

negotiated physicians' fee-schedule. Physicians who choose to take part must accept all payments direct from the plan. Both participating and non-participating physicians may "extra-bill", but they must obtain the written consent of the patient before rendering a service, and the amount of the extra charge has to be made known to the Commission.

The Nova Scotia plan is administered by a non-profit carrier designated by the public authority as its sole agent with respect to fee-for-service accounts. This agency carries out all functions relating to eligibility-checking and the processing and payment of claims, subject to review and audit by the public authority.

Manitoba Manitoba began participating under the federal Medical Care Act on April 1, 1969. Registration is compulsory for all eligible residents. Premiums were discontinued as of July 1, 1973, and the provincial share of the cost is now financed entirely from general revenues.

The insured benefits cover all medically-required services provided by medical practitioners and limited dental surgery in hospitals. Also included, with limitations, are the services of chiropractors and refractions by optometrists.

Physicians may choose to participate in the plan and to accept all payments from public authority, or they may elect to receive payments direct from all their patients. In the former case, the amount received (85 per cent of the physicians' fee-schedule) must be accepted as payment in full. A non-participating physician must give a patient "reasonable notice" if he intends to "extra-bill". Payment is also made for prosthetic devices and certain limb and spinal orthotic devices and services that are medically required. Contact lenses following congenital cataract surgery and artificial eyes are also benefits.

Alberta Alberta became a participating province under the federal Medical Care Act on July 1, 1969, with administration by a Health Care Insurance Commission. A combined annual premium of \$69 for single persons and \$138 for families covers both medical and hospital insurance. Subsidies reduce the premiums to \$24 for single persons and to \$48 for families with no taxable income in the previous year; to \$36 for single persons whose taxable income does not exceed \$500; and to \$72 for families whose combined taxable income does not exceed \$1,000. Premium payments are waived for household heads 65 years of age or over. The levy is also waived if it is the spouse only who is 65 years or over.

Registration and payment of applicable premiums are compulsory.