

BC WOMEN'S HOSPITAL
Patient Rate List
Effective November 1, 2025

	Uninsured Residents (WSBC, OOP, Federal Agencies)	Non Residents of Canada
SCHEDULE A: EMERGENCY & OUT PATIENT CHARGES		
Emergency/Urgent Care (Major & Minor)	\$ 462	\$ 1,015
Emergency Doctor's Fee	\$ 150	\$ 340
Surgical Daycare**		
Low	\$ 1,402	\$ 4,040
Medium	\$ 5,103	\$ 5,103
High	\$ 15,692	\$ 15,692
Low with Anesthesia	\$ 2,857	\$ 6,470
Medium with Anesthesia	\$ 6,558	\$ 7,533
High with Anesthesia	\$ 17,147	\$ 18,122
SCHEDULE B: IN-PATIENT CHARGES		
Standard Ward		
Per Diem	\$ 5,790	\$ 9,270
Intensive Care Unit -Per Diem		
Per Diem	\$ 7,693	\$ 18,105
Operating Room (First 2 hrs)	n/a	\$ 3,030
Each additional hour for Operating Room	n/a	\$ 1,535
Maternity - BC Womens Health Centre		
Newborn Per Diem - (Before Mother's Discharge)	\$ 1,206	\$ 2,430
Newborn Per Diem - (After Mother's Discharge)	\$ 5,790	\$ 9,270

Neonatal ICU (Special Nursery Care)	\$ 7,693	\$ 18,105
Add cost for Delivery via C - Section	n/a	\$ 4,475
SCHEDULE C: SPECIAL PROCEDURES		
Referred In Lab Specimens	\$ 182	\$ 182
Circumcision (incl GST)	\$ 670	\$ 670
Normal Delivery		\$ 2,685
Tubal Reanastomosis/Reimplantation	\$ 3,140	\$ 6,270
Epidural	\$ 1,215	\$ 1,820
Anesthesia - Physician Fees	\$ 1,455	\$ 2,430
Physio Assessment	\$ 190	\$ 190
Diabetic Ambulatory Clinic 1-2 hr Visit	n/a	\$ 190
Induction	\$ 260	\$ 260
SCHEDULE D: TRANSPLANTS		
Bone Marrow (Paediatric)	\$ 50,017	n/a
Bone Marrow (PAED)>72 Hr Discharge	\$ 125,053	n/a
Kidney-Out of Province	\$ 11,741	n/a

* New Rates are effective on November 1, 2025

*** Other applicable fees may apply depending on healthcare services provided



Children’s and Women’s Health Center of British Columbia

Fees for Non-Residents and Uninsured Residents

There is a cost to health care services.

Who does this apply to?

- All visitors to Canada.
- All those who do not have and provincial health care coverage.
- New/returning Canadian citizens

“Resident” means a person who

(a) is a citizen of Canada or is lawfully admitted to Canada for permanent residence,

(b) makes his or her home in British Columbia,

(c) is physically present in British Columbia

at least 6 months in a calendar year

(Medicare Protection Act).

Fees for health care services

This booklet is for those people who do not have British Columbia (BC) or other provincial health insurance. You are required to pay for the health services you receive. We charge you for the medical care we give you. Your family Doctor and any Specialists you see in Canada bill you separately for the care they give you. If you were brought to the hospital by ambulance, BC Ambulance Service also bills you separately for their services.

In this booklet, we explain who must pay for what. The BC Ministry of Health Services decides what the cost of care and services are to be. If you have questions, please call PHSA Revenue Services Department at 604-297-8512.

Who must pay for what?

Uninsured Residents of Canada (UR):

People living in Canada who do not have any current health care coverage are ‘uninsured’.

‘Current health care coverage’ means you are enrolled with the BC Medical Services Plan (or another province’s plan). Your coverage is current (or valid) the day your coverage begins (effective date). If you receive health care services before this date, then you are ‘uninsured’.

