



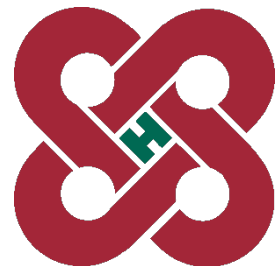
# Service Fee Guide

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(All Authorities)

Effective April 1, 2026

[www.nthssa.ca/fees](http://www.nthssa.ca/fees)



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# Introduction

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This guide is intended to provide information to clients and patients of the Northwest Territories (NWT) Health and Social Services System about the types of service fees charged for certain services. These fees apply to clients and patients regardless of which community the service is provided in.

The fees charged to clients and patients by the various NWT Health and Social Services Authorities are for services not covered by the NWT Health Care Plan, they are not considered “medically necessary”.

*Examples of services that are not considered medically necessary include:*

- *X-rays to determine the extent of an injury would be covered, however crutches to improve mobility while healing would not be covered,*
- *Vaccines required for international travel, or*
- *Medical exams required for a driver or pilot license.*

Fees related to a doctor’s visit or hospital stay may also be charged to individuals that do not have Canadian health care coverage, those from provinces that do not have an agreement for cross-jurisdiction billing or those that have allowed their health care coverage to lapse.



# Question and Answers

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## What are Service Fees?

A Service Fee is a cost to be recovered for providing services that are not covered by the NWT Health Care Plan.

The practice of charging for services that are not covered by a health care plan is consistent across Canada.

## What services are not covered by the NWT Health Care Plan?

Services provided are not covered by the NWT Health Care Plan if they are not considered to be “medically necessary” or are a purchase of a treatment aid.

*Examples of services incurring a fee:*

- *If you require a medical examination for your driver’s or pilot’s license, there will be a fee for the exam.*
- *Vaccinations for travel purposes are not publicly funded; you will be charged a fee.*
- *Completion of Forms and doctor’s notes will incur a fee.*
- *Crutches, braces, and canes, etc.*

People visiting the NWT from other jurisdictions, or countries, may need to see a doctor while in the NWT. These individuals will need to pay the Health and Social Services Authority a service fee if they do not have a valid Canadian Health Care Card. Additionally, individuals who are residents of Quebec may also be given an invoice for physician services as Quebec does not have cross- jurisdiction billing agreements in place. The individual can then seek reimbursement from their home province.

There may be fees charged for photocopies of medical records as outlined in the Health Information Act regulation or Access to Information Protection of Privacy regulations.



## **Why are we charging the service fees?**

Charging fees for certain services was always a practice within the NWT health and social services system, consistent with other parts of Canada. The Northwest Territories (NWT) Health and Social Services System fees are standardized, disclosed, and updated each year. This approach ensures that all NWT residents pay the same fees for the same services, making fees consistent and fair across the NWT.

Charging for certain services contributes to the sustainability of our health and social services system, allowing the continued opportunity to access services that are not considered medically necessary.

## **How will residents know what the fees are?**

Whenever possible, your health care provider or administration staff will let you know in advance if the service you need is not covered by the NWT Health Care Plan.

You can get information about fees from your health authority or online at [www.nthssa.ca/fees](http://www.nthssa.ca/fees). This guide provides the most used common fees but is not comprehensive.

## **Will my employer, or third-party health care coverage pay or reimburse the fees?**

Maybe, it will depend on your coverage. For example, if your employer requires that you have a valid driver's or pilot's license, your employer may cover the fee for the medical exam.

Alternatively, if you have additional medical coverage through your employer, or a privately secured plan, you may be able to submit the fee for reimbursement. You will need to inquire directly with them to learn more.



## Why aren't these costs covered by the NWT Health Care Plan?

In the NWT, like other Canadian Territories and Provinces, the Health Care Plan only covers doctor and hospital services that are considered “medically necessary”.

## How do I pay for these services?

In some instances, you will be asked to pay at the time of the service, using a debit card or credit card.

Alternatively, you will receive an invoice later. There will be payment instructions on your invoice. You may pay your invoice in person at many Health and Social Services Authority locations, by mailing in payment or by calling credit card information to the number provided on your invoice. For NTHSSA Regions, you may pay through online banking. Your invoice will have instructions on payment options.

Please inquire with your service provider for information on your options to pay any applicable fees.

## What if I can't pay my fee?

If you are unable to pay your invoice, please contact your Health Authority Finance Department to discuss options. Under exceptional circumstances, the service fee policy may provide waivers for individuals for the following criteria:

- Extreme financial hardship.
- Humanitarian Reasons.
- Compassionate Grounds.

