British Columbia and $7,000+ in Quebec.

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<th>Private Surgical/Colonoscopy &amp; Endoscopy Clinics Surveyed</th>
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Private Cataract Surgery Clinics

In 2004, founder of LasikMD, Mark Cohen announced his intention to build a chain of cataract clinics. After the initial group of surgeons opted out of Public Medicare in order to bill patients directly, Cohen announced that the surgeons in the clinics would work in the public system and bill patients too, utilizing a “loophole” in the Canada Health Act to co-mingle public and private services.6 This approach has spread across Canada and is now common practice.

Since our original survey of clinics in 2008, we found that the fees charged in cataract clinics have proliferated and costs have increased dramatically. While in 2008, patients were frequently charged for refractive lens implant and cataract surgery, today, they are routinely charged for extra eye measurement tests ($100 - $200 or more), consults ($50 or more), a confusing array of lens options, and/or the cataract surgery itself. In our surveys in Ontario, patients frequently reported not being given a choice as to whether or not extra fees are required. Other patients reported that they were sold extra-services with manipulative language used to persuade them that the publicly-covered procedure was not good enough or would not cover everything needed.

In our surveys we found private cataract surgery clinics charging user fees to patients in at least four provinces. The numbers in this survey are understated. Our patient surveys reveal that the most common user fees in Ontario are for cataract surgeries, but our researchers, particularly when calling the Ontario clinics, had a hard time getting clear information by telephone. The clinics have come under public scrutiny as a result of our previous surveys.

Fees quoted to our researchers when they asked about obtaining cataract surgery at the private clinics included costs for extra add-ons. Often, without any request to do so, the prices quoted for cataract surgery included “upgraded” lenses and extra eye measurement tests that are not medically necessary and are not covered under provincial health plans. In all provinces our researchers were told to bring their public health cards and were also quoted additional prices for the cataract surgery itself and/or for additional lenses and add ons, raising questions about double-billing. Prices quoted for cataract surgeries ranged from $1,000 - $5,000 or more. Consultation fees are extra at a number of clinics. Costs for eye drops ran to a whopping $160 at one clinic.

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Impact on Patients

In the spring and summer of 2016, the Ontario Health Coalition surveyed 398 individual patients about whether or not they or their immediate family have been charged user fees for needed health care. Paper and online surveys were distributed through more than 50 seniors’ groups and community organizations, online, and through social media. The results illuminate the problems caused by extra-billing and user fees for patients. Two-hundred and fifty patients reported to us that they had been charged for medically needed services. The most common charges were experienced by patients who required cataract surgeries (90). Patients also reported that they were: charged administrative fees at private colonoscopy clinics, required to pay block fees by physicians, charged for medically-necessary MRIs, required to pay for equipment intrinsic to their surgeries and treatments, and were required to pay for physician-ordered blood tests and screening, among others.

Patients’ fears about voicing complaints regarding extra user-fees or refusing to pay were clearly articulated in the surveys. Patients noted that they did not want to cause tension with the physician prior to surgery. Patients reported that they were told the extra user-fees were required in order to receive better quality care or safer care. Frequently, patients expressed concern that if they did not pay they would not be able to get appointments or that they would receive worse or even unsafe care. Many patients reported paying extra user-fees despite experiencing financial hardship as a result.

<table>
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<th>Ontario Patient Survey Results</th>
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Cataract surgery fees

In Ontario, the most common complaint from patients regarding extra user-fees occurs in ophthalmology clinics. It is now common for seniors who need cataract surgery to be faced with charges of $150 - $2,000 or more. Patients, most of them seniors, report that these fees are a shock, a significant blow to their incomes, and result in hardship.

In the Ontario Health Coalition’s patient surveys, 90 patients reported being charged extra user fees related to cataract surgery. These fees are also common in other provinces.7 The number and cost of extra user fees associated with cataract surgeries have increased dramatically in the past decade. In our 2008 Canada-wide study, we found that private cataract surgery clinics were charging for cataract surgery, cataract surgery co-mingled with special lenses which they aggressively marketed to patients, and for services which they claimed would cover “all needed follow up”, despite the fact that the public health care system covers all needed care associated with cataract surgery. In more recent surveys of private cataract surgery clinics, we found that user fees now routinely include administrative charges of $50 - $150, extra eye measurements for which patients pay $100 - $200 per eye or more, and as special lenses which vary widely in price. Prices for special lenses in Ontario, as reported by patients, range from $50 to $1,200 per eye. Across Canada, cataract clinics are charging for cataract surgery co-mingled with special lens for which prices vary from $1,000 to $5,000 or more per eye. A number of patients also reported exorbitant charges (ranging to more than $100) for eye drops associated with the surgery.

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7 For an example of patient reports regarding extra user-fees for lenses associated with cataract surgery in British Columbia, see: http://vancouversun.com/news/staff-blogs/opthalmologists-hefty-bills-for-cataract-lens-implants-a-no-no-heres-how-to-complain

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Cataract Surgery Extra User-Fees
Sample of Patient Survey Results

When asked “Were you or your family member given a choice of whether or not to pay?”:

“No choice. Were told that all clinics required this test and charged for it.”

“I was told that I should pay extra for an eye measurement that was much more exacting, otherwise they couldn’t guarantee the lens suitability. I relented initially, but the staffer first said it was highly recommended, but I refused, and the surgeon came in and made a similar speech, and with the pressure and thinking about my eyes, I decided a couple of hundred dollars was worth the peace of mind...it was undue and timely pressure. I finally agreed and paid.”

“I was not given a choice. I was just told that I would have to pay the fee.”

“No, I was simply told how to pay for the test, eg. credit card, cash etc.”

“Yes, but was made to feel doom was apparent, if not done.”

“No – had to pay for test.”

“I was given a choice to pay but the non-payment choice was in writing with all the paperwork and not noticed.”

“This was the amount billed – no reason given.”

‘No choice – had to pay for the machine “very expensive but gives best results”.’
When asked, “What, if anything, did you (or your family) think would happen if you did not pay for the service?”

“The implication was that the operation would not be performed.”

“Not be given the best care.”

“I wouldn’t get the surgery.”

“I believed, if I didn’t pay the fee, that the doctor would not do the surgery.”

“I would not be able to have the test.”

“We figured they wouldn’t be able to do it without measurements.”

“You are effectively on a conveyor belt in this process, there really is no time to think, they present, you listen feel compelled, you pay.”

“I would not receive the service.”

“No surgery.”

“Would not get the services or procedure.”

“Results of surgery may be questionable if the measurements are questionable.”

“I believed my surgery would not be as effective without this measurement.”

“No surgery without the measurement.”

“My eyes – want it done correctly.”

“It was not an option – it was a given.”

“Can’t really answer this as I did not challenge the charge. I doubt I would have been denied the cataract surgery but I was very motivated to cooperate as I was extremely nervous about the operation and did not want to create any tension between me and the doctor while he was doing the surgery!”
When asked “What impact, if any, did the extra fee for this service have on your family’s household budget?:

“Needed to wait for car repair and paid lower amount on credit card debt.”

“It’s very hard on my budget. My daughter had to pay also both for measurements and extra for lenses.”

“Well we just felt it would have to be paid so we had no choice. We are on a limited budget but your sight is very important so we paid it.”

“Parent could not pay. Cost was shared between two children.”

“This was a very large unexpected expense that was not in my budget. Unfortunately as a single mother there is no wiggle room at all.”

“Reach into savings that were stored away for emergencies.”

“$200 is groceries for my family for two weeks.”

“I live on a small pension so had to cut back on other things to save the money.”

“On a fixed income every penny counts.”

“The surgery was in February and I’ve had a hard time paying utilities since as I am a single person home owner.”

“I am a senior so this is a hardship for me and my spouse.”

“I am on a fixed income which lets me live month to month so this was a difficulty.”

“Not significant but I knew I was being scammed which is super annoying.”

“We really needed the money.”

“I can’t afford to get my eye checked now.”

“We did not go away on a trip that year.”

“As a senior on relatively fixed income this was a big expense, but required.”

“Well it’s a hardship but it’s your eye sight so you do without something else!”

“None but it’s a principle where will it stop?”

“We have to cut back or eliminate other items.”

“Shorted one month’s food budget.”

“We had to take a loan.”
Cataract Surgery Patient Survey Results cont’d…

When asked “What impact, if any, did the extra fee for this service have on your family’s household budget?:

“I am a senior on a fixed income and if my daughter did not help me I would have only paid rent and had next to nothing for the rest of the month to pay my bills and eat.”

“It increased my credit card debt and lowered the amount I could pay on back taxes owing since the death of my husband.”

“Yes of course. I am a senior on a fixed low income. This meant I was left with half my pension income to pay bills, rent and food.”

“I am a senior on a fixed income and it meant I would cut back on my food budget.”

“It’s a lot of money for a senior on a fixed income.”

“It impacted me very much because I was unable to afford the entire amount and had to pay it in installments to be able to pay my rent and food that month. My pension income is very little.”

“I had to dip into my savings. I did not have that kind of money so my retirement savings took a hit.”

“Had to cut back on groceries.”
Block fees

“Block fees” are annual charges for medically-unnecessary services provided by physicians such as physicals required by summer camps or workplaces, telephone/electronic prescriptions, and doctors’ notes for work absence. Like a retainer for a lawyer, a patient pays the block fee to cover these services if they are needed. However, unlike a retainer, physicians do not return any unused funds at the end of the year, and as a result block fees are often de facto user-fees. In provinces such as Ontario, British Columbia, Alberta, and Nova Scotia, Colleges of Physicians and Surgeons have set out rules specifying that block fees must be optional. Despite this, our survey shows that these fees are abused, or patients do not understand that they are optional and that health care must be provided equally to those patients who do not pay block fees. Patients reported paying annual block fees ranging from $50 to $150 per person. The most common fee level reported is $100 per year.

8 See: http://www.cpso.on.ca/Policies-Publications/Policy/Block-Fees-and-Uninsured-Services
http://www.cpsns.ns.ca/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=57&PortalId=0&TabId=180
Ground Zero for Privatization

Today, British Columbia and Quebec are ground zero for privatization in Canada. In each of our studies (2008 & 2016-17) these provinces had the most private clinics in which we found that patients are being charged extra user-fees. It is not surprising, then, that in these provinces patients have taken a stand to try to stymie the practices that are undermining public medicare. Two separate legal actions at opposite sides of the country are currently playing out.

In Quebec, patients filed a petition with the Federal Court for a writ of mandamus in a bid to get the federal government to stop unlawful charges and in B.C. a legal petition brought by patients has been met with a counter-suit by private clinics. In both, patients have taken to the courts to try to get federal and provincial governments to comply with obligations under their own legislation to protect patients from extra user-fees in private clinics.

British Columbia and the Legal Challenge to Public Health Care

In the early 2000s, private for-profit surgical clinics began to open in British Columbia. As they became established, patients were shocked to find out that they were required to sign waivers and pay thousands of dollars for needed health care services at these clinics. Having been charged unlawful user-fees themselves, and concerned about other patients being denied care if they couldn’t afford to pay thousands of dollars, Mariel Schooff and four other patients took the B.C. government to court for failure to enforce the laws that protect patients against extra-billing by private clinics. It has been more than a decade since the patients took their stand. In the ensuing years, their case has touched off a set of legal challenges that are now coming to a head in British Columbia. Ultimately at stake may be the future of single-tier public health care across Canada.

The B.C. case underlines the problems governments face in monitoring and oversight once they privatize public hospital services. In response to the legal petition brought by the patients, the B.C. government tried to audit the main private clinics in question. But clinic owners would not allow the government auditors access to their records. Eventually the B.C. government won a court-order forcing the Cambie Surgical Centre and the Specialist Referral Clinic to let government auditors see their records.

The audit, released in 2012, was damning. Nearly $500,000 in extra-billing was found within just a small sample of the procedures at the clinics. At least $66,000 appeared to involved double-billing where both the patient and BC Medical Services Plan (BC’s provincial health insurance plan) were charged for the same procedure. Patients were illegally billed at rates far greater than allowed under the provincial public health care plan – in some cases up to 500 per cent more. In one example, a patient was billed $7,215 for services for which the public plan pays $1,288. The auditors reported that there was significant evidence to indicate that “Extra billing had occurred... on a frequent and recurring basis, contrary to the Act,” and that extra-billing would often overlap with physician claims to the public health insurance plan.10

9 In Mariel Schooff’s case, documents filed with the court assert that not only was Mariel charged for the procedure, but her doctor also charged the B.C. public health insurance plan for the procedure. See: Amended

10 Government of British Columbia, Ministry of Health Billing Integrity Program Audit and Investigations Branch, Specialist Referral Clinic (Vancouver) Inc. and...
In response to the patients’ action, the private clinics brought their own legal challenge to bring down the laws that prohibit extra charges for patients – the very laws that they were alleged to have violated. The plaintiffs in the court challenge - Cambie Surgeries Corporation et al. V. Medical Services Commission et al. - are asking the Court to legalize extra-billing, user-fees and, in addition, to end the ban on private health insurance. If they are successful, it will affect the ability of the Canada Health Act and every provincial health insurance plan to protect access to physician and hospital services according to need rather than ability to pay. The court challenge is in the B.C. Supreme Court now. In April 2016, the federal government announced its intention to intervene in the court challenge to protect single-tier health care. They have joined the B.C. government which is the defendant, the patients, the B.C. Health Coalition and Canadian Doctors for Medicare who have been granted intervenor status in the trial.

Quebec’s seniors file a petition with the court to protect against extra user-fees

In 2015, Quebec’s National Assembly amended Bill 20 to regulate extra-billing of patients, triggering outrage from patient advocates and physicians who warned that this was a back-door attempt to legalize user fees.11 In response, doctors, nurses and professors in health policy issued a public letter pleading for the federal government to intervene to protect patients from exorbitant extra fees charged in addition to the clinics’ billings to the province’s public health insurance plan for medical services, a practice that they described as “widespread” in the provinces’ private clinics.12 Patients and their advocates warned that user fees were already a major problem and regulating them would create a two-tier system, depriving many of access to needed care.

