



Wise Elephant Downtown Brampton Family Health Team

A Healing Place
247 Main Street North
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Dear Patient Name,

As you know, the Ontario Health Insurance Plan (OHIP) pays for most of your medical visits here at the office. **However some medical procedures and most administrative services are not insured by OHIP.** These services are still provided by this office and require significant time and resources to administer. **Payment for these services have become the responsibility of either the patient themselves or the agency requesting the service.** To address this issue over the last few years, the Ontario Medical Association has introduced a fee schedule for uninsured services. For further details please review the **uninsured services fee guide** included with this letter.

There are two ways by which you may wish to address these fees. The first option is that you consider paying an annual fee, often referred to as a **"block fee", to cover uninsured services for one year.** This method appears to be preferred by many patients. The decision to enroll in the Annual Fee program will help to reduce the amount of time the office staff spends sending out individual invoices, and allows them more time to provide patient care. It can also amount to **substantial savings** if unexpected needs arise over the year.

Annual Fees for the coverage period will be: **\$95 for an Individual**

\$160 for a Couple

\$195 for a Family

For those who chose not to accept the annual coverage program, the second option is to **pay for individual services at the time the service is provided.** Included with this letter is a list of some items covered by the Block Fee.

We look forward to continuing to care for you and your families in good health for many years. **Your immediate attention to this matter would be greatly appreciated.** Should you have any question, please feel free to discuss them with us personally.

Best wishes and sincerely yours,

Wise Elephant FHT Annual Fee Registration

Please complete the form below and return it in the stamped envelope provided.

Patient Name:

Date of Birth:

Address:

Phone Number:

Health Card Number:

Sex:

Additional patients covered by the Annual Fee Program. Patients must reside in the same household.

Patient Name:

Date of Birth:

Health Card Number:

Sex:

Patient Name:

Date of Birth:

Health Card Number:

Sex:

Patient Name:

Date of Birth:

Health Card Number:

Sex:

Patient Name:

Date of Birth:

Health Card Number:

Sex:

Patient Name:

Date of Birth:

Health Card Number:

Sex:

I am requesting coverage as a:

- Individual \$95.00
- Couple \$169.00
- Family \$195.00

Method of payment:

- Cheque

Please make payable to: *Wise Elephant FHT*

- Credit Card

Card Type: Visa MasterCard Amex

Name on card:

Card Number:

Exp Date:

Signature:

Coverage is from April 1st, 2011- March 31st, 2012

Wise Elephant FHT Uninsured Services Fee Guide

The following uninsured services ARE covered by Annual Fee:

Notes/letters on behalf of patients (when appropriate and depending on work required)	\$25	Driver's Medical Examinations	\$125
Telephone advice (in emergency situations and only at physicians discretion)	\$32	Physical Examinations required by a third party (will be reduced to \$75 if annual fee paid)	\$125
Medical Supplies (splints, dressings, etc) *	I.C.	Travel Advice in the office	\$30-50
Lost Notes, Prescriptions, Immunization Record, Blood work or other testing requisition	\$20	Administration of Injections for travel purposes (per injection)	\$15
Wart Removal (per lesion/wart) fee will be reduced to \$10 if annual fee paid. Note: Plantar warts covered by OHIP	\$30-75		

* Individual Consideration

Medical Reports/Forms (without examination)

Forms required for volunteers at nursing homes/hospitals	\$32	Referral Notes for massage therapy, chiropody, orthotics, physiotherapy and chiropractor	\$20
Forms required for commercial weight loss programs	\$32	Day Care Notes (communicable disease)	\$32
Illness/return to work notes (simple)	\$15	School/ Camp Form (excluding exam)	\$32
UIC Disability/ Maternity Certificate INS2019	\$25	CPP Disability Medical Report Form	\$65
Fitness Clubs Form	\$32	Travel Cancellation Form	\$50-100
Private Insurance forms	\$32-150	TB Skin Test	\$40
Life Insurance Death Certificate	\$32		

The Following Uninsured Services are NOT Covered by the Annual Fee

Missed Appointment	\$20	Extensive Disability Report/ Insurance Forms	OMA rate
Missed Physical Appointment	\$50	Transfer of Individual Records	\$30-60
Cosmetic Lesion Removal	Variable	Legal Reports	OMA rate
Photocopying first 1-5 pages	\$25	Photocopying each page after 5	\$1.50