

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee  
(the Committee)**  
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. Carlo Meola (CPSO #57528)  
(the Respondent)**

## **INTRODUCTION**

The Complainant, who did not have coverage through the Ontario Health Insurance Plan (OHIP), attended the clinic where the Respondent works to see a specialist on the basis of a referral from another physician. First, however, the Complainant had a virtual (telephone) appointment with the Respondent (General Practice), for which they were charged \$98. The appointment took place in the early days of the global COVID-19 (COVID) pandemic.

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concern about the Respondent's conduct.

## **COMPLAINANT'S CONCERNS**

**The Complainant is concerned that the Respondent inappropriately charged them \$98 for a COVID screening, prior to them being able to attend a scheduled appointment with a specialist.**

## **COMMITTEE'S DECISION**

A Family Practice Panel of the Committee considered this matter at its meeting of October 23, 2020. The Committee required the Respondent to attend at the College to be cautioned in person with respect to inappropriate charging of a patient, and an unsatisfactory assessment and poor records (including the referral requisition) when he did see the patient.

## **COMMITTEE'S ANALYSIS**

The Complainant described that during their telephone discussion the Respondent asked standard screening questions for COVID, after which a nurse advised that there was a fee of \$98 for COVID screening as well as a fee for the visit with the specialist. The Complainant indicated they were not informed ahead of time about the COVID screening or the \$98 charge.

The Respondent explained that some of the confusion in this case arose because it was the beginning of the COVID pandemic. He agreed that the \$98 would be excessive for virtual care/screening. He accepted responsibility for the error, apologized and refunded

the Complainant's money. The Respondent said he was unaware that the Complainant had a referral to see the specialist. He understood the Complainant was seeking a specialist referral, and once he determined this was justified, he continued with the COVID screening. He said the virtual visit could have been billed differently. He also said his records for the visit were not to College standards.

While the Committee acknowledged the unprecedented times due to the onset of COVID, as the Respondent himself recognized, the billing in this case was excessive, and there was confusion about the purpose of the fee. There was also confusion around the purpose of the appointment, and it was unclear why the Respondent saw the Complainant in the first place; at a minimum it was incumbent on him to ask the Complainant why they were at the clinic, so they could have explained about having an appointment based on the referral already made.

If the Respondent did think the Complainant was seeing him (virtually) with respect to a possible referral, his assessment and records, including his requisition for a consultation, were inadequate and not in accordance with the expectation of physicians as set out in the College policy, *Medical Records Documentation*.

The Committee took into account the Respondent's College history, including that the Committee had previously advised the Respondent that before providing services, he ensures that his patients are fully informed about the costs of each service and product. The Committee decided to caution the Respondent as set out above.