In May 2016, the Réseau FADOQ, a group of Quebec seniors with 450,000 members, filed an application to the federal court of Canada for a motion of mandamus. This motion aimed to force the federal government to take measures to stop the extra-billing of Quebec patients, prohibited by the Canada Health Act. Finally compelled by patients and their advocates to take action, the federal health minister asked the Quebec health minister to end all extra-billing practices, specifying that the federal health transfer payment to the province would be reduced if the province did not comply.13 On September 14, 2016, the provincial health minister announced that his government would table legislation ending extra-billing by January 2017. As of January 26, 2017, according to the RAMQ (Quebec public health insurance) website, extra fees are forbidden and the government has provided a means for patients to complain if they are charged extra fees.14 However, not all services are covered. In the course of researching this paper, we discovered that MRIs and other diagnostic imaging, even when medically necessary, are not covered if provided in a private clinic.

Saskatchewan’s Challenge to Public Medicare: Inequity Cloaked as Innovation

In November 2016, federal health minister, Dr. Jane Philpott, wrote to the Saskatchewan government asking that it reconsider its introduction of privatized for-profit MRI scans. Saskatchewan’s new MRI Facilities Licensing Act came into force on February 29, 2016. Under this legislation, private for-profit MRI clinics are allowed to charge patients user fees for medically needed scans at prices set by the clinics. Two for-profit clinics in Regina are now charging each private-pay patient an out-of-pocket fee of $900 and more per MRI, in violation of the Canada Health Act. The clinics are required to provide one scan to a patient on the public wait-list for each scan they sell to a patient who pays a user fee charged by the private clinic.

In her letter to the Saskatchewan government, the federal health minister wrote that this legislation contravenes the principle that all Canadians be provided access to medically-needed health care covered by public taxes. Under Canada’s public health care system, access to needed care is supposed to be determined by the patient’s medical need, not sold for cash while giving priority to those who are wealthy enough to pay. Patients are not supposed to be charged out-of-pocket fees for needed medical care. Provinces are required under the Canada Health Act to uphold these principles to protect equal access to care for all. Saskatchewan’s health minister issued a response to the federal minister’s letter, defending the province’s privatization of diagnostic scans, which he calls “innovative.” The province’s minister and his government have repeatedly claimed that the privatization of MRIs provides two MRI scans for the price of one, saving “taxpayers” money and reducing wait-lists.

But the Saskatchewan government’s justification for privatizing MRIs and ushering in two-tier health care does not withstand scrutiny and is not supported by the evidence. Rather than the “two-for-one” deal publicized by the government, Saskatchewan residents who buy scans in the private clinics are paying approximately three times the price of public MRI scans in other provinces. In the public health system in Ontario and British Columbia, provincial governments have increased MRI volumes dramatically to clear backlogs by paying an average rate of $300 per scan.

15 Government of Saskatchewan Private-pay MRI services begin in Saskatchewan Media Release, March 1, 2016. Note: the government of Saskatchewan has since repealed that legislation and has brought in new legislation that not only allows the private-for-profit MRI scans with user fees but also expands the privatization to CT scans. In the new legislation the government has given itself the power to further expand privatization and two-tier user fees to any “medical imaging” simply by having Cabinet pass a regulation, without having the Legislature vote on it. This enables the Wall government to implement a massive privatization of public hospital services by fiat. “Imaging” is not defined in the new legislation, but it could include diagnostics including EEGs, colonoscopies, ECGs, endoscopies, X-rays, ultrasounds and so on. In Legislative Committee, the Opposition tried to pass an amendment to take out the section of the legislation that allows for this unfettered expansion of privatization. It was voted down by government MLAs. This amounts to a very large stride towards full privatization of hospitals and 2-tier health care in Saskatchewan.

16 Cross, Brian How much health care do you use? ‘You don’t even think about it’ Windsor Star January 9, 2014; Ontario Health Insurance Plan OHIP Schedule of Benefits and Fees, April 1, 2015, pp F1-F3. The general billing range for the simplest to higher complexity scans is $75 - $180. There are two outliers. The two most complex scans listed on the OHIP schedule are not done in Saskatchewan’s private MRI clinics. For these, the radiologist can bill as much as $285; Government of Ontario media release, “Reducing MRI Wait Times in Ottawa: McGuinty government improving access to diagnostic scans” January 31, 2011; “Reducing MRI Wait Times in Toronto Central LHIN: $3.4 million investment to improve access to diagnostic tests in Toronto” January 31, 2011; CTV Southwestern Ontario Magnets for new MRI arrive at CMH February 13, 2012;
government of Saskatchewan admitted, under questioning by the Opposition Party in the official record, that they do not regulate or track the prices charged by the private clinics for MRIs. In the same Standing Committee meeting at which the new legislation expanding Saskatchewan’s MRI privatization to CTs and other medical imaging was debated, the assistant deputy health minister stated that the government assumes that the cost for the so-called “free” MRI is included in the cost for the private-pay MRI. In addition to the extra user fees, Saskatchewan residents also pay taxes that are supposed to cover the cost of medically needed scans.

Moreover, from the Saskatchewan government’s data, we found that the new public MRI in Moose Jaw, Saskatchewan, is serving far more patients at a faster rate than the privatized MRIs in Regina, and it has accomplished this while providing scans equitably to all patients without extra user fees. At almost the same time as it licensed the private clinics in Regina to conduct MRI scans, Saskatchewan’s provincial government opened a new public MRI scanner in Moose Jaw. Using the government’s data, we can compare how many patients have been scanned in the public hospital to the number scanned in private clinics. Between January 4, and July 31, 2016 the new public MRI scanner in Moose Jaw performed 1,294 MRI scans. In the period from their licensing for private-pay MRIs, on February 29, 2016, to the end of October 2016 when Saskatchewan’s health minister reported his numbers, the two private clinics in Saskatchewan provided a combined total of

2,022 scans. Thus, in eight months of operation, each private clinic provided an average of 1,011 scans, or 126 scans per month. In a shorter time period -- slightly under seven months -- the new public MRI scanner in Moose Jaw provided 1,294 MRI scans, or 185 scans per month.

Opposition to the Saskatchewan government’s foray into private for-profit health care has been voiced by health policy experts, doctors, other political parties, unions and patient advocacy groups. The federal health minister, who is a medical doctor, outlined the inequity created by Saskatchewan’s legislation in her letter to the provincial government: those who can afford to pay jump to the front of the line, not only for their MRIs but then also for follow-up surgeries and other treatments, while those who cannot afford to pay are subject to longer waits, as resources are redirected to the wealthy. In a letter to the province’s doctors from the Saskatchewan Medical Association in December 2015, the governing body for Saskatchewan’s doctors laid out the same concerns as the federal health minister and deemed the private MRI scheme to be hasty and ill-considered. They have noted that there is unused capacity in Saskatchewan’s public MRI machines that should be used to provide increased access to the scans for all residents.

Health policy experts have voiced their concerns that there has been a dramatic increase in inappropriate and unneeded scans. They argue that selling medically unnecessary or inappropriate MRIs is a waste of resources that will be made worse, not better, by the privatization scheme, and recommended that Saskatchewan’s government would do better to ensure the appropriateness of referrals for

Richardson, Tracey “More money for MRI/CT scans” Owen Sound Sun Times, September 25, 2013; Government of British Columbia, Office of the Premier Province launches MRI strategy, funds increased number of scans November 18, 2015.
17 Legislative Assembly of Saskatchewan, Standing Committee on Human Services Hansard Verbatim Report No. 18 November 21, 2016: pp 311.
18 Ibid.
19 Legislative Assembly of Saskatchewan, Standing Committee on Human Services Hansard Verbatim Report No. 18 November 21, 2016: pp 310.

20 Legislative Assembly of Saskatchewan, Standing Committee on Human Services Hansard Verbatim Report No. 18 November 21, 2016: pp 309.
MRIs, while keeping them public. This has been done in other provinces to try to contain the ballooning demand for unneeded MRI scans. This plan, they report, would provide better access to needed care on equal terms, and for less money, for all Saskatchewan residents, and would not skew access to care to favour the wealthiest.

Opposition MLAs and the media have raised further concerns about inequity between urban and rural Saskatchewan. The private MRI clinics have located themselves in Regina, the province’s second largest city. Notably, Regina has the highest median family incomes in the province.

Since the federal health minister’s letter, issued in the fall of 2016, the federal government has negotiated a bilateral health funding deal with Saskatchewan. No further action has been taken to stop the user fees in Saskatchewan’s MRI clinics and the provincial government repealed their own legislation and brought in new legislation that expands 2-tier charges beyond MRIs.

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23 CBC News Health care expert, Steven Lewis, says Saskatchewan MRI plan could create two-tiered system May 7, 2015.

Conclusion

Those who have fostered privatization have created a set of idioms to support their ideology: “governments should ‘steer but not row’” we are told, or there should be a “purchaser-provider split” necessitating the introduction of new private clinics to replace public hospitals. But as private clinics have set up shop across Canada it is clear that governments are not “steering.” By charging user fees regardless of Canadian law, private clinics are changing the face of public medicare, and with it Canadians’ life-chances and access to needed care. As they have gained foothold in the public health system, their power to influence public policy in their own interests has also grown.

It is imperative that governments catch up to and rein in the private clinic industry. Canadian laws at the national and provincial levels are being contravened, largely unhindered by governments. Medical ethics are being violated as physicians in some clinics have become modern-day snake-oil salesmen in a bid to sell medically unnecessary add-ons at exorbitant prices. The “market” of private clinics has expanded and large chain companies are emerging, spreading extra user-fees across the country. Multinational giant, Centric Health, has moved in and bought four surgical centres across Canada, raising the spectre of international trade challenges to single-tier medicare. Those who claim that private health care can be regulated are at odds with the evidence from across Canada. Two decades into the experiment with private clinics, the record is not good.

While we recognize that the system of public health care for all is the most efficient and equitable way to provide care, the critique of current government policies and practices are valid. Too often, governments have shirked their responsibility to fund and organize public hospitals to meet population need (and to ensure that money goes to care). These policies have been spun out beyond the bounds of human compassion. They are not ethical and they are not sustainable. But the solution is not the inevitable erosion of single-tier health care.

Governments can, if they choose, utilize unused capacity in public hospital operating rooms and diagnostics, organize access to care more effectively, scale up proven innovations in the public system and ramp up capacity to improve access to care. If provincial governments maximized diagnostic and operating room capacity in public hospitals and built public specialty centres within public hospital systems, capacity would increase, wait lists will decrease and equity would be preserved. If unnecessary testing is curtailed, as has been started with MRIs in some provinces, funds would be redirected to needed care. Better wait list management, improvements in primary care, and proven innovations in the public system have made a dramatic difference where they have been implemented. Workers Compensation systems could buy services from public hospitals, reducing costs and subsidizing hospital budgets rather than private clinics. Patient advocates could be embraced as partners by provincial and federal governments to aid in monitoring equity and ensuring that patient protections are upheld. These are not new or radical solutions, they simply require political will.

No matter what happens, Canadians will have to pay for needed health care. Private clinics are far from free. In fact, our research shows that costs are much higher in private clinics. The issue at stake is whether governments will have the moral fortitude to ensure that access to care is provided on equitable terms and conditions, based on principles of compassion and social inclusion, or whether the ethos of the private market will be allowed to prevail, leaving patients to be charged what the market can bear.
To protect public health care our governments must:

1. Federal and provincial governments must recommit themselves to the Canada Health Act and the values of equity and compassion upon which it is based. The federal government must uphold the Canada Health Act, stop illegal user-fees for patients, and impose penalties on provinces that fail to protect their residents.

2. Provincial governments must stop the privatization of public and non-profit hospital services. Capacity must be built in our public hospitals and services that have been cut and shed from public hospitals must be restored.

3. Governments at both levels must engage in sound planning to build public hospital capacity to reduce wait lists and to act to improve equity and access.

4. The Federal government must reverse funding cuts imposed in the recent bilateral funding deals with provinces and territories, and provide a Canada Health Transfer of at least 5.2% as recommended by the Parliamentary Budget Office, the Conference Board of Canada, the Ontario Accountability Office and Health Coalitions across Canada.

5. Governments at all levels must protect public health care from international trade agreements through a general carve out for all health care services.
Appendix I.

The Evidence

The following list includes notes from our survey of 136 private clinics across Canada. In our interviews, researchers asked clinic staff whether they could buy services, whether a public health card was needed and what the costs for services were. Eighty-eight clinics in six provinces indicated to our researchers that they charge user fees to patients and also sell medically-needed services.

Total across Canada: 88

Alberta: 8

Medical Imaging Consultants, Edmonton

Suspected violations to be investigated:

1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: X-ray, MRI, CT, Ultrasound, Fluoroscopy, Nuclear Medicine, Mammography, Bone Densitometry, and Pain Management

(Telephone interview at 2pm on February 14th, 2017)

Q: I’m calling to get some information on an MRI. How do I go getting this procedure done at your clinic?
A: Did you want to have it done privately? (Yes) We need a referral from your doctor.
Q: What is the cost of the procedure for the neck area? What does the cost cover?
A: It costs $575. It covers the CD, we can get the report sent to your doctor within 24-48 hours, and if you ask for it, we can mail a copy of the results to you.
Q: Are there any additional fees?
A: The contrast costs $250. If the image is determined to be not clear, they would recommend a contrast is needed but it is up to the patient if they want it or not.
Q: If I pay to get my MRI done at your clinic, how much faster can I get the MRI done compared to being on the public waiting list?
A: You can get it much faster, we can book you for an appointment in a few days compared to in the hospital, where the waiting list is about 6 months.
Q: Do I need to bring my health card?
A: Yes we need your health card and photo ID.
Q: Where would the MRI take place? Would it take place in the hospital?
A: In the clinic.
Q: What are the advantages of having my MRI done privately?
A: The biggest advantage is that you have the MRI done much more quickly.

25 This is not a complete list of every private clinic in Canada, but it is a very significant sampling of the existing clinics and it shows the extent to which extra user-fees for patients are occurring. There is no way for an advocacy group to definitively determine a list of every clinic that charges extra user-fees. In a number of clinics, we could not get information by telephone or were not able to get clear answers to our questions.
Central Alberta Medical Imaging Services Ltd., Red Deer
Suspected violations to be investigated:
1) Charging patients for medically necessary services
2) Queue-jumping
Services sold: MRI, Ultrasound, X-ray, Bone Mineral Densitometry, Mammography, Nuclear Medicine, and Pain Management

(Telephone interview at 11:10am, November 8th, 2016)
Q: How do I go getting an MRI done at your clinic?
A: You have the option to use your Alberta Health Card but will take longer however you can pay a flat fee of $725 for the private clinic.
Q: Do I need my health card?
A: Not required if choosing private option, but you can bring it in to obtain mailing information.
Q: Would it be different if I got it done at the hospital?
A: Yes, it would take significantly longer wait time at the hospital than at the clinic.

