

## Bulletin 01/05

### NOTICE OF FEES AND DISBURSEMENTS FOR SERVICES RELATED TO THE DIAGNOSTIC AND TREATMENT PROTOCOLS REGULATION AND THE MINOR INJURY REGULATION

Effective January 17, 2005 the following amounts are the maximum fees and disbursements to be charged or paid, as the case may be, by any physician for the preparation, completion and submission of the respective forms or the performance of the respective services described below. These amounts apply to all physicians that are registered members of their respective Professional Colleges.

1. Amount payable for completion of form AB-1a, Claim for Disability Benefits \$75
2. Amount payable for completion of form AB-2, Treatment Plan \$125
3. Amount payable for completion of form AB-3, Progress Report \$100
4. Amount payable for completion of form AB-4, Concluding Report \$100
5. Amount payable for completion of form AB-5, Referral Form \$125
6. Amount payable for providing completed copies of form AB-5, Referral Form \$80 plus \$0.30 per page
7. Amount payable for completion of an Injury Management Consultant Report \$150
  - This amount includes fees for up to one-half hour of an Injury Management Consultant's time.
  - If the time taken by an Injury Management Consultant to complete all aspects of this service, including an assessment, is expected to exceed or exceeds one-half hour, the physician may seek authorization to spend additional time from the appropriate insurance company.
  - This amount does not include any fees payable under paragraphs 9 and 10 below.
8. Hourly amount payable for completion of a Certified Examiner Opinion \$275
  - This hourly rate includes all costs associated with assessments and the preparation of a Certified Examiner Opinion.
  - The hourly rate for this service shall not exceed \$275, unless authorized by the party requesting the assessment and opinion.
  - The time taken by a Certified Examiner to complete all aspects of this service shall not exceed five and half-hours, unless authorized by the party requesting the assessment and opinion.
9. If diagnostic imaging services are required, the amount shall not exceed the amount set out in the Schedule of Medical Benefits (October 1, 2004) pursuant to the *Alberta Health Care Insurance Act*.
10. If full or partial copies of health records of the claimant are required, the amount shall not exceed the amount established by the *Health Information Regulation* pursuant to the *Health Information Act*.