

## Appendix 1 (as supplied by the authors): Telephone script and postcall evaluation form

### TELEPHONE SCRIPT

**Q1:** Hello, I'm calling to ask whether [DOCTOR NAME] offers the option for patients to pay an annual block fee for uninsured services?

▪ **IF PHYSICIAN DOES NOT CHARGE BLOCK FEES →**

**Q8.** *OK, thank you. Do you charge patients per-service for uninsured services not covered by OHIP [Ontario Health Insurance Program]? For example, would you charge a fee if a patient needed a form filled out for their employer or insurer?*

*If YES -> Thank you – that's all I need to know for now. Thanks for your help.*

*If NO -> Do you ever charge fees for uninsured services?*

**END** -> *Thank you – that's all I need to know for now. Thanks for your help.*

▪ **IF PHYSICIAN CHARGES BLOCK FEES →**

**Q3.** *How much is the fee per year?*

**Q4.** *Does that cover an individual or family?*

**Q5.** *What services does the annual fee cover?*

**Q6.** *If a patient pays the fee, are there any other benefits, such as being able to get an appointment more quickly?*

**Q7.** *Roughly how long has the physician charged a block fee?*

**Q8.** *Do you also give patients the option to pay per-service (à la carte)? For example, would you charge a fee if a patient needed a form filled out for their employer or insurer?*

**END** -> *Thank you – that's all I need to know for now. Thanks for your help.*

### AFTER THE CALL: IMMEDIATELY FILL OUT POST-CALL EVALUATION

#### POTENTIAL QUESTIONS AND RESPONSES

➔ *IF YOU ARE ASKED...*

*Who is calling/Who are you? I am a researcher from [University Name]. We are conducting a study on the use of block fees for uninsured services among family physicians in Ontario.*

*What is a block fee? Block fees are annual fees charged by physicians for services that are not covered by OHIP such as sick notes, providing copies of medical records, or providing prescription refills and medical advice over the phone or email. Instead of charging patients for each uninsured service provided, the physician gives patients the option to pay an annual fee that would cover all of these uninsured services for one year.*

## POST CALL EVALUATION FORM

<b>STUDY ID</b>	<b>DATE</b>	<input type="checkbox"/> <b>CALL #1</b>
		<input type="checkbox"/> <b>CALL #2</b>

### Q1. Were you able to connect to a receptionist?

- Yes -> PROCEED TO Q2**
- No – No one answered the phone
- No – Phone number was incorrect
- No – Other. *Describe:*

### Q2. Does this physician offer a block fee for uninsured services?

- Yes -> PROCEED TO Q4**
- No -> PROCEED TO Q8**
- Don't know
- Refused
- Other. *Describe:*

### Q4. What is the annual amount of the block fee?

- Individual adult: \$ \_\_\_\_\_
- Family, if provided: \$ \_\_\_\_\_ [optional]
- Definition of family, if provided: \_\_\_\_\_ [optional]
- Don't know
- Refused

### Q5. What services does the block fee cover? Indicate all services mentioned.

- Uninsured services (no specific services mentioned)
- Sick notes
- Other forms (e.g. back to work, disability tax credit, fitness club, certificate of fitness)
- Prescription renewal
- Electronic communication with the physician
- Travel vaccines and immunization records
- Other. *Describe:*

### Q6. Will payment of the block fee provide any other benefits to the patient?

- Yes → PROCEED TO Q7**
- Maybe → PROCEED TO Q7**
- No
- Don't know
- Refused
- Other. *Describe:*

**Q7. How would payment of the block fee provide other benefits to the patient? Describe.**

**Q8. Does the practice charge patients à la carte for uninsured services?**

- Yes
- No [No fees are charged to patients for uninsured services]
- Don't know
- Refused
- Other. *Describe*

**Additional notes:**