

<b>The Uninsured Services Plan includes the following services:</b>	<b>If you do not enroll in the Uninsured Services Plan, you will be required to pay the following fees:</b>
Back to Work Note	\$25.00
Daycare Note	\$25.00
Disability / Maternity Certificate	\$25.00
Dressing Change	\$25.00
Faxing and Photocopying (per page)	\$1.50
Form for Travel Cancellation	\$35.00
Forms for Fitness Clubs	\$40.00
Other Forms not covered by OHIP (50% discount with annual fee)	From \$25.00
Ministry of Transportation Medical Exam (visit & forms)	\$175.00
Missed Routine appointment without 24 hours notice (max 1/year)	\$45.00
Missed Physical appointment without 24 hours notice (max 1/year)	\$75.00
Pre-Employment Certification of Fitness	\$35.00
Referral Notes for Chiropody or Orthotics*	\$25.00
Referral Notes for Chiropractors*	\$25.00
Referral Notes for Massage Therapy*	\$25.00
Referral Notes for Physiotherapy*	\$25.00
Cryo (per lesion)	From \$25.00
Replacement of Lost Immunization Record	\$25.00
Report for Citizenship and Immigration	\$130.00
Revenue Canada Disability Tax Credit	\$45.00
Sick Notes	\$25.00
TB skin test – 1 step test	\$55.00
TB skin test – 2 step test	\$95.00
Telephone Prescription Renewal (max 1/yr)	\$25.00
Transfer of Medical Records at the patient's request (first 5 pages)	\$40.00
Transfer of Medical Records at the patient's request (each additional page)	\$1.50

\* Referral notes are considered an uninsured service when they are requested by the patient for a service that is not medically necessary.

# UNINSURED SERVICES PLAN REGISTRATION FORM

Please complete and return to the Woodbridge Medical Centre

## 1. My Uninsured Services Plan

- Yes I will subscribe to the Uninsured Services Plan (select one plan)
- Individual \$ 110.00 per person
  - Family \$ 160.00 (includes children to age 18 & full time students)

## 2. My Information (and family members who are current patients of Woodbridge Medical Centre)

Last Name	First Name	Date of Birth (dd/mm/yy)	Doctor

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

## 3. My Payment

- Cheque made payable to Woodbridge Medical Centre is enclosed
- Credit Card
- Card# \_\_\_\_\_  Visa  Mastercard
- Expiry Date \_\_\_\_ / \_\_\_\_ Name on Card \_\_\_\_\_
- Cash (please make all cash payments in person at the office)

## 4. My Consent

I agree to pay the above fees that cover the specific uninsured services for a period of one year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 5. Return the registration form to the Woodbridge Medical Centre by mail or in person

Woodbridge Medical Centre  
9600 Islington Ave. Unit A13  
Woodbridge, ON L4H 2T1  
Tel: (905) 893-8085