Insight Medical Imaging, Edmonton
Suspected violations to be investigated:
1) Charging patients for medically necessary services
2) Queue-jumping
Services sold: X-Ray, Mammography, Ultrasound, Nuclear Medicine, MRI, and CT

(Telephone interview at 2:00pm, November 8th, 2016)
Q: How do I go getting an MRI done at your clinic? What is the cost of the procedure?
A: A referral from family physician is required. The cost is $575 for the MRI, and $250 for needed injections.
Q: Do I need my health card?
A: It is not required. But you can bring it to ensure information is the same.
Q: Is there a way I can get ahead of the public waiting list? Would it be different if I got it done at the hospital?
A: Our clinic offers 2-3 business days to get booked for an MRI as opposed to hospital wait times which could be two weeks or more.

Mayfair Diagnostics, Calgary
Suspected violations to be investigated:
1) Charging patients for medically necessary services
2) Queue-jumping
Services sold: MRI, CT Scan, Ultrasound, Nuclear Medicine, Bone Mineral Densitometry, X-Ray, Cardiac Imaging

(Telephone interview at 2:15pm, November 8th, 2016)
Q: How much does it cost to get an MRI at your clinic?
A: A routine MRI will cost $950. For additional body parts it will cost $550. Also, if the images need to be enhanced for viewing purposes, it will cost an additional $250.
Q: Can I pay to get my MRI done faster? Would it be different if I got it done publicly at the hospital?
A: Yes, if you pay with this clinic it will take approximately two weeks to get an MRI. This is the most expedient way as hospital wait times could be longer.
Dominion Medical Centres, Edmonton

Suspected violations to be investigated:

1) Charging patients for medically necessary services

Services sold: Executive Health Examinations ("The Dominion Exam")

(Telephone interview on February 1st, 2017)

Q: Could you tell me about your Dominion Exam?
A: It is a preventative screening program that is much more than a general physical exam.
Q: Does my Alberta Health Care cover for any of these services?
A: It is not covered, it costs $1775 and is a comprehensive physical examination that includes prostate or breast examination, screening for blood work, virtual colonoscopy, and various MRI and CT scans for additional charge of $600 or more.
Q: My doctor scheduled me for an MRI for my neck, but the wait is too long. Could I get a faster booking if I paid for the Dominion Health Exam?
A: An MRI would cost $600, but if you just wanted a faster appointment you could tell your doctor to book you a private MRI.
Q: Do you offer public health services or do I have to pay?
A: We will send you the price listings for what services are paid and what are covered.

In an email brochure, in addition to the Dominion Exam, they offer: Allergy testing for $240, brain MRI for $600, breast MRI for $900, virtual colonoscopy for $795, core body scan for $1100, cardiac score for $675, coronary CT angiography for $1450, and menopause screening for $105.

Provital Health and Wellness Ltd., Calgary

Suspected violations to be investigated:

1) Charging patients for medically necessary services

Services sold: Comprehensive Health Assessments, Corporate Health Care, Executive Health Memberships

(Telephone interview on November 8th, 2016)

Q: I’m calling to get some information about your clinic. What kind of services do you provide?
A: We are a private healthcare clinic, if you check out our website we have the information about all the services we provide.
Q: Is there a membership fee?
A: Yes, there is a membership fee for individuals and families, our price listing is on our website.
Q: If I opt not to pay the membership fee, can I still access services at your clinic?
A: If parents by the membership fees, children n21 years and younger are covered. Services provided by nurses and doctors are free for them. Children 22 years and over would have to pay the full fee, they are not covered. Chiropractors and naturopathics are considered private practices, and are charged outside of the membership fee. Without the membership fee, you cannot access these services.

The Allin Clinic, Edmonton

Suspected violations to be investigated:

1) Charging patients for medically necessary services

Services sold: Family Medicine, Family Medicine-Urgent Care, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Surgery, and Specialty Services

(Telephone interview on November 8th, 2016)

Q: I’m calling to get some information about your clinic. What kind of services do you provide?
A: Various primary medical services such as family medicine, internal medicine, and neurology.
Q: Is there a membership fee?
A: There is no membership fee.
Q: Do I need to bring my health card?
A: All medically necessary services are covered by Alberta Health Care. We also provide a Third Party Medical Exam, which is a personal assessment not covered under public healthcare.

Q: How do I find out how much these services cost?
A: Prices will be disclosed when booking an appointment.

(Follow-up telephone interview on March 21st, 2017)
Q: Hello, I called before to get some information about your clinic, but I still had a couple questions. You said you offered a Third Party Medical Exam, how much does this cost?
A: Are you a registered patient at our clinic?
Q: No, do you offer the Third Party Exam to existing patients?
A: Yes.
Q: If I don’t buy the Third Party Exam, can I still get a doctor at your clinic?
A: Our doctors are currently not taking any new patients right now.
Q: Are the existing patients able to get medical services at this clinic even if they don’t pay?
A: I don’t know, it would be something they would have to work out with their doctor.

Preventous Collaborative Health, Calgary

Suspected violations to be investigated:

1) Charging patients for medically necessary services

Services sold: Private Health Care, Total Health Assessment, Medical Counselling, Nutritional and Fitness Services, etc.

(Telephone interview on November 8th, 2016)
Q: I’m calling about getting some information about your clinic. What kind of services do you provide?
A: If you look at our website, we offer services like dietitians, fitness counselling, and family care.
Q: Is there a membership fee?
A: Yes, there is a membership fee. I can set up a consultation so you can discuss with Georgie and get a tour of the facility.
Q: Do I need to bring my _____ card? (Provincial coverage card)
A: No we don’t need your health card at the consultation. (What about when I sign up for the membership, do you need my health card information?) No that won’t be needed.
Q: How do I find out how much these services cost? Do you have a price list of these services?
A: This is on our website. (Website states, “The membership fees are for services that are not covered by Alberta Health Care. Medical services that are covered by Alberta Health Care will be billed to the AHCIP”)
Q: How long is the wait time if I pay compared to the wait time if I don’t pay the fee?
A: These questions and many more would be answered by Georgie.

(Follow-up telephone interview on November 9th, 2016)
Q: Do I still have access to your services even if I don’t pay the membership?
(Would not answer this question, insists to come in for a consultation to speak to Georgie. She emphasized that this consultation is free and comes at no charge to my family.)
**British Columbia: 30**

**Vancouver Island MRI, Courtenay**

**Suspected violations to be investigated:**
- 1) Charging patients for medically necessary services
- 2) Queue-jumping

Services sold: MRIs

(Telephone interview at 12pm on February 15th, 2017)

Q: I’m calling to get some information on an MRI. How do I go getting this procedure done at your clinic?
A: We need your doctor's referral, then we call to book your appointment.

Q: What is the cost of the procedure? What does the cost cover?
A: It costs $875 for a routine procedure. You get your disc of the images, and the written report gets sent to your doctor within 2-4 days.

Q: Are there any additional fees?
A: No, the price is a flat fee.

Q: If I pay to get my MRI at your clinic, how much faster can I get the MRI done compared to being on the public waiting list?
A: You can get the MRI done right away compared to getting it done through MSP, our patients say the waiting list in the hospital ranges from 6 months to 2 years depending on the type of MRI. We can book you in within the week, or at most in 2 weeks.

Q: Do I need my health card?
A: No.

Q: Where would the MRI take place?
A: In the clinic.

**Canadian Diagnostic Centres, Vancouver**

**Suspected violations to be investigated:**
- 1) Charging patients for medically necessary services
- 2) Queue-jumping

Services sold: MRIs, CTs

(Telephone interview on November 16th, 2016)

Q: I’m calling about getting an MRI done at your clinic. What is the cost of the procedure?
A: It costs $900 for the scan itself, a report from the technicians, and a CD.

Q: Will there be any additional fees?
A: If you need injections to enhance the image, it will cost $225.

Q: Do I need my health card?
A: No

Q: Can I pay to get my MRI faster? Is there a way I can get ahead on the waiting list?
A: The best way to get an MRI and any healthcare procedure done faster is to pay for the services.

Q: Would it be different if I got it done at the hospital?
A: At the hospital it would take months, versus at the clinic it would only take a few days.
**AIM Medical Imaging**, Vancouver

**Suspected violations to be investigated:**
- 1) Charging patients for medically necessary services
- 2) Queue-jumping

Services sold: Whole-body MRIs

(Telephone interview on November 16th, 2016)
Q: I’m calling about getting an MRI done at your clinic. What is the cost of the procedure?
A: $825 for a routine procedure, this covers the scan, radiologist's interpretation and a USB with MRI reports.
Q: Will there be additional fees?
A: If required, contrasts would cost $225.
Q: Do I need my health card?
A: No
Q: Can I pay to get my MRI done faster? Would it be different if I got it done at the hospital?
A: Yes, it is faster with the private clinic, it would take 2-3 days with a referral. No waiting for weeks as for the public. Under the public system, you can wait for reports for over a year.

**Canadian Magnetic Imaging**, Vancouver

**Suspected violations to be investigated:**
- 1) Charging patients for medically necessary services
- 2) Queue-jumping

Services sold: MRI and Ultrasound

(Telephone interview on November 16th, 2016)
Q: I’m calling about getting an MRI done at your clinic. What is the cost of this procedure?
A: We need a referral faxed or emailed, after it may take up to 2-3 business days. Routine procedure costs $895.
Q: What is covered in the cost?
A: A routine scan, a copy of the images on CD and interpretation of the results.
Q: Do I need my health card?
A: No.
Q: Can I pay to get my MRI done faster than in the hospital?
A: Yes, faster.

**Nanaimo MRI**, Nanaimo

**Suspected violations to be investigated:**
- 1) Charging patients for medically necessary services
- 2) Queue-jumping

Services sold: MRIs

(Telephone interview on November 16th, 2016)
Q: What is the cost of an MRI procedure in your clinic?
A: $875, covers reports from the radiologist and the CD with reports in them.
Q: Are there any additional fees? What are they?
A: Injection dyes would cost $225, $250 additional for hip and wrist.
Q: Do I need my health card?
A: No health card is needed, but it is good for information to have on your medical files.
Q: Can I pay to get my MRI faster than if I had it done at the hospital?
A: With us, you would have an MRI within a week. The public can take from a month to a year.
Fraser Valley MRI Clinic, Abbotsford
Suspected violations to be investigated:
   1) Charging patients for medically necessary services
   2) Queue-jumping
Service Sold: MRIs

(Telephone interview on November 16th, 2016)
Q: How would I go getting an MRI at your clinic?
A: Need a referral from the doctor to book an appointment, and you leave with images in hand about two days.
Q: Do I need my health card?
A: No.
Q: What is the cost of the procedure?
A: $750, this covers the reading of the reports and a CD which you take home on the same day.
Q: Can I pay to get my MRI done faster than if I had it done at the hospital?
A: The public system takes around 8 months to a year.

Surrey MRI, Surrey
Suspected violations to be investigated:
   1) Charging patients for medically necessary services
   2) Queue-jumping
Service Sold: MRIs

(Telephone interview on November 16th, 2016)
Q: How would I go getting an MRI at your clinic?
A: Need a referral, and once referral is received we can book you in within a day.
Q: Do I need my health card?
A: Yes, you need your care card.
Q: What is the cost of the procedure? What does this cost cover?
A: $650, this cost includes the reports, radiologist's interpretation and USB with images to take home.
Q: Will there be any additional fees?
A: Injections, if needed, would cost $250.

Image One MRI Clinic, Kelowna
Suspected violations to be investigated:
   1) Charging patients for medically necessary services
   2) Queue-jumping
Service Sold: MRIs

(Telephone interview on November 16th, 2016)
Q: What is the cost of an MRI procedure? What does this cost cover?
A: $895, this includes the MRI scan and CD for patient's records.
Q: Do I need my health card?
A: No.
Q: Can I pay to get my MRI done faster? Is there a way I can get ahead on the waiting list?
A: The public process is based on priority. Depending on the severity, it can take up to 9 months. For private clinics, no matter the severity, can take only up to a few days to get booked for the appointment.
Q: Would it be different if I got it done at the hospital?
A: At our clinic, we do more imaging because we have the luxury of time. MRIs done at the clinic take 40 minutes whereas in the public system, MRI procedures in hospitals take only 20-30 minutes.
Access MRI, Surrey

**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

Service Sold: MRIs

(Telephone interview on November 16th, 2016)
Q: What is the cost for an MRI procedure? What does this cost cover?
A: $595, covers the scan, interpretation and a CD
Q: Do I need my health card?
A: We need it as ID to look up files for future reference.
Q: Can I pay to get my MRI done faster? Would it be different if I got it done at the hospital?
A: Under the public system it could take from 2 months to 2 years. Under our system, it could take 2 days to book an appointment.

MedRay MRI, Vancouver

**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

Service Sold: MRIs

(Telephone interview on November 16th, 2016)
Q: What is the cost for an MRI procedure? What does this cost cover?
A: $700, this covers the MRI exam, interpretation and a CD for patient records. There are no additional fees.
Q: Do I need my health card?
A: No.
Q: Can I pay to get my MRI faster? Would it be different if I got it done at the hospital?
A: At our clinic, it takes a few days. The public system varies depending on level of severity.

False Creek Diagnostics Centre, Vancouver

**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

Services Sold: MRI, CT Scans, Ultrasound, X-Ray, Biopsy, Pathology

(Telephone interview on November 16th, 2016)
Q: What is the cost for an MRI procedure? What does this cost cover?
A: $895-1075 flat rate, includes the MRI scan and an interpretation of the report from a Radiologist.
Q: Do I need my health card?
A: No.
Q: Can I pay to get my MRI done faster? Would it be different than if I got it done at the hospital?
A: Yes, paying Is a way to jump the waiting line. You can book an appointment to see the radiologist within a week. The public system can take from one month to a year.
Welcome Back MRI & Pain Management, Kamloops

Suspected violations to be investigated:
1) Charging patients for medically necessary services
2) Queue-jumping

Services Sold: Diagnostic Procedures, Physiotherapy, Specialist Physician Consults, Pain Management

(telephone interview on November 16th, 2016)

Q: What is the cost for an MRI procedure? What does this cost cover?
A: $995 per body part, covers MRI inflection positional and hydro technician. There is a $250 deposit and a $75 cost for pre-screening.