For more information on who qualifies for fee waivers see the Service Fee Waiver Application <https://www.nthssa.ca/en/service-fees-waiver-application>



## How are the fees determined?

Medical or Physicians are based on the NWT Insured Services Tariff issued by the Department of Health and Social Services. See link below.

<https://www.hss.gov.nt.ca/sites/hss/files/resources/insured-services-tariff.pdf>

Hospital or Facility Fees are based on the Interprovincial Rates issued by the Interprovincial Health Insurance Agreements Coordinating Committee (IHIACC).

Fees are structured to reflect the actual cost of providing the service. Talk to your service provider or Finance Office for more information.

### Schedule A: Physician Fees

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Physician fees charged for uninsured clients/patients for services requiring an exam and/or review of patient's medical file (may include additional medical procedures to complete assessment such as blood and/or urine samples or ECG). Fees listed here are based on averages of similar services on the tariff.

| Schedule A                                       |   |                 |
|--|---|-----------------|
| <u>Name Of Service</u>                           | <u>Description of Service</u>   | <u>Fee</u>      |
| <b>Medical Services<br/>- Single Service</b>     | First visit for general assessment of new illness: <ul style="list-style-type: none"><li>– Minimal medical exam</li><li>– Giving samples (blood, urine, swabs, etc.)-</li><li>– Taking medication</li><li>– Estimated time: 15 minutes</li></ul>  | <b>\$124.56</b> |
| <b>Medical Services<br/>- Consultation</b>       | Major consultation at the request of another medical practitioner –   | <b>\$193.79</b> |
| <b>Medical Services<br/>- Basic Medical Exam</b> | <u>Part 1 – Workup, such as:</u> <ul style="list-style-type: none"><li>- Blood pressure, Eyes, Height, Weight, Oxygen</li></ul> Estimated time: 10 minutes<br><br><u>Part 2 – Exam, such as:</u> <ul style="list-style-type: none"><li>- Review medical history, Head to toe assessment, Eyes, Airway, Chest, Reflexes</li></ul> Estimated time: 20 minutes | <b>\$55.35</b>  |



## Schedule A (continued)

| <u>Name Of Service</u>                   | <u>Description of Service</u>  | <u>Fee</u>      |
|--|--|-----------------|
|  | <p><u>Part 2 – Exam, such as:</u></p> <ul style="list-style-type: none"> <li>- Review medical history, Head to toe assessment, Eyes, Airway, Chest, Reflexes</li> </ul> <p>Estimated time: 20 minutes</p> <ul style="list-style-type: none"> <li>- <i>If hospital services are also required (lab, x-ray, hearing test, pulmonary test, etc.) it is charged separately (see below)</i></li> </ul>  | <b>\$124.56</b> |
| <b>Medical Services</b>                  | <p><u>Part 1 – Workup, such as:</u></p> <ul style="list-style-type: none"> <li>- Same as basic medical PLUS may require ECG</li> </ul> <p>Estimated time: 20 minutes</p>   | <b>\$96.90</b>  |
| <b>- Extensive Medical Exam</b>          | <p><u>Part 2 – Exam, such as:</u></p> <ul style="list-style-type: none"> <li>- Same physical exam as the basic medical BUT the medical form is more detailed and requires significantly more questions to be asked.</li> </ul> <p>Estimated time: 40 minutes</p> <ul style="list-style-type: none"> <li>- - <i>If hospital services are also required (lab, x-ray, hearing test, pulmonary test, etc.) it is charged separately (see below)</i></li> </ul> | <b>\$193.79</b> |
| <b>Provision of Medical Report</b>       | A doctor, nurse or other professional is writing a comprehensive report and/or reviewing a chart, when not part of a basic or extensive medical.   | <b>\$50.00</b>  |
| <b>Provision of Medical Note or Form</b> | A doctor, nurse or other professional is signing a note/certificate or filling out a basic form, when not part of a basic or extensive medical.  | <b>\$25.00</b>  |



## Schedule B: Facility Fees

Facility Fees are charged to Provinces and Territories when their residents with a valid health care card visit NWT Medical facility. Alternately, Facility Fees are charged to patients who visit NWT Medical facility and do not have a valid provincial or territorial health care card or the service is uninsured.