An ‘uninsured’ person is a:
BC resident without current BC CareCard (personal health number).
BC resident without any current health care coverage from another province.
Resident from another Canadian province without any current health care coverage from that province.

Resident in Canada with valid residency status, who is from another country such as someone with landed immigration papers, certain student visas or work visas, etc.

If you come to the hospital because you hurt yourself at work and did not file a claim with WorkSafeBC for this work-related injury, then you are also considered ‘uninsured’. You are responsible for paying for your care until WorkSafeBC pays for your care.

Non-Resident of Canada (NRC):
People who are visitors to Canada are charged ‘Non-Resident’ fees.

A ‘non-resident’ person is a:
Visitor to Canada.
Landed Immigrant/Canadian Citizen living in another country.
Resident of another country who is in Canada without valid residency status, such as someone without landed immigration papers, certain student or work visas, etc.
Refugee claimant who does not have valid “Interim Federal Health Coverage” from the Canadian government.

Schedule A: Emergency & Out-Patient Charges

If you are treated in the Emergency Department, or an Ambulatory Clinic, a ‘Facility fee’ and a ‘Doctor Fee’ will be charged. These fees are in addition to any other fees for healthcare services or medical supplies provided.

If you are a Quebec resident, you must pay the ‘Doctor Fee’ yourself. Submit your claim to your Quebec Medical Plan to pay you back.

Even if you have insurance, you must pay for all out-patient charges yourself. Submit your claim to your insurance company for reimbursement.

If you come to the hospital two or more times in a day we charge you each time, unless our services were not available on the first visit.

Schedule B: In-Patient Charges

Per diem fees, operating room use, and other fees represent the base amount to cover the cost of your hospital stay. It does not include lab tests, X-ray tests (such as CT scans, MRIs, or basic X-rays), medical supplies, prosthetics, implanted items (such as pacemakers), and other services not covered under the base amount. Should you need services that are more than what is included in the base amount, we will bill you for the extra fees. Also, these fees do not include the fees from the doctor who looks after you.

When you come into the hospital, you must read and sign the Patient Intake Form. This includes:

- An ‘Assignment of Benefit’ agreement - This allows us to bill your health insurance company directly (where eligible), who then pays us.
- A ‘Consent to Use Information’- This allows us to give your insurance company medical information about you so they can approve the fees owing to us.
- A ‘Consent to Receive Billing Information by e-mail’ – This allows us to communicate your charges to you by e-mail rather than regular mail.

If we are unable to recover the amount owing from your insurance carrier, you must pay us directly. You will need to submit a claim directly to your insurance company for reimbursement of fees paid.

If you have no insurance, we need either a cash deposit or an imprint of your credit card. You must pay the full amount owing at the end of your hospital stay. If you are unable to do so alternative arrangements such as a payment plan may be available upon request. You may pay in cash or by credit card.

Schedule C/D: Special Procedure Charges/Transplants

Your doctor may order tests or procedures that are not included in the basic inpatient and outpatient charges. You have to pay for these. This can include lab tests, medical supplies, prosthetics, implanted items (such as pacemakers), X-ray tests (such as a basic X-ray, CT scan, MRI, angiogram, etc.), transplants and other services.

Schedule C/D lists some of these special procedures and their costs.

How do I pay?

You are asked to pay your fees

- When you receive hospital services;
- When you receive the bill from us;
- When a payment plan is negotiated;

You can pay:

- By phone at 604-297-8512
- By phone at 604-875-2000 Extension 6107
- Online at <https://pay.healthcarebc.ca>
- In person at the hospital site you visited:

BC Children’s and Women’s Hospital –

Cashier’s Office (near Oak Street entrance)

Open hours: Monday – Friday 8:00am – 4:00pm
(604) 875-2000 Ext 6107

Note: Cashier office is closed during Statutory Holidays and Weekends

Questions? Concerns?

For questions or concerns related to patient billing,
please contact:
Provincial Health Services Authority – Revenue Services

Tel no.604-297-8512,
Fax no. 604-297-9305

Or

Email: patientbilling@phsa.ca