Q: Can I pay to get my MRI faster? Would it be different than if I got it done at the hospital?
A: For public, you would wait 6-12 months. For private, it would take 3 days.

Q: Who does the assessment?
A: Affiliated with the hospital, thus radiologists travel from the hospital to the clinic to conduct the procedures.

West Coast Medical Imaging, Victoria

Suspected violations to be investigated:
1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: MRI, X-ray, Ultrasound

(telephone interview on March 28th, 2017)

Q: I'm calling to get some information on an MRI. How do I go getting this procedure done at your clinic?
A: We need a referral from your physician, then we would call you to book an appointment.

Q: Can I pay to get my MRI at your clinic?
A: Yes, we have two locations. At Uptown, we have a newer machine so it costs $995, and at the other location it would cost $875.

Q: How much faster can I get the MRI done compared to having it done at the hospital?
A: We can book you within a week. I don't know how long the wait time is at the hospital, it depends on how emergent the case is.

Q: Would getting it done privately be generally faster?
A: Probably.

Q: Are there any additional fees?
A: It depends on if an injection is necessary, then it would cost an additional $225.

Q: Do I need to bring my health card?
A: No, because it is private. A health card would only be used for identification.

Q: Where would the MRI take place? Would it take place at the Hospital?
A: In the clinic.

Q: What are the advantages of having my MRI done privately?
A: You get a CD of the images, this is included in the cost.

North Shore Medical Imaging, Vancouver

Suspected violations to be investigated:
1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: MRI, Ultrasound, Prenatal Ultrasound, Nuchal Translucency, X-ray and Mammography

(telephone interview on March 28th, 2017)

Q: I'm calling to get some information on an MRI. How do I go getting this procedure done at your clinic?
A: We need you to send a doctor's referral, or your doctor can send the referral through fax. We will then call you to book an appointment.
Q: Could I pay to get my MRI faster at your clinic compared to getting it done at the hospital?
A: Yes, we only offer private MRI services. The MRI costs $895 with no tax.

Q: How much faster can I get the MRI done?
A: We can book you in for this week, in the hospital it would take 6-9 months to get an MRI.

Q: Do I need to bring my Care card?
A: No, since you’re paying privately it won’t be needed.

Q: Where would the MRI take place? Would it take place at the Hospital?
A: At the clinic.

Valley Laser Eye Surgery, Abbotsford
Suspected violations to be investigated:
- 3) Charging patients for medically necessary services
- 4) Queue-jumping

Services Sold: Cataract Surgery, Lasik Surgery, and other surgical eye services

(Telephone interview on March 8th, 2017)

Q: I’m calling to get some information on cataract surgery for my mother. How would she go getting this procedure done at your clinic?
A: She will need a referral from an optometrist or family doctor

Q: Would it be possible to pay separately to get the surgery done faster, compared to waiting in the hospital?
A: If you have the surgery through the hospital, all costs are covered through the provincial health plan. Currently there is an 8 month wait from the time of the consultation. If you have the surgery privately, the wait time is 4-6 weeks from the time of consultation.

Q: Does she need her Care card?
A: Yes she will need her Care card for both options.

Q: Are there any fees – for tests or anything?
A: For private surgery, the basic procedure of what you would get at the hospital costs $1000/eye. If you choose our laser cut option, where we use the laser instead of a scalpel that they use in hospitals, plus corrective lenses, the price ranges from $2000/eye to $4500/eye.

Q: If my mother decides to do her cataract surgery privately, she wouldn’t need to bring her Care card because it’s her responsibility to pay?
A: She still needs to bring her Care card because part of the private surgery costs are billed to the province, with the rest of the cost being charged to the patient.

Anderson Eye Surgery, Langley
Suspected violations to be investigated:
- 1) Charging patients for medically necessary services
- 2) Queue-jumping

Services Sold: Cataract Surgery, Lens Implants

(Telephone interview on February 7th, 2017)

Q: I’m calling to get some information on cataract surgery for my mother. How would she go getting this procedure done at your clinic?
A: She needs a referral from her optometrist or family doctor.

Q: How long is the waiting time for surgery at your clinic?
A: 9 months wait time for surgery, with 3 month wait time for the consultation.

Q: Would it be possible to pay separately to get the surgery done faster, compared to waiting in the hospital?
A: We have a private program, which has a 3 month wait time. MSP will cover the surgery, but the patient pays $950 per eye for administrative costs. The patient will pay for the lens.

Q: Does she need her Care card?
A: Yes
Q: Are there any fees – for tests or anything?
A: There are 3 tests. 2 are covered by MSP, but the patient pays for the “A-scan” which determines what kind of lens is needed.

(Telephone interview on November 9th, 2016)
Q: What is the cost for cataract surgery at your clinic?
A: Surgery can be done publicly or privately. MSP (provincial coverage) covers consultation and actual procedure using standard lenses. For the private option, the surgery would cost $2000 in total.

Victoria Eye *note: there are several clinics with similar names located in Victoria and not all sell private cataract surgeries. The clinic we spoke with is at 1537 Hillside Ave. Victoria Suspected violations to be investigated:
   1) Charging patients for medically necessary services
   2) Queue-jumping
Services Sold: Cataract Surgery, Refractive Lens Exchange, Conductive Keratoplasty

(Telephone interview on March 8th, 2017)
Q: I’m calling to get some information on cataract surgery for my grandmother. How would she go getting this procedure done at your clinic?
A: She needs a referral from her optometrist or family doctor.
Q: Would it be possible to pay separately to get the surgery done faster, compared to waiting in the hospital?
A: Wait time at our clinic is 1-3 months after consultation, and for public hospital surgery it the wait time is 1-2 years.
Q: Does she need her Care card?
A: She does need her Care card, because we will submit the card to see if the province will cover some cost and also to have the card on file.
Q: How much does the procedure cost?
A: The basic surgery costs $1200/eye up to $5500/eye depending on laser usage and type of lens.
Q: Are there any fees – for tests or anything?
A: The tests are included in the price.

Boyd Vision, Burnaby
Suspected violations to be investigated:
   1) Charging patients for medically necessary services
   2) Queue-jumping
Services Sold: Cataract Surgery, Refractive Lens Exchange, Lens Implants, LASIK Surgery, and other surgical eye services

(Telephone interview on March 7th, 2017)
Q: I’m calling to get some information on cataract surgery for my grandmother. How would she go getting this procedure done at your clinic?
A: We do cataract surgery both in the public hospital system and privately.
Q: How long is the waiting time for surgery at your clinic?
A: The wait time is 3-4 months if you choose to do it at the hospital. But the wait time is 1 month if you choose to do it privately.
Q: Would it be possible to pay separately to get the surgery done faster, compared to waiting in the hospital?
A: Yes. If you choose to have the surgery at the hospital, BC MSP will pay. If you choose to do it privately, the patient pays.
Q: Does she need her Care card?
A: Yes, to pay for tests and for referral fees.
Q: Are there any fees – for tests or anything? What do these fees pay for exactly?
A: In the hospital, BC MSP pays for the surgery but the patient pays for better lens. Private cataract surgery is $1500/eye, and the patient is charged directly. For distance/correction lenses, it costs $2000/eye, and for both near and distance correction lenses it costs $3250/eye. These lenses negate the need for glasses.
Q: Is there a way to see your surgeon in a hospital for a free consultation?
A: You need a referral to see the doctor at the hospital. BC MSP pays for the referral.

**Ambulatory Surgical Centre, Vancouver**

**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

**Services Sold:** General Procedures, Orthopedic Surgery, Cosmetic Surgery, Plastic and Reconstructive Surgery

(Telephone interview at 12:14pm, November 16th, 2016)

Q: I’m calling about getting some information about surgery on a torn ACL for my father. How would he go about getting this procedure done at your clinic?
A: After receiving the medical imaging, we can book him for a consultation with the orthopedic surgeon at our clinic. The consultation fee is $700, and the surgery fee would be $5000-7000 strictly for the surgery.
Q: Does he need a referral?
A: No, because this is strictly a private clinic, referrals are not necessary.
Q: Can he pay to get his knee surgery done faster at your clinic instead of being on the waiting list?
A: Absolutely, he would be able to get his surgery within the month.
Q: Does he need to bring his Care card?
A: Yes, for identification purposes.
Q: Is there a way to see the same surgeon at the hospital?
A: You would not see this surgeon at this hospital.

**Cambie Surgery Centre, Vancouver**

**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

**Services Sold:** Orthopedic Surgery, Plastic and Cosmetic Surgery, Gynecology, General Surgery, Ophthalmology, Urology, etc.

(Telephone interview at 2:19pm, November 9th, 2016)

Q: I’m calling about getting some information about surgery on a torn ACL for my father. How would he go about getting this procedure done at your clinic?
A: The surgeon would review the information of the medical imaging of his knee by consultation. Consultation fee is $550 and the surgery costs around $6,000-10,000.
Q: Does he need a referral?
A: No, the procedure is done privately so a referral is not necessary.
Q: Does he need to bring his Care card?
A: Yes.
Q: Can he pay to get his surgery done faster at your clinic instead of being on the public waiting list?
A: Yes, the procedure would be done privately. Once our doctor clears the information and assesses that he is a surgical candidate, the surgery would be booked within 2-5 weeks.
Comox Valley Surgical Associates, Comox Valley
Suspected violations to be investigated:
   1) Charging patients for medically necessary services
   2) Queue-jumping
Services Sold: Orthopedics, Anaesthesiology, Ophthalmology, Plastic Surgery, Urology

(Telephone interview on November 9th, 2016)
Q: I’m calling about getting some information about surgery on a torn ACL for my father. How would he go about getting this procedure done at your clinic?
A: We would pair him to one of our orthopedic surgeons for a consultation, this would cost $500 and we can schedule him in as fast as next week. They would decide if he is a surgical candidate, and the price would depend on the level of damage on the knee. The cost of the procedure would range between $8,000-12,000.
Q: Can he pay to get the surgery faster at your clinic instead of being on the public waiting list?
A: Yes, if he is a surgical candidate then we can book the procedure within a month.
Q: Does he need to bring his Care card?
A: Yes, but just for identification purposes.
Q: Are there any additional fees?
A: The $8,000-12,000 cost for the procedure includes the anesthetist fees, surgeon fees, operating room nurse fees, and recovery. Braces are also included. A “polar call” is optional, which is an ice machine that is really effective in decreasing the inflammation and pain. The ice machine costs an additional $300.
Q: Is there a way to see the same surgeon in the hospital for free?
A: All of our surgeons work in the hospital, and do private surgeries on the side.

Kamloops Surgical Centre, Kamloops
Suspected violations to be investigated:
   1) Charging patients for medically necessary services
   2) Queue-jumping
Services Sold: Orthopedic Surgery, Cosmetic Surgery, Dentistry, General Surgery, Neurosurgery

(Telephone interview on November 9th, 2016)
Q: I’m calling about getting some information about surgery on a torn ACL for my father. How would he go about getting this procedure done at your clinic?
A: We would start a private consultation at $300, and a general quote for a torn ACL would be around $6,000-8,000. This would increase depending on the added facility fees.
Q: Does he need a referral?
A: No referral is needed.
Q: Does he need to bring his Care card?
A: Yes he would need to bring his card.
Q: Can he pay to get the surgery done faster at your clinic instead of being on the public waiting list?
A: Depending on the doctor’s schedule, the procedure can be booked 4-6 weeks after the time of consult.
Q: Is there a way to see the same surgeon at the hospital for free?
A: If he chooses to do the surgery through MSP, then a referral would be needed from a family doctor.
New Westminster Surgical Centre, New Westminster

Suspected violations to be investigated:
1) Charging patients for medically necessary services
2) Queue-jumping

Services Sold: Orthopedic, Plastic and Reconstructive, General surgery, Colonoscopy, other endoscopy procedures

(Telephone interview at 3:25pm, November 9th, 2016)

Q: I’m calling about getting some information about surgery on a torn ACL for my father. How would he go about getting this procedure done at your clinic?
A: All we need are his medical reports and x-rays. We would provide an orthopedic consultation, this costs $55. The procedure for a torn ACL would cost $8,900, and everything is included in the cost.

Q: Can he pay to get the surgery done faster at your clinic instead of being on the public waiting list?
A: Yes, absolutely. If he wanted to get a referral from his family doctor and go through the surgery publicly, the waiting list is 2 years long. But if he wanted to go through with it privately, we can get the surgery scheduled within 2-4 weeks.

Q: Does he need to bring his Care card?
A: The MSP card would be needed only for identification purposes, it’s needed once they decide that he needs surgery. This decision needs to be medically approved.

Q: Are there any additional fees?
A: The procedure cost is all-included. We recommend the icing device, it goes for $165.

Q: Is there a way to see the same surgeon at the hospital for free?
A: No surgeon has a financial stake working at the clinic, they are legally obligated to work in the public system and be licensed under the College of Physicians.

Okanagan Health Surgical Centre, Kelowna

Suspected violations to be investigated:
1) Charging patients for medically necessary services
2) Queue-jumping

Services Sold: Orthopedic, General Surgery, Plastic Surgery, Gynecology

(Telephone interview at 12:45pm, November 16th, 2016)

Q: I’m calling about getting some information about surgery on a torn ACL for my father. How would he go about getting this procedure done at your clinic?
A: We need a referral from his family physician, consultation with our orthopedic surgeon would cost $350. If he is a surgical candidate, then the price could range from $8,000-12,000. This includes all the facility fees, staff fees, anesthesiologist fees.

Q: Can he pay to get the knee surgery done faster at your clinic?
A: Yes, absolutely.

