

the benefits include all medically-required physicians' services and also refractions by optometrists, and a limited range of dental services. The medical services are provided for the most part by doctors engaged in private fee practice and they are paid for on the basis of claims submitted. Doctors who participate receive their entire remuneration, directly or indirectly from the provincial agency, the Quebec Health Insurance Board, in accordance with a negotiated schedule of benefit payments for each service provided, and they cannot extra-bill. They may choose, however, to be paid by the patient, who is reimbursed by the Board. Doctors who choose not to participate must collect all fees (except for emergency care) from the patient, who cannot, as in other provinces, seek reimbursement from the provincial agency. He must pay the entire amount himself.

For financing of part of the provincial share of costs a tax on earnings is used. Each tax-payer whose net income in a year is \$4,000 or more if married, or \$2,000 or more if single, contributes 0.8 per cent of such income up to a maximum of \$125 as regards employees who get at least three-quarters of their income from wages and salaries and up to \$200 in other cases. Employers also contribute 0.8 per cent of their entire payroll. Welfare recipients, and others who happen to have earnings below the income thresholds, are covered without payment of the tax on earnings.

Prince Edward Island

The province began participating on December 1, 1970. Benefits are comparable to those in other provinces. Registration is required but is not a condition of eligibility. All funds required to meet the provincial share of costs are obtained from general revenue sources. Doctors who decide to collect directly from patients can extra-bill, but only up to the amount for the service as listed in the medical association fee-schedule and only after they have told the patient their intention, obtained the patient's written consent, and notified the provincial agency of the amount. Doctors who elect, alternatively, to bill the provincial agency directly are paid by the agency 85 per cent of the fee-schedule amount. This they must accept as payment in full unless, again, they notify the patient of their intention to extra-bill for the additional 15 per cent, and obtain the patient's written consent.

New Brunswick

The province began participating on January 1, 1971. Registration is by the family head and is required, although it is not an eligibility requirement. Doctors must indicate whether or not they intend to participate in the plan; if they so decide, they are obliged to accept 87 per cent of the current fee-schedule as payment in full (except for inclusive obstetrical services provided by a specialist, for which the doctor can bill the patient a specified extra amount).⁽³⁾ Those doctors who elect to deal directly with particular patients as regards payment may "extra-bill" beyond amounts indicated at the 87 percent rate.

(3) The actual amount that may be extra-billed is specified in legislation in New Brunswick, but other provinces permit specialists to extra-bill for non-referred care if the specialist rate is higher than the rate the plan will pay for such service.