

CARLISLE MEDICAL CENTRE
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S. Xenoyannis, M.D., C.C.F.P.
N. Desbois, M.D., C.C.F.P.
K. Byron, M.D., C.C.F.P.

March 1, 2011

JANE DOE
111 FIRST STREET
CARLISLE ON XXX XXX

Dear Jane,

We are currently renewing our Annual Fee for Uninsured Services Program and would like to once again offer you the opportunity to choose this option.

As you know, the Ontario Health Insurance Plan (OHIP) pays for most of your medical visits here at the office. Some medical procedures and most administrative services are not insured by OHIP. However, these services are still provided by this office and require significant time and resources to administer. In the past some of these services were provided on a complimentary basis. In the face of rising office expenses and government restrictions, we are no longer able to provide these services to you free of charge. Therefore, 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 brochure 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 and for this we are grateful. It can also amount to substantial savings if unexpected needs arise over the year.

Annual Fees for the coverage period will be:	\$ 85.	For an Individual
(fees remain unchanged from last year)	\$ 70.	For a Senior
	\$ 170.	For a Family

For those who choose 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. Whatever your decision regarding our Annual Fee Policy we are endeavouring to keep our patient demographics in order. Please use the enclosed return envelope to assist us with this. If we have missed/included any family members who are no longer patients at this office, if we have addressed this from the wrong Family Doctor, or if we do not have your up-to-date address, phone numbers or health card information please let us know.

Best wishes and sincerely yours,

Dr.Cindy Donaldson
Medical Director

Uninsured Services Fee Guide

The Ontario Health Insurance Plan (OHIP) Does Not Pay For The Following Uninsured and Third Party Requested Services

UNINSURED SERVICES COVERED BY THE ANNUAL FEE	Fee	UNINSURED SERVICES NOT COVERED BY THE ANNUAL FEE	Fee
Certificates/Form Completion		Third Party Requested Services paid by Third Party	
Prescription Renewals by Telephone/fax at the request of patient or pharmacy*	\$20.00	A005A Consultation	\$120.00
Adoption Forms	\$50.00	A003A General Assessment	\$120.00
Assistive Device Application	\$20.00	A003A Health Examination: Adult	\$120.00
Auto Sales Tax Rebate Form	\$20.00	K017A Health Examination: Child	\$60.00
Can. Pens. Plan Disability Report	\$60.00	A007A Intermediate Assessment	\$60.00
Telephone Advice: Per 5 Minutes	\$15.00	A001A Minor Assessment	\$40.00
Day Care Notes: Disease Free	\$20.00	Misc Services NOT covered by the Annual Fee	
E.I.C. Disability/ Maternity Certificate	\$20.00	Circumcision: Newborn Infant	\$150.00
Fitness Club Physical Form	\$20.00	Missed Appointments without notice	\$50.00
Immigration Medical Report	\$75.00	Pre-OP for Non-OHIP Surgery (i.e. cosmetic)	\$120.00
Immunization Record Summary	\$15.00	Medical Legal Letters (Hourly Rate=\$300 - \$350/hr)	
Medication and Certificate Form	\$20.00	Travel Consultation	\$60.00
Non Formulary Drug Benefit Form	\$20.00	Legal Letter: (Hourly Rate=\$300 - \$350/hr)	
Incompetence: Assess & Certificate	\$160.00	Chart copying for Lawyer/ Ins. Co: Minimum	\$20.00
Pre-Employment Fitness Certificate	\$20.00	Chart Summary to Other Physician: Minimum	\$20.00
Return to Work Form/Maternity	\$20.00	Copying: Per Page Photocopied	\$1.00
Rev. Canada Disability Credit Form	\$20.00	Facsimile Messages: Per Page	\$3.00
Sports/Camp/School Forms	\$20.00	Crutches	\$25.00
Travel Cancellation Ins. Form	\$40.00	Secretarial Services: Per 15 Minutes	\$5.00
Travel Medicine Prescription (min.)	\$20.00	Benign Skin Lesion Removal	\$100.00
Massage/Orthotics Prescription	\$20.00	Radiology For Uninsured Services	
Third Party Physicals paid by Patients		Chest X-Ray: Single View	\$32.00
Adult/Driver's Physical	\$80.00	Chest X-Ray: Two Views	\$48.00
Adult/Driver's Physical, plus form	\$140.00	Insurance Company Assessments/Reports	
Child/Adolescent Physical	\$45.00	Application For Insurance....Minimum	\$50.00
Misc, Supplies & Procedures		Attending Physicians Statement...Minimum	\$120.00
Finger Splint: Thimble	\$10.00	Clarification Report	\$300.00
Wrist Brace	\$20.00	Full Narrative Report	\$300.00
Tensor Bandage	\$10.00	Disability: Form Completion Only	\$50.00
Clavical and Shoulder Brace	\$20.00	Health History: Form Completion Only	\$50.00
Cervical Collar	\$25.00	Disease Specific Questionnaire Completion	\$75.00
Wart Treatment: Single	\$15.00	Insurance Medical Exam, Including Report	\$180.00
Wart Treatment: Multiple	\$30.00	Motor Vehicle Accident: Disability	\$120.00
Denco Pregnancy Test (at patients request)	\$10.00	System Specific Examination	\$90.00
Elective Injections	\$10.00	Life Insurance Death Certificate	\$30.00
TB Skin Test	\$40.00	Chart Review: Minimum 15 minutes	\$75.00

****If you do not participate in the Block Fee Program there will be a \$20.00 charge for prescription renewal requests by a pharmacy, phone or fax beginning July 1, 2010. As much as possible, we try to provide you with repeat prescriptions to last you until your next visit. When you are running low on your medication, it is time to book your next appointment. We have a very busy office so please make sure you call for an appointment at least a month before your prescription runs out.***

Please note that we are using the services of a company called "Doctors Services" for the preparation, mailing and receipts for the Annual Fee Program. Any questions regarding your payment of the Annual Fee Program, please contact Doctors Services directly at: 1-866-423-8267.

Please fill out the form below, fold and insert the completed form into the return envelope provided. Postage has been prepaid. Please return this regardless of your support of the Annual Fee Program. Check Option B should you wish to have these services billed as they are rendered.

If you choose the family fee please circle the family members listed, or print their names on the lines provided.

Jane Doe
111 First Street Carlisle ON XXX XXX

Doctor
Cindy Donaldson, M.D.

Additional patients covered by the Annual Fee Program

_____ Surname, FirstName	_____ Surname, FirstName	_____ Surname, FirstName
_____ Surname, FirstName	_____ Surname, FirstName	_____ Surname, First Name

If family doctor is different from the one printed above please circle your doctor from the list below

Dr. Byron Dr. Bzonek Dr. Desbois Dr. Donaldson
Dr. McMeekin Dr. Scholtens Dr. Xenoyannis

Option A – I enclose annual fee Credit Card Cheque

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

Please accept my payment for the Annual Coverage Program.

*Please note that it is your right to rescind the decision to pay annual fees within a week of your original decision (in which case you will be required to pay for services as provided).

DEADLINE FOR PAYMENT: JUNE 30TH, 2011

I am requesting coverage as a:

<input type="checkbox"/> Individual	\$ 85.00
<input type="checkbox"/> Senior	\$ 70.00
<input type="checkbox"/> Family	\$ 170.00

(includes children to age 18 and full-time students)

Cheques should be made payable to: Carlisle Medical Centre

Credit Card Details

Name on Credit Card _____

Card # _____ Expiry Date _____

Signature _____

Receipt – Please tick here if you require a receipt
 Option B – I wish to pay for individual services when rendered

