

Patient Information Sheet: Cataract Surgery

Cataract surgery is an insured service under the Medical Care Plan (MCP) that is available in hospitals and “designated facilities” as per subsection 3(2) the **Medical Care Insurance Insured Services Regulations** under the **Medical Care and Hospital Insurance Act**: “...the medically necessary removal and replacement of a cataractous lens by any procedure is an insured service and shall be performed in a hospital or a facility designated by the Lieutenant-Governor in Council.”

Queue Jumping

Queue jumping is prohibited. Non-hospital designated facilities are expected to ensure that ophthalmologists, and other staff, do not for the purpose of giving any individual **preferential access** to cataract surgery:

- give or accept any money or other valuable consideration;
- accept payment for enhanced medical goods or services or non-medical goods or services; or
- provide non-insured surgical services.

For clarity, queue jumping would **not** include instances when a patient requires urgent medical treatment.

Patient Charges

- Cataract surgery is an insured service under MCP.
- No amount can be charged to the patient for the insured lens or services.
- A physician must clearly inform the patient that they can receive the insured services and lens without incurring any cost.
- Any charges to patients by medical providers for insured services are violations of the **Medical Care and Hospital Insurance Act**.
 - Such patient charges would constitute extra billing as described in in subsection 7(a) of the **Medical Care and Hospital Insurance Act**.

<p>Insured Services are paid for by MCP. A physician cannot charge you for these services or any element of the service which government considers to be essential to it or “medically necessary” (e.g. making an appointment, reviewing your medical history, etc.).</p>	<p>Non-insured Services are not covered by MCP. This most common examples are sick notes, the copy and transfer of medical records, or medically unnecessary tests or materials (e.g. multi-focal lenses, refractive lens exchange).</p>
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A physician (e.g. your ophthalmologist) might offer:

- A lens with features that are not medically necessary, such as multi-focal lenses to correct refraction; and/or,
- Tests that are not covered by MCP for cataract surgery.

When a patient makes a voluntary choice to purchase a non-insured lens, diagnostic test or other service:

- The ophthalmologist is required to obtain the patient’s informed consent for receipt and purchase of a non-insured lens, diagnostic test, or other service.
- The ophthalmologist is required to provide the patient with an itemized invoice and receipt that shows that credit was given for the cost of the insured lens and amounts charged for each non-insured lens, diagnostic test, or other service.
- For transparency, it is required that non-hospital designated facilities provide itemized invoices and receipts.

For clarity, both refractive lens exchange (RLE) and femto-second laser are not insured services.

Patient Signature

“I have read and understood the contents of this information sheet, or had it discussed with me by staff, and any questions I have had of the non-hospital designated facility or the cataract surgery procedure were addressed.”

PATIENT NAME (TYPED)

PATIENT SIGNATURE

DATE: ___ / ___ / ____ (MM/DD/YYYY)

Record to be kept with the patient’s file at the non-hospital designated facility.