Q: Does he need to bring his health card?
A: Yes, we would need to have his health card on file, and also for medications needed.
**Prince George Surgical Centre, Prince George**  
**Suspected violations to be investigated:**  
1) Charging patients for medically necessary services  
2) Queue-jumping  
**Services Sold:** Orthopedic, Cataract, Cosmetic, General Surgery, Anesthesiology

(Telephone interview at 4:36pm, November 9th, 2016)
Q: I’m calling about getting some information about surgery on a torn ACL for my father. How would he go about getting this procedure done at your clinic?  
A: We would receive a referral from his family doctor, then he would get a consultation in our clinic. The consultation fee is $400, and this includes up to 6 months of follow-up with the surgeon.  
Q: Can he pay to get his procedure done faster at your clinic instead of being on the public waiting list?  
A: Yes of course, the procedure would be scheduled within 6 weeks after the time of consultation.  
Q: Does he need his Care card?  
A: Yes, he would need to bring his Care card.  
Q: Is there a way to see the same surgeon at the hospital for free?  
A: The surgeons in the clinic all practice in hospitals.

**White Rock Orthopedic Surgery Centre, White Rock**  
**Suspected violations to be investigated:**  
1) Charging patients for medically necessary services  
2) Queue-jumping  
**Services Sold:** Orthopedic Surgery

(Telephone interview at 12:29pm, November 16th, 2016)
Q: I’m calling about getting some information about surgery on a torn ACL for my father. How would he go about getting this procedure done at your clinic?  
A: We need a referral from his family doctor, if he wanted the surgery done privately then the family doctor needs to indicate in the referral that he would like it done privately. If he wanted an expedited appointment, he can come in for a consultation, this costs $400. The surgery for a torn ACL would cost $7,300, and this includes facility fees and fees for the staff.  
Q: Does he need his Care card?  
A: No, he doesn’t need to bring his card.  
Q: Can he pay to get the surgery done faster at your clinic?  
A: Yes, after his consultation we can book an appointment within a week or 2 weeks.  
Q: Are there any additional fees?  
A: There is a cost for the anesthetic medication and post-op medication, which costs $300.

**Langley Surgical Centre, Langley**  
**Suspected violations to be investigated:**  
1) Charging patients for medically necessary services  
2) Queue-jumping  
**Services sold:** Arthroscopic Joint Surgery, Cataract Surgery, Pain Management, Hernia Repair

(Telephone interview at 2:45pm on February 28th, 2017)
Q: I’m calling to get some information about a torn ACL surgery for my father. How would he go getting this procedure done at your clinic?  
A: We are a private clinic, we do not offer covered services. Fax a referral from the family doctor to me, and I will contact you to book an appointment.  
Q: Can he pay to get his knee surgery faster at your clinic compared to waiting to get it done at the hospital?
A: It depends on the specific surgeon's length of patients. After a private consultation, he has the option of having the procedure done privately or publicly.

Q: In general, is having the surgery done privately at your clinic faster?
A: Yes.

Q: Does he need to bring his health card?
A: The care card is a unique identifier, it is used for identification purposes.

(Did not answer any more questions and hung up call)

(Telephone interview with staff at 3:56pm on November 9th, 2016)

Q: I’m calling about getting some information about surgery on a torn ACL for my father. How would he go about getting this procedure done at your clinic?
A: The consultation would cost $385, we have a couple different surgeons.

Q: Does he need a referral?
A: No, a referral is not needed

Q: Can he pay to get his knee surgery faster at your clinic instead of being on the public waiting list?
A: Yes, the ACL surgery would cost roughly $10,000

Q: Does he need to bring his Care card? (Provincial coverage card – say which ever depending on which province you are calling)
A: Yes for consultation. The Care Card has a series of unique numbers so it would be used for identifying purposes. But he doesn't need to bring the card if he doesn't want to.

Q: Are there any other fees – for tests or anything?
A: All the facility fees, anesthesiologist fees, surgeon fees are all included in the $6,000 – 8,000 cost

Q: Where would the surgery take place? Would it take place at the Hospital?
A: The surgery would take place in the clinic.

Q: Who does the assessment? Is it the same person who does the actual surgery?
A: Yes.

Pezim Clinic, Nanaimo

Suspected violations to be investigated:
1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: Sigmoidoscopy, Colonoscopy, Rapid Assessment of Positive FIT Tests, select Local Anesthetic Anorectal Surgery, Colorectal Cancer Screening Programs, and Cosmetic Anal Surgery

(Telephone interview at 3:45pm on February 15th, 2017)

Q: I’m calling to get some information about getting a colonoscopy for my father. How would he go getting this procedure done at your clinic?
A: He needs to get his GP to fax a referral to our clinic.

Q: How much does the procedure cost?
A: Normally, it costs $625. But if he wants the colonoscopy as fast as within 2 weeks, then he would pay $1950. There would be no delay and less wait time.

Q: Are there additional fees?
A: No.

Q: Can he pay to get his colonoscopy faster at your clinic compared to getting it done at the hospital?
A: Yes, paying $1950 would get him a colonoscopy in 2 weeks.

Q: Does he need to bring his health card?
A: His health card is still needed, because we send samples with the health card code.

Copeman Healthcare Clinic, Vancouver

Suspected violations to be investigated:
1) Charging patients for medically necessary services
2) Queue-jumping
Services sold: Ongoing Professional Care, Comprehensive Health Assessments, Annual Memberships that offer ongoing services and full access to personal healthcare team.

(Telephone interview at 3:22pm on February 14th, 2017)
Q: Could you tell me more about your comprehensive health assessment?
A: It is a health assessment that lasts 3 hours, prior to this health assessment we get your fasting blood work, urine and stool to send to the lab for preventative assessment. A Copeman health doctor then checks the lab results and provide a full physical exam. A nutritionist will also assess the lab results and assess your diet and nutrition. A kinesiologist will execute a stress test and resting ECG to monitor your heart.
Q: Is there an annual or membership fee involved?
A: We will send you an email with all the detailed pricing. (in email, stated that the clinic offered 3 health programs: LifePlus program for $3495/year that 'offers timely and unhurried ongoing care and services throughout the year', Young Adults Prevention Program for $2500/year that provides 'flexible appointment times for all ongoing health needs along with onsite lab/diagnostic services', and the Comprehensive Health Assessment for $1850)
Q: Does my health card cover for any of these services, including the lab work?
A: No, these are all uninsured services.
Q: If I decide to not pay the membership, can I still get regular medical services at your clinic?
A: No, because our services are all program-based, we do not provide services outside of our programs. If you are not registered for our programs such as our comprehensive health exam or our LifePlus program where we offer year-round care, then we do not offer these services.

Continuum Medical Care, Vancouver
Suspected violations to be investigated:
  1) Charging patients for medically necessary services
  2) Queue-jumping
Services sold: On website: states that it offers Health Basic that provides MSP-covered services, Health Plus for $150/year where you receive non-insured medical services for free, and the Comprehensive Health Plan for $2400/year which offers personalized primary care.

(Telephone interview at 3:41pm on February 14th, 2017)
Q: I’m calling to get some information about your clinic. Could you tell me more about your comprehensive health plan and the Health Plus?
A: The comprehensive plan is an option we offer for patients, for extra services that MSP does not cover.
Q: Does my health card cover for any of these services offered in the membership?
A: No.
Q: If I decide not to pay the fee, can I still get regular medical services at your clinic?
A: We have a walk-in clinic where you can receive care that is MSP-covered.
Q: If I decide to not pay the fee, do I get an appointment faster with a physician?
A: No, you do not get a faster appointment, unless they are for visits that are not the same.
Nova Scotia: 4

Healthview Medical Imaging, Halifax
**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping
Services sold: MRIs, MR Arthrogram, and Ultrasound Services

(Telephone interview at 9:39am, November 9th, 2016)
Q: What is the cost of an MRI?
A: A routine MRI costs $895.
Q: What is covered in the cost?
A: The price includes the MRI procedure, interpretation of the results by the radiologist and a CD with images of your results.
Q: Do I need my health card?
A: No health card is necessary. It is a private clinic.
Q: Can I pay to get my MRI faster? Is there a way I can get ahead on the waiting list?
A: It would be significantly faster to pay for a private clinic compared to the public waiting line. To get an MRI at our clinic, it would take less than two weeks. It could take longer on a public waiting list.

Halifax Vision Centre, Halifax
**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping
Services sold: Cataract Surgery, Refractive Lens Exchange, and other surgical eye services

(Telephone interview at 10:29am, November 9th, 2016)
Q: I’m calling to get some information on cataract surgery for my grandmother. How would she go getting this procedure done at your clinic?
A: A consultation will be needed with the surgeon or a referral from an ophthalmologist.
Q: Does she need her health card?
A: MSI (provincial coverage) covers for the surgery but we have a private option as well. The waiting list with MSI is one year and the private option can be done in a couple of months. With the private option, the cost is $2400-$3000 for the surgery and $280 per eye for the lens. There needs to be an eye measurement test which costs $100.
Q: Can she pay to get the cataract surgery done faster?
A: Yes, by choosing the private option, she will be getting the surgery faster than the public.

Halifax Eye Institute, Halifax
**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping
Services sold: Cataract Surgery, Lasik Eye Surgery, and other surgical eye services

(Telephone interview at 10:29am on November 9th, 2016)
Q: I’m calling to get some information on cataract surgery for my grandmother. How would she go getting this procedure done at your clinic?
A: She needs to be referred, and then scheduled for a consultation to examine her eyes. After the results, the patient will discuss with the surgeon about the choice of lens. The surgeon only performs on one eye per surgery. The whole process takes about 4-5 months.
Q: Does she need her health card?
A: Yes, MSI (provincial coverage) covers for the surgery, consult and standard lenses, but there is a private option. With the private option, the cost is $5000 for the surgery and $280 per eye for the soft lens.

Q: Can she pay to get the cataract surgery done faster?
A: The private option has a shorter wait time than the public.

Q: Where would the surgery take place? Would it take place in the hospital?
A: With the private option, the surgery will take place at the clinic. However we do perform the surgery at the Victoria General Hospital that is covered by MSI.

Lasik MD, Halifax

Suspected violations to be investigated:

1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: Cataract Surgery, Lasik Surgery, Lens Implants, and other surgical eye services

(Telephone interview at 12:33pm on February 7th, 2017)

Q: I’m calling to get some information on cataract surgery for my grandmother. How would she go getting this procedure done at your clinic?
A: A free consultation is required with the surgeon to see if she is a surgical candidate. We offer laser eye surgery at our Halifax clinic, and for cataract procedures we have surgeons offering those services in Montreal, Edmonton, Mississauga, and Quebec.

Q: Does she need a referral?
A: No, she does not need a referral because this is a private clinic.

Q: Does she need her health card?
A: No, the procedure will not be covered and will have to be paid out of pocket.

Q: Are there any fees, for tests or anything?
A: The cost for the procedure ranges from $2500-3900 per eye, depending on the type of lens the surgeon determines is necessary.

Q: How much faster can she get her procedure done, compared to if she got it done at the hospital?
A: I don’t know how long she would have to wait at the hospital, but if she books with us, the waiting time is only a couple of weeks and we can book the procedure within the month.
Ontario: 12

Access Imaging/Med Centra, Toronto
Suspected violations to be investigated:
  1) Charging patients for medically necessary services
  2) Queue-jumping
Services Sold: MRIs

(Telephone interview at 11:14am, November 11th, 2016)
Q: How do I go getting an MRI done at your clinic?
A: Referral is needed from your doctor, it takes 2-3 days to be seen.
Q: Do I need my health card?
A: Yes.
Q: If I pay to get my MRI at your clinic, how much faster can I get it done compared to being on the public waiting list?
A: No private pay available, unless by 3rd party such as your company owner, WSIB, insurance, lawyer for personal injury paid by corporate. The corporation could pay with a cheque, and corporation-paid MRI could be done in 2-3 days. If you have a friend or a business that is able to pay by corporate cheque, then the MRI can be done in 2-3 days' time.
Q: So if I have a friend who owns her own company and she writes a corporate cheque on her company account, can I get my MRI done a lot faster?
A: Yes, you have the option of having the MRI at Markham Stouffville Hospital where they have 3 new Tesla machines or in St. Michael's hospital. Our assistants will call regarding scheduling and payment. Your friend would provide a corporate cheque certified or corporate credit card preauthorized before the MRI scan and put through for payment after the scan.
Q: Would it be different if I got it done through the hospital?
A: Via OHIP, it would take 4-5 months.

TLC Yonge-Eglinton Laser Eye Centre, Toronto
Suspected violations to be investigated:
  1) Charging patients for medically necessary services
  2) Queue-jumping
Services Sold: Ophthalmology Services

(Telephone interview at 2:36pm, November 29th, 2016)
Q: I'm calling to get some information on cataract surgery for my grandmother. How would she go getting this procedure done at your clinic?
A: Referral from optometrist or family doctor is needed.
Q: Does she need her OHIP card?
A: Yes, there is OHIP coverage but she will need to find a hospital surgeon.
Q: Are there any fees?
A: She will have to pay here with partial OHIP coverage. Premium lenses are $1645 per eye, and there are also facility fees, post-op fee and care fees.
Q: How long is the wait time for cataract surgery, would it be possible to pay to get the surgery done faster?
A: You would have to wait only 1-2 months for your procedure here compared to public hospitals, which would take a year.
Q: Where would the surgery take place?
A: The surgery would take place here at the surgery centre.
Crystal Clear Vision, Toronto  
**Suspected violations to be investigated:**  
1) Charging patients for medically necessary services  
2) Queue-jumping  
Services sold: Cataract Surgery, Lasik Surgery and other surgical eye services

(Telephone interview on March 29th, 2017)  
Q: I’m calling to get some information on cataract surgery for my grandmother. How would she go getting this procedure done at your clinic?  
A: We would book her in for an initial consultation. We can do this without a referral, no problem.  
Q: How long is the waiting time for surgery at your clinic?  
A: We can book the consultation next week for testing, mapping, and talking with the doctor and specialist to discuss pricing and details. We would book the surgery within the next month, at the end of April or the end of May.  
Q: Would it be possible to pay separately to get the surgery done faster, compared to waiting in the hospital?  
A: Yes, we are a private eye clinic so the procedures are not OHIP covered. I’ve heard that you’d have to wait at least 4-6 months if you did it at the hospital, it’s a lot faster to do the procedure privately.  
Q: How much does it cost?  
A: It depends on the type of lenses, it would range from $2000-4500 with premium lenses. For standard lenses, the price would be more around $1500-2000.  
Q: Does she need her health card?  
A: We like to have the health card for identification purposes only, we don’t bill to the government.  
Q: Are there any fees – for tests or anything?  
A: The consultation is free for our patients. After the procedure, there is a fee that would be paid to us for the post-op follow-ups, and we would give that fee to the optometrist. We provide the first follow-up, then for a year the next follow-ups with the optometrist. I don’t know the fee on top of my head, but I know it’s in the hundreds.

