

Physicians may choose to receive payment in three ways. First, the physician may receive directly from the public authority payment of 85 per cent of the tariff in the current fee-schedule of the medical association, and accept this payment as payment in full. Secondly, patients and physicians may enrol voluntarily with an "approved health agency" that serves as intermediary, with respect to payment, between the public authority and the physicians; here also, the physician receives the agreed percentage of the tariff. Thirdly, a physician may choose to submit his bill directly to the patient, who pays him either before or after seeking reimbursement from the public authority; the physician may bill the patient directly for amounts over and above what the public authority has paid. No physician is compelled to confine himself to one or the other of these modes of payment. Physicians may also be paid through clinics which are financed by *per capita* contributions from the provincial authority.

British Columbia

This province became a participant under the federal Medical Care Act on July 1, 1968. The plan is governed by a public commission with jurisdiction over a number of "licensed carriers", which are non-profit agencies charged with responsibility for day-to-day management of the separate components of the program. In addition to physicians' services and a limited range of oral surgery in hospital, the benefits include refractions by optometrists, some orthoptic services, limited physiotherapy, special nursing, chiropractic and naturopathy.

Participation in the program is voluntary. Premiums are \$5 a month for single persons, \$10 a month for 2-person families and \$12.50 a month for families of three or more. For eligible residents (they must have resided in the province the preceding 12 consecutive months), the government offers subsidies totalling 90 per cent of the premium for persons with no taxable income and 50 per cent of the premium for persons with taxable income from \$1 to \$1,000. There are no special waivers as in Alberta, Saskatchewan and Ontario for persons 65 years and over.

Payment to physicians is made at 90 per cent of the current fee-schedule. Physicians either bill patients for services rendered, or accept payment directly from a licensed carrier. In the former case, the physician has to notify the patient in writing, before rendering a service, that he is a non-participating physician, and the patient has to agree in writing that he is prepared to pay more than the amount of reimbursement that he may receive from the public authority. In the latter case, the physician may also charge a fee in excess of the tariff, provided the patient has been duly notified, he agrees in writing to the extra charge, and the amount of the extra charge is made known to the Commission.

Newfoundland

This province, with Nova Scotia and Manitoba, became a participant on April 1, 1969. The plan covers all medically-required services by doctors, plus a limited range of oral surgery in hospital. Refractions by optometrists are not a benefit.