



HEALTH PROFESSIONS LICENSING AUTHORITY

TITLE: 'FINANCIAL PLANS' and 'CARE PLANS' Policy and Guidelines

EFFECTIVE DATE: 1 AUGUST 2008

BOARD: CHIROPRACTORS & OSTEOPATHS BOARD of the NORTHERN TERRITORY

BACKGROUND

'Financial Plans' (also known by the proprietary name of 'Waiting List Practice or WLP) are pre-paid financial arrangements used by chiropractors to offer a discount in fees payable by the patient or to facilitate a bulk payment for services.

Note: For the purposes of this policy chiropractor means the practitioner providing the chiropractic service.

OBJECTIVE

To guide chiropractors and the public in the use of 'Financial Plans' and 'Care Plans'.

POLICY

A 'Financial Plan' is separate to a 'Care Plan' and separate documentation must be maintained for both.

A Care Plan will be required, whenever entering into a pre-paid financial arrangement (Financial Plan).

A Financial Plan document agreed details of fees, must be in writing and signed by the chiropractor and the patient.

GUIDELINES FINANCIAL PLANS

Chiropractors using pre-paid financial arrangements shall:

- (a) Provide patients with a written copy of the financial plan, signed by both the patient and the chiropractor and keep a copy of the plan for their own records.
- (b) Provide patients with a separate Care Plan.
- (c) Ensure the patient:
 - I. Has the opportunity to withdraw from care at any time. With a 'cooling off' period of 7 days;
 - II. Receives full refund of payments not used; and
 - III. Receives a full written and verbal explanation of the terms of the financial arrangement.
- (d) Not pressure or coerce a patient into entering a 'Financial Plan'.
- (e) Either:
 - I. Offer a pay as you go arrangement as an alternative;

OR

- II. Actively assist those patients not wishing to undertake a pre-paid arrangement by providing referrals to other local practitioners without delay.
- (f) If using pre-paid arrangements exclusively, inform the patients of these arrangements during their first visit.
- (g) The Financial Plan should state whether the payment program is time based or visit number based and should include a full disclosure of all of the terms and conditions of the pre-paid financial arrangement, including the terms of any refunds applicable should the patient withdraw from the arrangement.

- (h) The structure of the Financial Plan must:
 - I. Be based on actual patient requirements and tailored to meet a particular patient's need;
 - II. Reflect treatments or visits that are clinically necessary and appropriate; and
 - III. Have the flexibility to allow for change to the patients condition.

GUIDELINES – CARE PLANS

A Care Plan describes a recommended course of patient management and as a minimum it must outline the following:

- The reasons for care (from History and Examination findings);
- The aims of care;
- The parameters used to re-evaluate progress, and
- The expected timeframe of the care required.

Care Plans are to be based on clinical and patient history findings and are not regarded as Financial Plans. A Care Plan will be required whenever entering into a pre-paid financial arrangement.

- (a) A Care Plan should be used:
 - I. when requested by a patient or third-party payer;
 - II. whenever a pre-paid financial arrangement is used; and
 - III. when the practitioner believes it is clinically indicated.
- (b) Care Plans must:
 - I. be in writing;
 - II. be signed by the practitioner and the patient and a copy given to the patient;
 - III. be presented by the practitioner without the use of intimidation or coercion; and
 - IV. not be misleading, false or deceptive.
- (c) The practitioner should take steps to ensure that the patient clearly understands the nature of the agreement contained within the Care Plan. Outcomes should not be promised.
- (d) Care Plans should address the patient's stated reasons for seeking chiropractic care. If the patient's purpose for seeking care includes symptomatic factors, the Care Plan should address these as well as other relevant clinical findings and document agreed goals of care.
- (e) Care Plans should separate Initial Intensive/Symptomatic, Reconstructive/Corrective and Maintenance phases of care.
For each phase, the patient should be given an indication of:
 - I. the chiropractic clinical impression (or abnormal chiropractic structural findings) relevant to that phase of care;
 - II. the proposed management; the objective of this phase of care; and
 - III. the estimated timeframes to achieve these objectives.For the Maintenance phase of care, a written explanation of the objectives or goals of maintenance care is sufficient.
- (f) Care Plans may include recommendations for a maximum timeframe of three months. An exception may apply to maintenance care.
If the chiropractor's clinical experience suggests that a timeframe is excess of three months may be required, then the chiropractor should inform the patient of an estimate of that timeframe and that recommendations for care will be made in three month intervals, following re-evaluation of the patient's progress.
- (g) For patients in the Maintenance phase of care, Care Plans may be recommended for a maximum period of three months or twelve visits whichever is greater. A clinical re-evaluation of the patient should still be performed on a regular basis as clinically indicated.
- (h) A Care Plan should be based on the total patient presentation and x-ray findings and not on x-ray findings alone.