Facility Fees are charged as one per facility, per patient, per day. If multiple charges are incurred, the higher daily rate is charged.

| Schedule B  |   |              |
|---|---|--------------|
| <u>Name Of Service</u>  | <u>Description of Service</u>   | <u>Fee</u>   |
| <b>Hospital Services</b><br>- <b>Standard Outpatient Visit Facility Fee</b>   | When individuals present for services in Emergency, Rehabilitation Services, Obstetrics, Pre-Admit Clinic, Respiratory, Non-Surgical Daycare, or other services not listed below.<br><br><i>This service may incur additional charges from the tariff, based on what service is provided.</i>                                 | <b>\$414</b> |
| <b>Hospital Services</b><br>- <b>Laboratory Outpatient Visit Facility Fee</b><br>Or<br>- <b>Referred in Laboratory Facility Fee</b>                 | When individuals as part of a medical exam present at a hospital or have specimen sent to a hospital laboratory for processing  | <b>\$197</b> |
| <b>Hospital Services</b><br>- <b>Diagnostic Imaging Outpatient Visit Facility Fee</b><br>Or<br>- <b>Referred in Diagnostic Imaging Facility Fee</b> | - When individuals as part of a medical exam present at a hospital or have scan sent to a hospital diagnostic imaging department for processing<br><br>Fee covers <u>x-ray</u> and <u>mammography</u> only.<br><br><i>This service will also incur additional charges from the tariff, based on what service is provided.</i> | <b>\$197</b> |



## Schedule B (continued)

| <u>Name Of Service</u>  | <u>Description of Service</u>   | <u>Fee</u>      |
|---|---|-----------------|
| <b>Hospital Services</b><br>- <b>Diagnostic Imaging Level 2 Outpatient Visit Facility Fee</b> | - When individuals present for services at a hospital in regard to an <u>ultrasound</u> or <u>fluoroscopy</u> .<br><br><i>This service will also incur additional charges from the tariff, based on what service is provided.</i> | <b>\$414</b>    |
| <b>Hospital Services</b><br>- <b>Diagnostic Imaging CT Scan Outpatient Visit Facility Fee</b> | - When individuals present for services at a hospital in regard to a CT scan.<br><br><i>This service will also incur additional charges from the tariff, based on what service is provided.</i>                                   | <b>\$913</b>    |
| <b>Hospital Services</b><br>- <b>Dialysis Outpatient Visit Facility Fee</b>                   | - When individuals present for services at a hospital in regard to Hemodialysis.  | <b>\$670</b>    |
| <b>Hospital Services</b><br>- <b>Chemotherapy Outpatient Visit Facility Fee</b>               | - When individuals present for services at a hospital in regard to Chemotherapy.<br><br><i>This service will also incur additional charges from pharmacy when administered.</i>   | <b>\$414</b>    |
| <b>Hospital Services</b><br>- <b>Surgical Outpatient Visit Facility Fee</b>                   | - When individuals present for services at a hospital in regard to an outpatient surgical procedure.  |                 |
|   | Day Surgery - Low   | <b>\$1,204</b>  |
|   | Day Surgery- Medium   | <b>\$4,850</b>  |
|   | Day Surgery – High  | <b>\$15,124</b> |
|   | <i>This service will also incur additional charges from the tariff, based on what service is provided.</i>  |                 |



## Schedule B (continued)

| <u>Name Of Service</u>   | <u>Description of Service</u>   | <u>Fee</u>              |
|--|---|-------------------------|
| <b>Hospital Services</b><br>- <b>Inpatient Ward Rates/Sick Newborn Rates</b> | - Hospital Inpatient Services<br><br>When a newborn receives a higher level of care after birth (when necessary), the standard inpatient rate is charged.<br><br><i>This service will also incur additional charges from the tariff, based on what service is provided.</i>                                 | <b>\$4,172 per day</b>  |
| <b>Hospital Services</b><br>- <b>Inpatient ICU Rates</b>                     | - Hospital Inpatient ICU Services<br><br><i>This service will also incur additional charges from the tariff, based on what service is provided.</i>   | <b>\$13,843 per day</b> |
| <b>Hospital Services</b><br>- <b>Newborn Rates</b>                           | - Hospital Inpatient Newborn Services<br><br>Newborn rates are charged from delivery until discharge as long as the mother is still admitted and newborn is well and rooming with mother.<br><br><i>This service will also incur additional charges from the tariff, based on what service is provided.</i> | <b>\$1,269 per day</b>  |



**Schedule C: Vaccines**

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Fees for vaccinations are to be charged when the vaccine is provided for travel, employment or other purposes not paid for by the NWT Health Care Plan. Fees are not to be charged to individuals with valid NWT Health Care Cards where the vaccines are Publicly Funded in the NWT and provided as part of the approved NWT Immunization Schedule.