Medcan, Toronto  
**Suspected violations to be investigated:**  
3) Charging patients for medically necessary services  
4) Queue-jumping  
Services sold: Annual Health Assessments, Year-Round Care, Personalized Live Well Programs

(Telephone interview on February 14th, 2017)  
Q: I’m calling to get some information about your clinic. Could you tell me more about your Year Round Care?  
A: The title of the program is aptly named, it’s exactly what it says – it offers year-round care, so anytime throughout the year you want to see the physician, you are guaranteed a same day appointment or a convenient video visit with the doctor. It offers over-the-phone prescription, doctor’s notes, and more.  
Q: Is there an annual or membership fee involved?  
A: For individuals, it costs $895/year, for individuals under 18 years it costs $495/year.  
Q: Do I need to bring my health card?  
A: May of the services in the Year-Round Care is not covered by OHIP. Appointments are covered by OHIP. The membership fee acts as a block fee, to pay for all the services that are uninsured.  
Q: If I decide to not pay the membership, can I still get regular medical services at your clinic?  
A: We also provide physical exams, but it’s more comprehensive than a regular checkup. It’s an executive health assessment, which lasts for 5 hours and examines the whole body.  
Q: If I decide to get the membership, do I get an appointment faster with a physician?  
A: You can make appointments and pay-per-service. If you want healthcare service covered by OHIP, I suggest you go to your family doctor.

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La Vie Executive Health Centre, Vaughan

**Suspected violations to be investigated:**

5) Charging patients for medically necessary services
6) Queue-jumping

Services Sold: Comprehensive Health Assessments including a “comprehensive wellness program” which is year-round and includes services “when health issues arise”.

(Telephone interview on March 15th, 2017)

Q: Hello, I called before to get details on the services you provide but I’m a bit confused. If I pay the membership fee, does my family get the services for free? Is there a family package deal or something like that?
A: What we provide are concierge health services, it covers a lot of medical services that you need. It costs $175 per month for 1 adult. If 2 adults pay the fee of $350 per month, up to 2 of their children under 21 years of age are provided these services for free.

Q: Do we all need to bring our OHIP card?
A: Whatever is billable to OHIP, we bill. But things like over-the-phone appointments and 24/7 medical assistance are not covered. For example, if you come in to see the doctor then you bring your OHIP card with you. If you have an appointment over the phone, then OHIP card is not needed.

Q: If I don't pay the membership fee, can I still get a doctor there?
A: We are not taking family practice patients, we are only accepting members.

(Telephone interview on November 16th, 2016)

Q: What kind of services do you provide?
A: We provide family practice services and private individual services if you pay.

Q: Is there a membership fee?
A: Annual fee is $1500/year, this includes checkups, blood work, requisitions, and referrals.

Q: Do I need my OHIP card?
A: Yes, you need to bring your health card.

Q: If I opt to not pay the membership fee, can I still access services at your clinics?
A: Family patients are under OHIP, and the annual fee is also under OHIP.

Q: How long is the wait time if I pay compared to the wait time if I don’t pay the fee?
A: If you pay the annual fee, we would do our best to find room for you to book an appointment within the day or two. If you’re with family practice with OHIP and you don’t pay, you would just be on our regular waiting list and this might take a week or so. This is the difference if you’re just with a family doctor under OHIP or if you’re paying the annual fee.

Medisys, Toronto

**Suspected violations to be investigated:**

1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: Executive Health Assessments, 24-hour telephone access to physicians

(Email sent on November 16th, 2016)

Email states as follows: “We offer a service, MedisysLife, which offers an annual assessment as well as a full year of continued care with Medisys for $3250.00 + tax, per person. You will have unlimited access to in-person consultations within any one of our Medisys clinics across Canada. You have access to a nurse and/or a doctor by telephone 24 hours a day, 365 days a year. The service allows you to have telephone consultations, prescription renewals, medical coordination, etc. Your Medisys preventative health assessment includes consultations with Medisys health professionals and a comprehensive range of tests to evaluate your current state of health.”
**Genesis Professional Group, Concord**

**Suspected violations to be investigated:**

1) Charging patients for medically necessary services

Services sold: Health and Lifestyle Assessments and guaranteed ongoing access to the clinic's physicians.

(Telephone interview on March 8th, 2017)

Q: I’m calling about getting some information about your clinic. What kind of services do you provide?
A: We have 3 MD’s in our clinic, who can discuss with you about our Genesis Model at no cost.

Q: Is there an annual or membership fee?
A: There is an annual fee of $4068 plus tax.

Q: Do I need to bring my OHIP card? Does my health card cover for any of these services?
A: Your OHIP card is needed to pay for Lab/X-ray/MRI, referrals to specialists, and other investigative measures. The annual fee covers services provided at the clinic, for example talking to the MD.

Q: I’d like to book an appointment, but I’m not sure if I want to pay the membership fee, I don’t want all of that. Can I still get medical services there even if I decide not to pay?
A: No, you cannot receive our services if you do not pay the annual fee.

Q: How long is the wait time to get an appointment if I pay compared to the wait time if I don’t pay the membership fee?
A: If you become a client at our clinic, you can get same-day appointments.

**Regal Health Services, Toronto**

**Suspected violations to be investigated:**

1) Charging patients for medically necessary services

Services sold: 24/7 Emergency Medical Advice from a personal physician, Paramedic Home or Office Visits for taking blood/urine/EKG/vital signs, Comprehensive Physical Exam, arranging third-party MRI testing, etc.

(Telephone interview at 4:30pm, November 15th, 2016)

Q: What kind of services do you provide?
A: This is a private clinic, we provide concierge services which are different from OHIP public services. We are on-call 24/7, and we offer head-to-toe assessments with extensive screenings, blood tests, and immunizations as needed.

Q: Is there a membership fee?
A: There is an annual fee of $3700 per person.

Q: Do I need to bring my health card?
A: An OHIP card will be needed, for example if we find something in our assessment that necessitates an MRI. We can arrange a fast MRI in Buffalo for $600, because the MRI waiting list could be as long as 6 weeks.

Q: If I opt not to pay the membership fee, can I still access services at your clinic?
A: We encourage the annual membership fee so we can offer 24/7 health services whenever you need. All services would be included within the annual fee.
Healthcare 365, Toronto
Suspected violations to be investigated:

1) Charging patients for medically necessary services

Services sold: Health Management Practice, nurses and doctors available 24/ on-call, creating personalized health care plans

(Questionnaire interview at 10am, November 16th, 2016)

Q: Is there a membership fee to access your services?
A: Yes, the annual fee is $330/year and $275/month.

Q: Do I need to bring my OHIP card?
A: Depends, if you’re looking for services that our clinic provides that are covered under OHIP. We have family doctors that you can register with at our clinic.

Q: If I opt not to pay the membership fee, can I still access services at your clinic?
A: Family practice services through OHIP are different from our annual management services, because with annual services we track all of your records and provide services you wouldn’t get normally with your family doctor. We connect with your family doctor or with ours if you register with us.

Shouldice Hospital, Thornhill
Suspected violations to be investigated:

1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: Hernia surgery

(Questionnaire interview at 2:18pm on February 15th, 2017)

Q: I’m calling to get some information about hernia surgery for my father. How would he go about getting this procedure done at your hospital?
A: He needs to come in for a consultation to be assessed by the surgeons at our hospital, we have a walk-in clinic where he can come in to be assessed.

Q: Does he need a referral?
A: No, he can come in with or without a referral.

Q: How fast can he book an appointment for the procedure?
A: It depends on the assessment. If everything is straightforward, he can get his procedure done in 4-6 weeks.

Q: Does his OHIP cover for the procedure? Does he need to bring his health card?
A: Yes, it’s covered. He should bring his health card.

Q: Are there any additional costs?
A: Yes, for rooms. We only offer semi-private rooms, and it costs $245 for each night after surgery. He needs to stay at the hospital for 4 nights.

Taunton Surgical Centre, Oshawa
Suspected violations to be investigated:

1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: General Surgery, Orthopaedic Surgery, Urology, Gastroenterology, etc.

(Questionnaire interview at 2:20pm on February 15th, 2017)

Q: I’m calling to get some information about getting an endoscopy for my father. How would he go about getting this procedure done at your clinic?
A: He needs to have his referral sent to the clinic, the requisition will be assessed, and we will call him to book an appointment.

Q: Is the procedure covered by OHIP?
A: Generally, yes. It is completely covered if he chooses to have the endoscopy done at the hospital. If he chooses to have it done at the clinic, there is a block fee of $60.
Q: What do these fees pay for exactly?
A: The block fees cover for uninsured services. The hospital doesn’t provide food, we provide juice and crackers so that it’s safer for when the patient goes back home. We provide parking spaces, patients say they have enjoyed their overall experience here better than the hospital because it’s quieter.
Q: If he pays the block fee, can he get the procedure faster than the hospital?
A: Possibly, currently we are booking faster at Taunton.
Q: Does he need to bring his health card?
A: Yes, he needs to bring his health card at his first appointment.

**Durham Endo Surgery Centre, Ajax**

**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: Colonoscopy, Gastroscopy, and other Endosurgical Procedures

(Telephone interview at 3:04pm on February 15th, 2017)
Q: I’m calling to get some information about an endoscopy for my father. How would he go getting this procedure done at your clinic?
A: Family doctor would send a referral, and we would call over the phone to book an appointment.
Q: Where would the surgery take place?
A: As long as he is healthy, he has the option of having the endoscopy at our clinic instead of the hospital.
Q: Is the endoscopy covered by OHIP?
A: Yes, it is covered.
Q: Are there any additional costs?
A: There is an administration fee of $50, and they are for things that are not covered such as food, recovery room, and locker fee.
Q: Does he need to bring his health card?
A: Yes, he needs to bring it to his consultation.
Q: Can he get his endoscopy faster than if he did it at the hospital?
A: No.
Quebec: 31 (14 eye, boutique & surgical; 17 MRI)

Note: The Quebec government has de-insured medically necessary MRIs, CTs, and ultrasounds (excluding x-rays) when they are conducted outside of hospitals. Nonetheless, the Canada Health Act requires provincial governments to cover, under uniform terms and conditions, all medically necessary hospital and physician services. In the mid-1990s, Alberta was required to reimburse all patients who had been forced to pay private clinics for MRI scans that were medically necessary.

**Echo-Medic, Laval**

**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: Ultrasounds, Mammography, MRIs

(Telephone interview at 3pm on February 15th, 2017)

Q: I’m calling to get some information on an MRI. How do I go getting this procedure done at your clinic?
A: You fax your prescription to the clinic, and we call you for your appointment.
Q: What is the cost of the procedure? What does the cost cover?
A: For one body part, it costs $650. The reports are covered.
Q: Are there any additional fees?
A: No.
Q: If I pay to get my MRI at your clinic, how much faster can I get the MRI done compared to being on the public waiting list?
A: Yes, we are a private clinic.
Q: Where would the MRI takes place? Would it take place in the hospital?
A: At the clinic.
Q: What are the advantages of having my MRI done privately?
A: You get the MRI as fast as next week.

**IRM Clarke, Montreal**

**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: MRIs

(Telephone interview at 11:55am on February 15th, 2017)

Q: How do I go getting an MRI done at your clinic?
A: We are a private clinic, starting price is $650 for an MRI procedure. We need the referral either faxed or emailed to us, and we will call you to book an appointment.
Q: What does the cost cover?
A: You get all the images and the CD, and only have to wait 2-3 days for the written report.
Q: Are there any additional fees?
A: No.
Q: If I pay to get my MRI at your clinic, how much faster can I get the MRI done compared to being on the public waiting list?
A: There is no waiting time at our clinic, we book your appointment as early as today or tomorrow.
Q: Do I need my health card?
A: No.
Q: Where would the MRI take place?
A: In the clinic.
Q: What are the advantages of having my MRI done privately?
A: The advantage is that you get it faster. You can get it for free at the hospital, except the hospital wait time for an MRI is one year.
Radimed, Montreal
Suspected violations to be investigated:
   1) Charging patients for medically necessary services
   2) Queue-jumping
Services sold: Ultrasound, CT, MRI, Mammography, Bone Densitometry, and other imaging services

(Telephone interview at 11:04am on February 15th, 2017)
Q: How do I go getting an MRI procedure done at your clinic?
A: Fax the doctor's requisition to the clinic and we will call you to book an appointment.
Q: What is the cost of the procedure? What does the cost cover?
A: The start cost of the procedure is $650.
Q: Are there any additional fees?
A: No.
Q: If I pay to get my MRI done at your clinic, how much faster can I get the MRI done compared to being on the public waiting list?
A: We can book you in for an MRI in a week.
Q: Do I need my Medicare card?
A: Yes, you should bring your card.
Q: Where would the MRI take place?
A: It takes place in the clinic.
Q: What are the advantages of having my MRI done privately?
A: You get your MRI done faster. You can request for a CD if needed. The report can be sent to your doctor within a week.

Imagerie des Pionniers, Lachenaie
Suspected violations to be investigated:
   1) Charging patients for medically necessary services
   2) Queue-jumping
Services sold: MRIs, Fluoroscopy, Radiography, Ultrasonography, CT Scan, Bone Densitometry

(Telephone interview at 3:03pm, November 11th, 2016)
Q: How would I go getting an MRI procedure done at your clinic?
A: Fax prescription of doctor needed, then we can book an appointment.
Q: Do I need to bring my health card?
A: Yes, name, health card, address required.
Q: What is the cost of the procedure? What does the cost cover?
A: $650. Cost covers image, CD, written report 2 days later.
Q: If I pay to get my MRI at your clinic, how much faster can I get the MRI done compared to being on the public waiting list?
A: There is no waiting list, we are available as fast as tomorrow, it takes 1-2 days.
Q: Would it be different if I got the MRI done at the hospital?
A: Wait time would be 1 year at the hospital.
Imagix – Radiologie, St. Laurent  
**Suspected violations to be investigated:**  
1) Charging patients for medically necessary services  
2) Queue-jumping  
Services sold: MRI, Ultrasound, Radiology, CT Scan, Bone Densitometry, Mammography, etc.

