administering agency, the Swift Current Health Region. The provincial authority also arranges for payment for physicians' services in mental and tuberculosis institutions and for cancer control.

Benefits include home, office, and hospital visits, surgery, obstetrics, psychiatric care outside mental hospitals, anaesthesia, laboratory and radiological services, preventive medicine, refractions by optometrists, chiropractic services, and referred services by dentists for care of cleft palate and for orthodontic oral surgery. There are no waiting periods for eligibility and no exclusions for age or pre-existing conditions.

The MCIC pays for approved services by physicians on the basis of 100% of the negotiated payment schedule and in accordance with its assessment rules. The fees in this negotiated schedule are about 85% of those in the provincial medical association's own current fee schedule, which is used primarily for billing visitors and other non-insured patients. Participating chiropractors are paid under a formula combining contracted payments for radiography plus fee-for-service payments for visits, the payments being progressively discounted as volume per chiropractor increases. Optometrists are paid $11.50 per refraction.

A physician may choose among five ways to receive payment. First, the physician may receive payment directly from the MCIC at 100% of the negotiated schedule, and accept this as payment in full. Second, patient and physician may enrol voluntarily with an "approved health agency" that serves as intermediary, with respect to payment, between the public authority and the physician; here also, the physician receives the negotiated tariff. Third, a physician may be paid through clinics financed by per capita contributions from the provincial authority. Fourth, a physician may submit his account 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 an amount over and above what the public authority has paid. Fifth, physicians and patients may if they choose make private financing arrangements. No physician is compelled to confine himself to one or another mode of payment.

British Columbia became a participant under the federal Medical Care Act on July 1, 1968. The plan is governed by a public commission, originally with jurisdiction over "licensed carriers", which are non-profit agencies charged with responsibility for day-to-day management of the separate components of the program. These carriers are being phased out in favour of centralized administration. In addition to physicians' services and a limited range of in-hospital oral surgery, the benefits include refractions by optometrists, some orthoptic services, limited physiotherapy, special nursing, chiropractic, naturopathy, and orthodontic services for cleft palate and harelip.

Participation in the program is voluntary. Premiums are $5 a month for a single person, $10 a month for a two-person family, and $12.50 a month for a family of three or more persons. For eligible residents (they must have resided in the province the preceding 12 consecutive months), the government offers subsidies totalling 90% of the premium for persons with no taxable income and 50% of the premium for persons with taxable income from $1 to $1,000.

The arrangements for payment to physicians are similar to those in Saskatchewan, except that the plan's payment-schedule is about 100% of the fee-schedule of the provincial medical association. A physician either bills the patient for services rendered, or accepts payment directly from the public authority. In the former case, the physician must notify the patient in writing, before rendering a service, that he is a non-participating physician and the patient must 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 and agrees in writing to the extra charge, and provided the amount of the extra charge is made known to the public authority.

Newfoundland became a participant on April 1, 1969. The plan covers all required medical services by doctors and a limited range of in-hospital oral surgery. Refractions by optometrists are not covered. All eligible residents are covered and there are no premiums, the provincial portion of costs for insured services being met from general revenues.

Payments by the plan are limited to 90% of the physicians' fee-schedule. A physician must formally select, and use exclusively, one of the modes of payment available. A