| <b>Schedule C</b>  |                              |
|--|------------------------------|
| <b><u>Vaccine</u></b>  | <b><u>Fee (per dose)</u></b> |
| <b>BCG (Bacillus Calmette-Guerin)</b>  | <b>\$12.00</b>               |
| <b>Chol-Ecol-O (Cholera and Enterotoxigenic Escherichia Coli)</b>  | <b>\$94.00</b>               |
| <b>DTaP-IPV-Hib (Diphtheria, tetanus, acellular pertussis, inactivated polio, Haemophilus influenzae* type b (pediatric)</b> | <b>\$20.00</b>               |
| <b>HA (Hepatitis A) Adult</b>  | <b>\$25.00</b>               |
| <b>HA (Hepatitis A) Pediatric</b>  | <b>\$17.00</b>               |
| <b>HAHB (Hepatitis A and B) Adult</b>  | <b>\$46.00</b>               |
| <b>HAHB (Hepatitis A and B) Pediatric</b>  | <b>\$22.00</b>               |
| <b>HB (Hepatitis B) Adult</b>  | <b>\$13.00</b>               |
| <b>HB (Hepatitis B) Adult dialysis formulation</b>   | <b>\$102.00</b>              |
| <b>HB (Hepatitis B) Pediatric</b>  | <b>\$9.00</b>                |
| <b>Hib (Haemophilus influenzae* type b)</b>  | <b>\$22.00</b>               |



## Schedule C (continued)

| <u>Vaccine</u>  | <u>Fee (per dose)</u>   |
|---|-------------------------|
| JE (Japanese encephalitis)  | \$212.00                |
| Men-C-ACYW (Quadrivalent conjugate meningococcal)   | \$34.00                 |
| Men-C-C (Meningococcal conjugate type c)  | \$18.00                 |
| 4CMenB (Serogroup B Meningococcal)  | \$39.00                 |
| MMR (Live attenuated measles, mumps, rubella)   | \$10.00                 |
| MMRV (Live attenuated measles, mumps, rubella, and varicella)   | \$52.00                 |
| Pneu-C-13 (Pneumococcal conjugate 13-valent)  | \$86.00                 |
| Pneu-P-23 (Pneumococcal polysaccharide 23-valent)   | \$16.00                 |
| Rab (Rabies inactivated vaccine)  | \$193.00                |
| Rot-5 (Rotavirus vaccine)   | \$15.00                 |
| Shingrix  | \$149.00                |
| Tdap (Tetanus, reduced diphtheria, reduced acellular pertussis)   | \$16.00                 |
| TST (Tuberculosis Skin Test)  | \$20.00                 |
| Typh-I (Typhoid)  | \$26.00                 |
| Var (Varicella/chickenpox)  | \$39.00                 |
| YF (Yellow fever) – This vaccine can only be accessed and administered at the Yellowknife Public Health Center ** | \$137.00                |
| RSVPreF3 (AREXVY, GSK)  | \$253.00                |
| RSVpreF (ABRYSO, Pfizer)  | \$247.00                |
| <b>Out-of-country TRAVEL consultations only.</b>  | <b>\$60.00 per hour</b> |

*\*\* Note: Yellow fever vaccine can only be administered through a center approved by the Public Health Agency of Canada. In the NWT, the only approved center is Yellowknife Public Health.*



**Schedule D: Health Information Requests**

Fees outlined in Schedule E may be charged when records relating to an individual's personal health information or other non-health related personal information are provided to the individual. These fees are outlined in the regulations to the Health Information Act (HIA) HIA Regulations (for personal health information) and Access to Information and Protection of Privacy Act (ATIPP) ATIPP Regulations (for other non-health related personal information). More detail, including fees for researchers and requests for general information, can be found in the Regulations.

| <b>Schedule D</b>   |   |  |
|---|---|--|
| <b><u>Service</u></b>   | <b><u>Description</u></b>   | <b><u>Fee</u></b>  |
| <b>Printing or Photocopying - Personal Health Information</b> | May only charge when the total cost is greater than \$100<br>See note below | <b>\$0.25 per page</b>   |
| <b>Shipping - Personal Health Information</b>                 | Shipping information by regular mail or courier                             | <b>Actual cost of shipping</b>   |
| <b>Storage Media - Personal Health Information</b>            | Providing records on an electronic storage device                           | <b>Actual cost of the device</b>   |
| <b>Printing or Photocopying - Other Personal Information</b>  | May only charge when the total cost is greater than \$25<br>See note below  | <b>\$0.25 per page</b>   |
| <b>Shipping - Other Personal Information</b>                  | Shipping information by regular mail or courier                             | <b>Actual cost of shipping</b>   |
| <b>Storage Media - Other Personal Information</b>             | Providing records on an electronic storage device                           | <b>Actual cost of the device</b> See ATIPP Regulations as fee depends on the type of device. |