(Telephone interview at 10:28am, November 23rd, 2016)  
Q: How do I go getting an MRI at your clinic?  
A: We need the prescription faxed from your family doctor. After we have a look at it, we will call you on the same day.  
Q: What is the cost of the procedure and what does this cover?  
A: This depends on the prescription, if you need contrast or not because this will be extra charge.  
Q: If I pay to get my MRI at your clinic, how much faster can I get the MRI done compared to being on the public waiting list?  
A: After we receive your prescription, we can book your MRI appointment within the same week or the week after. In the hospital, the current waiting list is about 6 months to a year.  
Q: Do I need to bring my Medicare card?  
A: Yes, you need to bring your medical insurance card, this is used for identification.  
Q: What are the advantages of having my MRI done privately?  
A: Unless you want to wait 6 months to a year at the hospital, having it done privately will get your MRI much faster. People usually want their results as fast as possible, and we provide the results 2-3 days after the MRI and we fax it to your doctor.

IRM Trois Rivieres (IRM Quebec), Trois Rivieres  
**Suspected violations to be investigated:**  
1) Charging patients for medically necessary services  
2) Queue-jumping  
Services Sold: MRIs

(Telephone interview at 3:13pm, November 11th, 2016)  
Q: How do I go getting an MRI at your clinic?  
A: We need a referral from your doctor.  
Q: Do I need to bring my health card?  
A: Yes.  
Q: What is the cost of the procedure?  
A: $665. Cost covers MRI, CD the same day, and a written report 5 days later.  
Q: If I pay to get my MRI at your clinic, how much fast can I get my MRI done compared to being on the waiting list?  
A: There is no waiting list, no available time tomorrow but available within the week.  
Q: Would it be different if I got it done at the hospital?  
A: At the hospital, the wait time is 6 months to 1.5 years.

Léger et associés, Radiologists, Montreal  
**Suspected violations to be investigated:**  
1) Charging patients for medically necessary services  
2) Queue-jumping  
Services Sold: General Radiology, Bone Densitometry, Echography, Mammography, CT Scan, MRIs

(Telephone interview on November 22nd, 2016)  
Q: How do I go getting an MRI done at your clinic?  
A: You have to fax or email the referral form from your family doctor.
Q: Can I pay to get my MRI done faster? How much faster can I get the MRI done compared to having it done publicly?
A: Our clinic is strictly private so you can only pay for your services. It costs $650, and we can book your appointment in the next 4-5 days, it will take longer if you get it done publicly.
Q: Do I need my Medicare card?
A: No, it is not needed.

**Medvue Imaging, Laval**

**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: MRIs

(Telephone interview at 9:46am, November 23rd, 2016)

Q: How do I go getting an MRI at your clinic?
A: You need to fax your prescription by email, and we get back to you within the same day.
Q: If I pay to get my MRI at your clinic, how much faster can I get the MRI done compared to being on the public waiting list?
A: After faxing your prescription, you can get your MRI within the same week.
Q: Do I need to bring my Medicare card?
A: No.
Q: What is the cost of the procedure for the cervical spine?
A: For the neck area, it is $640.
Q: What are the advantages of having my MRI done privately?
A: You get the MRI done faster.

**Ottawa Valley MRI, Gatineau**

**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: MRIs

(Telephone interview at 9:58am, November 23rd, 2016)

Q: How do I go getting an MRI at your clinic?
A: First we need a requisition from your doctor, you can fax or email it to us, and we get back to you on the same day.
Q: If I pay for my MRI at the clinic, how much faster can I get my MRI done compared to being on the public waiting list?
A: In the hospital, the current waiting list is approximately 6 months. Once we get your requisition, you can have your MRI done on the same day, you leave with the images and the results will be sent to your doctor within 2 business days.
Q: What is the cost of the procedure for a cervical spine MRI?
A: It would cost $745.
Q: Do I need to bring my Medicare card?
A: No.
Q: What are the advantages of having my MRI done privately?
A: Not only do you get the MRI done on the same day, the results will be sent a lot faster also, compared to if you did it at the hospital.
**Radiologie Varad, Montreal**

**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: MRI, CT Scan, Ultrasound, Mammography, General Radiology, Osteodensitometry

(Telephone interview at 12:09pm, November 11th, 2016)

Q: How do I go getting an MRI at the clinic?
A: Personal doctor prescription, fax or email. You get a call back for appointment.
Q: Do I need to bring my health card?
A: People usually bring it.
Q: What is the cost of the procedure? What does the cost cover?
A: $650, you pay because this is a private clinic. This cost covers MRI procedure, written report by doctor, CD.
Q: If I pay to get my MRI at your clinic, how much faster can I get my MRI done compared to being on the public waiting list?
A: We have available space next week, no waiting time.
Q: Would it be different if I got it done at the hospital?
A: Each hospital has different waiting times, ranging between 3 months – 1 year.

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**Résoscan CLM, Greenfield Park**

**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: MRIs, CT Scans, PET scans, Colonoscopy, Ultrasound, General Radiology

(Telephone interview at 2:38pm, November 22nd, 2016)

Q: How do I go getting an MRI at your clinic?
A: We need a referral from your family doctor, the radiologist will overlook the exam and provide the fee that you will need to pay.
Q: If I pay to get my MRI at your clinic, how much faster can I get the MRI done compared to being on the public waiting list?
A: I don’t know how long the waiting list is at the hospital, but if you make your appointment at our clinic, you can get your MRI within 3-5 days.
Q: What is the cost of the procedure for the neck area?
A: $650-750 for the neck region, depends on if you need the injection or not.
Q: Do I need to bring my Medicare card?
A: We need the card for files, but not for anything else.
Q: What are the advantages of having my MRI done at privately?
A: The main advantage is getting your MRI a lot faster, and you get to see your doctor faster as well.
St. Joseph’s MRI, Gatineau
Suspected violations to be investigated:
   1) Charging patients for medically necessary services
   2) Queue-jumping
Services sold: MRIs

(Telephone interview at 10:14am, November 23rd, 2016)
Q: How do I go getting an MRI done at your clinic?
A: We need a referral from your doctor by fax or email, and we get back to you on the same day, or within 24-48 hours.
Q: What is the cost of the procedure for the neck area?
A: It would cost $745
Q: If I pay to get my MRI done at your clinic, how much faster can I get my MRI done compared to being on the public waiting list?
A: It would be done a lot faster, we can book your appointment for MRI a day or two after we receive your referral.
Q: Do I need to bring my Medicare card?
A: Yes, because there is a cost that we bill OHIP so it is covered for you, it is called professional fees.
Q: What are the advantages of having my MRI done privately?
A: Of course, you get the MRI done a lot faster. You get to receive the report a lot faster too, within 48 hours and this includes a CD if you need to see a specialist, as well as the images.

ViaMedica Medical Centre, Montreal
Suspected violations to be investigated:
   1) Charging patients for medically necessary services
   2) Queue-jumping
Services Sold: MRIs, CT Scan, Ultrasound, Virtual Colonoscopy, Mammography, and Medical Services such as blood tests, vaccines, and nursing services

(Telephone interview at 10:55am, November 23rd, 2016)
Q: How do I go getting an MRI done at your clinic?
A: We need a referral from your doctor, and we call you back after to give you the specific pricing and details.
Q: What is the cost of the procedure?
A: The starting price is $650.
Q: Are there any additional fees?
A: Additional fees depend on the referral, if you need the injection or not. We will determine and tell you when we call back.
Q: If I pay to get my MRI at your clinic, how much faster can I get the MRI done compared to being on the public waiting list?
A: If you send your referral today, you can get the MRI done on the same day.
Q: Do I need to bring my Medicare card?
A: Yes.
Q: What are the advantages of having my MRI done privately?
A: If you do it at the hospital, you have to wait a lot longer. Also, we send the results quickly, within 24-48 hours and we give you the DVD and the images.
Radiologie Dix30, Brossard

Suspected violations to be investigated:
1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: MRIs and other diagnostic imaging services

(Telephone interview at 10:47am, November 23rd, 2016)
Q: How do I go getting an MRI at your clinic?
A: First you send your request from your family doctor, and we will call you back with the exact pricing and details for your appointment.
Q: What is the cost of the procedure?
A: Starting price is $600, but we will call you back once we have the requisition.
Q: If I pay to get my MRI done at your clinic, how much faster can I get the MRI done compared to being on the public waiting list?
A: After receiving the requisition, you can get the MRI within the day or the next day.
Q: Do I need my Medicare card?
A: No.

Radiologie Mailloux, Quebec

Suspected violations to be investigated:
1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: MRIs, CT Scan, Mammography, General Radiology, and other medical imaging services

(Telephone interview at 2:56pm, November 11th, 2016)
Q: How do I go getting an MRI at your clinic?
A: Email or fax your referral, we will call you for your appointment.
Q: Do I need my Medicare card?
A: No.
Q: What is the cost of the procedure?
A: $665, covers the complete report.
Q: If I pay to get my MRI at your clinic, how much faster can I get the MRI done compared to being on the public waiting list?
A: Wait time in the hospital would take 6 months for public wait times, but only 5 days in our clinic.

Radiologie Monteregie, Longueuil

Suspected violations to be investigated:
1) Charging patients for medically necessary services
2) Queue-jumping

Services Sold: MRIs, CT Scans, Ultrasound, Virtual Colonoscopy

(Telephone interview at 2:25pm, November 22nd, 2016)
Q: How do I go getting an MRI done at your clinic?
A: We need to be faxed a referral from your doctor.
Q: If I pay to get my MRI at your clinic, how much faster can I get the MRI done compared to being on the public waiting list?
A: Yes, if you pay for your MRI in our clinic, you can get your MRI in 2-3 days.
Q: What is the cost of the procedure?
A: It costs $625, and the additional fees would depend on the exam.
Q: Do I need my Medicare card?
A: No.
Groupe Unimage, Montreal
Suspected violations to be investigated:
  1) Charging patients for medically necessary services
  2) Queue-jumping
Services sold: MRIs, General Radiology, Bone Densitometry, and Mammography

(Telephone interview at 11:27am, November 23rd, 2016)
Q: How do I go getting an MRI at your clinic?
A: Fax or email referral from your doctor, and we call you back.
Q: What is the cost of the procedure?
A: Starting price is $625.
Q: If I pay to get my MRI at your clinic, how much faster can I get the MRI done compared to being on the public waiting list?
A: After we call you back, you can get the MRI on the same day.
Q: Do I need my Medicare card?
A: No.

Montreal Eye Institute, Montreal
Suspected violations to be investigated:
  1) Charging patients for medically necessary services
  2) Queue-jumping
Services Sold: Cataract Surgery, Laser Eye Surgery, Ophthalmology

(Telephone interview on November 23rd, 2016)
Q: I'm calling to get some information on cataract surgery for my grandmother. How would she go getting this procedure done at your clinic?
A: She should come in for a consultation, with her Medicare card the first consultation is covered.
Q: Does she need a referral?
A: No referral needed.
Q: Does she need to bring her Medicare card?
A: Yes.
Q: Are there any fees?
A: The starting price for the surgery is $2300 per eye. It costs $25 for the eye drops and for the eye exam also.
Q: Would it be possible to pay to get the surgery done faster compared to being on the public waiting list?
A: After the consultation with the surgeon, we can book the procedure within 2 weeks. I don't know how long the waiting list is for the hospital, but I doubt they can book her a procedure within 2 weeks.
Q: Is there a way to see your surgeons in a hospital for free?
A: No, they do not work in the hospital, only in the clinic.

Laservue, Montreal
Suspected violations to be investigated:
  1) Charging patients for medically necessary services
  2) Queue-jumping
Services sold: Lasik Surgery, Laser Eye Surgery, Cataract Surgery, Lens Implants, and other surgical eye services

(Telephone interview at 2:19pm, November 23rd, 2016)
Q: I'm calling to get some information on cataract surgery for my grandmother. How would she go getting this procedure done at your clinic?
A: She would book an appointment for an evaluation, the consultation fee is $100.
Q: Does she need a referral?
A: No referrals are needed.
Q: Does she need to bring her Medicare card?
A: Yes, she needs to bring it.
Q: Are there any fees?
A: It costs $1000-3000 for each eye, and this cost includes everything.
Q: Would it be possible to pay to get the surgery done faster compared to being on the public waiting list?
A: We do the surgery here at the clinic, so it is faster than the hospital. Here at the clinic we essentially have no wait time. We can get her consultation after the holidays in January (in 2 weeks), and book her in for surgery within the month.
Q: Is there a way to see your surgeons in a hospital for free?
A: No, all the doctors only work here in the clinic.

**Cliniques Michel Pop, Montreal**

**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: Lasik Surgery, Cataract Surgery, and other surgical eye services

(Telephone interview on November 23rd, 2016)
Q: I’m calling to get some information on cataract surgery for my grandmother. How would she go getting this procedure done at your clinic?
A: She would come in for a consultation, this takes an hour and a half.
Q: Does she need a referral?
A: No referral is needed.
Q: Does she need to bring her Medicare card?
A: Yes.
Q: Are there any fees?
A: For monofocal lenses, the surgery would cost $2200 per eye. Eye drops after surgery are an additional cost.
Q: Is it possible to pay to get the surgery done faster compared to being on the public waiting list?
A: Yes, it would be done a lot faster than in the hospital. After the consultation, we can book the procedure within the month.
Q: Is there a way to see your surgeon in a hospital for free?
A: Dr. Pop works only in the clinic.

**Clinique d’Ophtalmologie Iris, Laval**

**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: Cataract Surgery, Lasik Surgery, Intraocular Lens Implants, and other surgical eye services

(Telephone interview at 3:09pm, November 23rd, 2016)
Q: I’m calling to get some information on cataract surgery for my grandmother. How would she go getting this procedure done at your clinic? Does she need a referral?
A: She does not need a referral, and the appointment is no charge. It is a 2hr appointment and the surgery starts at $1290 per eye.
Q: Does she need her Medicare card?
A: Yes she needs her card to put in our system but we don’t use it.
Q: Are there any other fees?
A: Yes. After the surgery she needs to buy eye drops. She needs to buy 6 bottles for both eyes that cost around $160 per bottle. Also, if she wants to get lens that doesn't require her to wear glasses after the surgery, we have an upgraded lens starting from $3300 per eye. This fee includes the surgery and the lens itself.

