

Woodbridge Medical Centre
9600 Islington Ave. Unit A13
Woodbridge, ON L4H 2T1

Tel: (905) 893-8085

Dear Patient,

It is our pleasure serving you as your Family Doctors, providing you with quality medical advice and care to meet your health care needs.

As you may know, the Ontario Government covers the cost of providing medically necessary services to patients through the Ontario Health Insurance Plan (OHIP). Any medical service not covered by OHIP is called an **uninsured service**.

Some of the common uninsured services include:

- work and school related notes
- prescription refills by phone
- missed appointments
- driver's medical and other third party examinations
- medical forms for insurance, legal or employment purposes
- photocopying, faxing and transfer of medical records.

In the past we have allowed patients to pay for uninsured services on an as-needed basis or by opting into an annual plan, which many patients have found to be a more convenient and cost-effective way to manage these charges. We will continue to offer both options, including the Annual Block Fee, which covers most of your uninsured services for the entire year for one annual fee.

This plan follows the guidelines established by the Ontario Medical Association. *Participation is voluntary*, and all medically necessary services will continue to be covered by OHIP.

For a complete list of the services covered by this plan, and their individual costs, please visit our website at www.wmcfht.com or consult the chart attached.

Please complete the registration form attached, and return it to our office.

We look forward to continuing to provide you with the highest standards of healthcare, and thank you for your understanding of this issue.

Sincerely,

Woodbridge Medical Centre

Annual Block Fee Plan <u>INCLUDES</u> the following services:	If you <u>DO NOT</u> enroll in the Annual Block Fee Plan, you will be required to pay the following fees:
Daycare Note	\$25.00
Disability Tax Credit	\$75.00
Doctor Note	\$25.00
Dressing Change	\$25.00
Employment Insurance/Maternity Certificate	From \$25.00
Faxing and Photocopying (per page)	\$1.50
Forms for Fitness Clubs	\$40.00
Ministry of Transportation Medical Exam (visit & forms)	\$175.00
Missed Physical appointment without 24 hours notice (max 1/year)	\$75.00
Missed Routine appointment without 24 hours notice (max 1/year)	\$45.00
Other Forms not covered by OHIP (50% discount with annual fee)	From \$25.00
Pre-Employment Certification of Fitness (Form Only)	\$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
Skin Lesion Removal up to 5 by Liquid Nitrogen <ul style="list-style-type: none"> • Skin tag, wart treatment, seborrheic keratosis 	\$35.00
Skin Lesion Removal 5 or more by Liquid Nitrogen <ul style="list-style-type: none"> • Skin tag, wart treatment, seborrheic keratosis 	\$55.00
Replacement of Lost Immunization Record	\$25.00
Report for Citizenship and Immigration	\$120.00
TB skin test – 1 step test	\$55.00
TB skin test – 2 step test	\$95.00
Telephone Prescription Renewal (max 1/yr)	\$25.00
Travel Cancellation Forms	\$40.00
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)	\$0.75

* 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 \$ 120.00 per person
 - Family \$ 190.00 (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/Debit (please make all cash/debit 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

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