## Schedule D (continued)

*Note: When calculating the total cost of providing the records, processing time may be included. For example:*

### Under HIA

- fees for computer programming/data processing may be charged at a rate of \$10 every 15 minutes.
- If severing is necessary, technician time may be charged at a rate of \$10 every 15 minutes; and
- health provider time at a rate of \$45 every 15 minutes may be included in the fee.

### Under ATIPP,

- rates are the same for computer processing and related charges, a search/retrieve fee may be charged of \$6.75 every 15 minutes.



**Schedule E: Self Billing - NTHSSA Only**

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*These are prices for self-billing frequently sold items based on cost and admin fee of 15%. Fees for other self-billing can be obtained directly from the providers of the service (i.e. physiotherapy department).*

*Not applicable for Express Scripts or Blue Cross billing, as pricing for these are based on other agreements.*

| <b>Schedule E</b>                                   |                     |
|---|---------------------|
| <b><u>Stock Items</u></b>                           | <b><u>Price</u></b> |
| <b>Crutches, Adult Tall-5ft 11in-6ft 6in (Pair)</b> | <b>\$28.00</b>      |
| <b>Crutches, Adult Tall-5ft 2in-5ft 10in (Pair)</b> | <b>\$28.00</b>      |
| <b>Crutches, Child, 4 FT-4 Ft 6 in (Pair)</b>       | <b>\$23.00</b>      |
| <b>Canes (each)</b>                                 | <b>\$23.00</b>      |
| <b>Ice Picks for Crutches &amp; Canes (each)</b>    | <b>\$11.00</b>      |
| <b>Zimmer Knee Brace -S/M/L (each) RIGHT</b>        | <b>\$40.00</b>      |
| <b>Zimmer Knee Brace -S/M/L (each) LEFT</b>         | <b>\$40.00</b>      |
| <b>Sling &amp; Swath, Universal (each)</b>          | <b>\$27.29</b>      |
| <b>Air Cast Walker Boot - S/M/L (each) RIGHT</b>    | <b>\$145.00</b>     |
| <b>Air Cast Walker Boot - S/M/L (each) LEFT</b>     | <b>\$145.00</b>     |
| <b>Hinged knee brace (each)</b>                     | <b>\$175.00</b>     |
| <b>Hinged elbow brace (each)</b>                    | <b>\$150.00</b>     |
| <b>Darco Shoes (each)</b>                           | <b>\$36.00</b>      |



**Schedule F: Other Service Fees - NTHSSA ONLY**

NTHSSA Provides other services such as staff accommodation, parking, long-term care facilities and Meals on Wheels program. Below are the fees that NTHSSA charges for these items.

| <b>Schedule F</b>          |  |   |
|----------------------------|--|---|
| <b><u>Activity</u></b>     | <b><u>Description</u></b>  | <b><u>Fee</u></b>   |
| <b>Staff Accommodation</b> | All employees in NTHSSA (casual, term, indeterminate, job share) who are provided with staff accommodation are charged rent  | <b>\$25/ day</b>  |
| <b>Assigned Parking</b>    | Assigned parking fees charged to staff at Joe Tobie  | <b>\$100/ month</b>   |
|                            | Assigned parking fees charged to staff at Goga Cho   | <b>\$140/ month</b>   |
|                            | Assigned parking fees charged to staff at Inuvik Regional Hospital.  | <b>\$192.50/ year</b>   |
| <b>Parking Tags</b>        | Parking at Stanton Hospitals is charged using a tag system for parking spots with electricity during the winter months; other months are free as stalls are available first come first serve during the balance of the year. | <b>\$80/ month or \$400/ year for the winter season (November to March)</b> |
| <b>Long Term Care</b>      | Long Term Care bed rate for seniors and disabled at NTHSSA Long-term Care Facilities.  | <b>Effective May 1, 2026<br/>\$1,021/ month</b>                             |
| <b>Respite Care</b>        | Temporary relief for caregivers for a NWT resident not housed within a long-term home.   | <b>Effective May 1, 2026<br/>\$34/ day</b>                                  |
| <b>Meals on Wheels</b>     | Meals provided once a day to eligible NWT seniors and others who have home care needs.   | <b>\$10/ Meal</b>   |