Q: Can she pay to get the cataract surgery faster?
A: The waiting list is 2 weeks in comparison to the public waiting list.

**ChirurgiVision Clinic, Trois-Rivieres**

**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: Refractive Surgery, Cataract surgery

(Telephone interview at 11:40am, November 23rd, 2016)

Q: I'm calling to get some information on cataract surgery for my grandmother. How would she go getting this procedure done at your clinic?
A: She needs prescription from the doctor, and the consultation fee is $100.

Q: Does she need to bring her Medicare card?
A: Yes.

Q: Are there any fees?
A: It costs $2,500-4,000 for each eye, this includes 2 years of follow-up, comparing to the hospital where only the first week of follow-up is covered.

Q: Would it be possible to pay to get the surgery done faster compared to being on the public waiting list?
A: If done privately, from consultation to the actual procedure it takes less than a month. In the hospital, it would take 6-8 months.

Q: Is there a way to see your surgeon in a hospital for free?
A: Dr. Roy performs the cataract surgery. He works in the hospital, and also performs surgery at our clinic. If she wants to go through publicly, he only performs surgery at the hospital once a month, but in the clinic he performs this surgery each week.

**Lasik MD, Montreal**

**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

Services Sold: Cataract Surgery, Refractive Lens Exchange, and Presbyopic Lens Exchange

(Telephone interview at 2:35pm, November 23rd, 2016)

Q: I'm calling to get some information on cataract surgery for my grandmother. How would she go getting this procedure done at your clinic?
A: First, she would come in for a consultation, it is a 2hr assessment. This is free, it is to determine if she is a surgical candidate.

Q: Does she need a referral?
A: No referrals are needed as we are a private clinic.

Q: Does she need her Medicare card?
A: Yes, but this is only for identification purposes.

Q: Are there any fees?
A: It costs $2500 for each eye, this includes the procedure, the lenses, post-lasik follow-ups and a 3 year plan.

Q: Is it possible to pay to get her surgery done faster compared to being on the public waiting list?
A: After the consultation, we can book her in for the procedure within a few days. She can have the consultation and procedure within the same week.
Q: Who does the assessment? Is it the same person who does the actual surgery?
A: Our eye care specialist would perform the assessment, and then one of our eye surgeons would perform the surgery.
Q: Is there a way to see your surgeons in the hospital for free?
A: All of our eye surgeons work in the clinic only.

**Clinique Chirurgicale de Laval, Laval**

**Suspected violations to be investigated:**
- 1) Charging patients for medically necessary services
- 2) Queue-jumping

Services sold: Orthopedic Surgery, Reconstructive Surgery

(Telephone interview at 11:23am, November 22nd, 2016)
Q: I’m calling to get some information about a torn ACL surgery for my father. How would he go getting this procedure done at your clinic?
A: First of all, how we bill our patients at our clinic is very different because all our orthopedic surgeons work publicly in the hospital. Under the law, they are not allowed to bill patients separately for private surgeries when they also work publicly. So what we do instead is he would pay through a 3rd party, such as billing through his employer. If the employer agrees, we will speak to them and arrange the billing. They must cover 100% of the cost, and a document must be passed before he can come for his first appointment. Consultation costs $250, and the surgery would cost around $6,000-8,000. Everything is covered in this cost, including 3 follow-ups in the clinic after the surgery. After the consultation, we will book the procedure in 2-4 weeks.
Q: Does he need to bring his Medicare card?
A: Yes, we ask for him to bring his card, normally it is not used but for tests.
Q: Is there a way to see your surgeons at the hospital?
A: Yes, all our orthopedic surgeons work in the hospital.
Q: Does he need braces after the procedure?
A: Yes, and they are a separate cost of $150.

**Westmount Square Surgical Centre, Westmount**

**Suspected violations to be investigated:**
- 1) Charging patients for medically necessary services
- 2) Queue-jumping

Services sold: Specialist Services (Cardiology, Gynecology, General Surgery, Orthopedics, etc.)

(Telephone interview on November 22nd, 2016)
Q: I’m calling to get some information about a torn ACL surgery for my father. How would he go getting this procedure done at your clinic?
A: Your family doctor would refer you to one of our orthopedic surgeons here at our clinic. The surgeon would see the MRI and determine if you need surgery.
Q: Can he pay to get his knee surgery faster compared to being on the public waiting list?
A: If he wants to do his surgery privately, we have Dr. Heron who does the surgeries privately. He needs to go to his office and indicate that he wants it done privately, or else he’ll put him on the public waiting list. The surgery costs $7600, and this price covers everything. It is a one-day surgery, and once he’s stable he will be sent home.
Q: Does he need to bring his Medicare card?
A: The Medicare card would be needed at the consultation, because blood work and Electrocardiogram would be taken.
Q: Is there a way to see the surgeon at the hospital?
A: Our surgeons have public offices.
Duval Orthopedic Clinic, Laval
**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

Service sold: Orthopedic Surgery

(Telephone interview at 11:56am, November 22nd, 2016)
Q: I’m calling to get some information about a torn ACL surgery for my father. How would he go getting this procedure done at your clinic?
A: It costs $200 for consultation, we need to see the MRI. The surgery costs $7500, and this includes the surgery, the 1 night stay, pre-op and follow-up, and the medication used.
Q: Does he need a referral?
A: No referral is needed.
Q: Can he pay to get the surgery done faster at your clinic compared to being on the public waiting list?
A: Yes, we are strictly a private clinic. We can book the consultation next week, and the surgical appointment can be booked within 2-3 weeks.
Q: Does he need to bring his health card?
A: The card is not necessary. We only use the number, but he doesn’t need to bring it.
Q: Is there a way to see the same surgeon at the hospital?
A: No, because Dr. Duval owns his own clinic and his own hospital.

Rockland MD, Montreal
**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: Minor Emergency Surgery, Bariatric Surgery, Gynecology, Colonoscopy, and Dermatology

(Telephone interview at 11:07pm, November 22nd, 2016)
Q: I’m calling to get some information about a torn ACL surgery for my father. How would he go about getting this procedure done at your clinic?
A: He needs a referral from his family doctor, the cost for surgery is $7195 and this covers everything – including all pre-op and post-op care.
Q: Is it possible to pay to get his knee surgery done faster compared to being on the public waiting list?
A: Yes. After the consultation visit, we can book the procedure 10-15 days after.
Q: Does he need to bring his Medicare card?
A: Yes, he needs to bring his card on the first visit because it is covered.
Q: Is there a way to see the same surgeon at the hospital?
A: No, only at our clinic.
Q: Will he need therapy after the procedure?
A: He spends 1-2 hours in the recovery room after surgery, and then he will be sent home. There is follow up for 3-4 visits to the clinic, and this is covered by the $7195 cost of the procedure.

Institut de Chirurgie Spécialisée de Montréal, Montreal
**Suspected violations to be investigated:**
1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: Plastic Surgery and Orthopedic Surgery

(Telephone interview on March 28th, 2017)
Q: I’m calling about getting some information about surgery on a torn ACL for my father. How would he go about getting this procedure done at your clinic?
We need a referral from the physician as well as the imaging. It costs $200-250 for the consultation. The doctor will assess the knee and determine the exact cost of the procedure. It usually ranges between $3600-7800. For a torn ACL, it would be closer to $3600.

Q: Can he pay to get his knee surgery faster at your clinic compared to waiting to get it done at the hospital?
A: After consultation, we can book the procedure between 1-3 weeks. I don’t know the wait time for the hospital, but our patients have said it ranged between 8 months to a year.

Q: Are there any other fees - for tests or anything?
A: After the surgery, the first 2 follow-ups are free. After that, each follow-up costs $110-140 each. He can have as many follow-ups as he’d like.

Q: Does he need to bring his health card? (Provincial coverage card – say which ever depending on which province you are calling)
A: The health card would be used only for filing purposes, not for the surgery.

Q: Where would the surgery take place? Would it take place at the Hospital?
A: In the clinic.

Médicine Privée Notre Dame, Saint Lambert
Suspected violations to be investigated:
1) Charging patients for medically necessary services
2) Queue-jumping
Services sold: Private Family Services

(Telephone interview at 10:39am on February 15th, 2017)
Q: I’m interested in getting a family doctor for my family, could you tell me more about how this works at your clinic?
A: We charge $150 to first open the file for new patient’s records, first consultation is $220, then each follow-up after than costs $120. (on website, states the rate is $105/20 minutes, $160/30 minutes, $210/40 minutes, $320/60 minutes, and $105 for every 15 minutes of emergency consultation)

Q: What is the benefit of having a private family doctor compared to a public one?
A: The main advantage is that you get a faster appointment and easier access to the physicians.

Q: Do I need my Medicare card?
A: No, we only take your name and date of birth initially, then your address after the first consultation.

Q: If I opt not to pay the membership or fee, can I still access services at your clinic?
A: No, we are strictly a private service.

Q: Do you provide services that are the same as public services? Do you provide any uninsured services?
A: We provide the same services as what is covered in RAMQ, we do not provide uninsured services. The only difference is the easier access to physicians.

MD-Plus Medical Clinic, Montreal
Suspected violations to be investigated:
1) Charging patients for medically necessary services
2) Queue-jumping
Services sold: Private Medical Family Practice

(Telephone interview at 1:14pm, November 16th, 2016)
Q: What kind of services do you provide at your clinic?
A: We have general practitioners and dermatology, we offer health services to individuals and families.

Q: Is there a membership fee?
A: Yes, it costs $75 per year to be a member at our clinic. Consultation prices are separate, at $95 per consultation.

Q: Do I need to bring my Medicare card?
A: The card would be used for identification purposes, but it is not necessary.
Q: If I opt not to pay the membership fee, can I still access services at your clinic?
A: Yes, you can still pay for our services outside of our membership fee, but it will cost a lot more. For example, for an emergency consultation, outside of our membership it would cost $197 while members would only have to pay $95.
Q: How long is the wait time if I pay compared to the wait time if I don’t pay the fee?
A: If you are a member, we guarantee members same-day appointments. But if you are not a member, we do not provide this guarantee.

**Sentinelle Health Group, Gatineau**

**Suspected violations to be investigated:**

1) Charging patients for medically necessary services
   Services sold: Private Health Services, Annual Exams, Emergency Consultations with nurses and doctors.

(Telephone interview at 10:30am, November 22\textsuperscript{nd}, 2016)
Q: How does your clinic work? What kind of services do you provide?
A: We are a private clinic, we have general doctors here. It costs $60 for 15 minute consultations with a nurse, $175 for 15 minutes with a doctor. Every 15 minutes after that we charge $10 more. We also offer annual exams that cost $399, this price includes the doctor referring you to a specialist, and providing you with any tests that you need.
Q: Do I need to bring my Medicare card?
A: Yes, you need to bring your card, for example if you need a blood test, we would ask you to pay for the cost of the nurse but the blood test is covered.
Q: If I opt to not pay the fee, can I still access services at your clinic? No, since we are a private clinic, you always pay the family doctor services and $35 for the nurse services.
**Saskatchewan: 3**

**Open Skies MRI Diagnostics, Regina**

**Suspected violations to be investigated:**

1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: MRIs

(Telephone interview at 11:55am, November 30th, 2016)

Q: How do I go getting an MRI at your clinic?
A: Requisition is needed from a family doctor, and the requisition will be assessed by the MRI technologist. When the assessment is sent back to the front desk, we will then call you to make an appointment.

Q: If I pay to get my MRI at your clinic, how much faster can I get the MRI done compared to being on the public waiting list?
A: The longest you would have to wait for an MRI is 2-3 weeks after sending in your requisition.

Q: What is the cost of the procedure?
A: The starting fee for MRI is $900, but it can cost more depending on how the assessment goes. For example, if contrast is needed, then that will be an extra fee.

Q: Do I need to bring my health card?
A: Yes, your health card is needed because we decided to use the information on the health card and input it into our computer, so it can transfer from system to system.

Q: What are the advantages of having my MRI done privately?
A: Many of our patients choose to do MRIs privately because of the shorter waiting time, they are told that the wait time in the hospital is 3-4 months for their MRI.

**Mayfair Diagnostics Regina, Regina**

**Suspected violations to be investigated:**

1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: MRIs, CT Scans, Bone Densitometry, Ultrasound, X-ray, and other diagnostic imaging services

(Telephone interview at 10am, November 9th, 2016)

Q: How do I go getting an MRI done at your clinic? Do I need a referral?
A: Yes you need a referral.

Q: Do I need my health card?
A: No need for the health card.

Q: What is the cost of the procedure?
A: Initial cost for an MRI is $950, each additional body part will cost $550, and the contrast used to enhance the diagnostic image costs $250.

Q: Can I pay to get my MRI done faster?
A: The MRI would take 2 weeks which is faster than the hospital.

**Regina Surgical Centre, Regina**

**Suspected violations to be investigated:**

1) Charging patients for medically necessary services
2) Queue-jumping

Services sold: Orthopedic, Plastic, General, and other surgical procedures

(Telephone interview at 11:26am, November 9th, 2016)
Q: I’m calling to get some information about a torn ACL surgery for my father. How would he go getting this procedure done at your clinic?
A: The clinic is contracted out to the Health District and WCB.
Q: Does he need a referral?
A: Yes, from his doctor with the X-rays and other information.
Q: Can one of your doctors give him a referral?
A: Yes, one of our doctors can see him for a consultation and give him a referral.
Q: Would he be able to pay to get his knee surgery done faster at your clinic?
A: Yes, private surgeries are offered at our clinic.
Q: Does he need to bring his health card?
A: Yes, I think it would be needed.
Q: Are there any fees? What do these fees pay for exactly?
A: The consultation fee is approximately $200. Roughly the price would be $5,525 for a torn ACL. This cost covers the surgery, facility fees, the surgeon, anesthesia, assistance fees, and recovery fees. Braces are provided at our clinic at an extra cost.