

OAK RIDGES MEDICAL CENTRE

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Dear Patient,

Oct 30, 2020

Well this has been an interesting year for the entire world. Things will likely never be quite the same. The world is trying to resume some normal activities. The second wave of this pandemic seems to be upon us and our flu season has barely begun. Going forward it will be a delicate balance between maintaining the economy and not overwhelming the health care system so that people requiring hospitalization can get the care they need. Thank you for all doing your part to stay safe.

As your family doctor, it has been our pleasure to help you with all your health care needs. It is our goal to provide you with the best medical care in an approachable, friendly, and efficient manner. As you may know, the Ontario Health Insurance Plan (OHIP) pays for most of your medical visits to our office. However, there are many time-consuming uninsured services which OHIP does not compensate physicians for. Examples include prescription renewals over the phone or if requested from the pharmacy, sick notes, massage and orthotic notes, insurance forms, disability forms, some wart treatments and skin tag removal. Please see the attached page for a full list of uninsured services.

There are two ways by which you may wish to address these fees. The first option is that you consider paying an annual fee (block fee) to cover the 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.

Should you wish to submit payment for the Annual Fee using a debit or credit card, you may do so online by going to www.doctorservices.ca/online-payment or by telephone to Doctor Services. We are using DOCTOR SERVICES to administer this plan. Any questions, issues or correspondence regarding the plan should be directed to them by phone 416-447-3666 and NOT to our office.

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 Annual Fee. The second option is to pay for insured services at the time the service is provided. Included with this letter is a list of items covered by the Annual Fee. If you would like further information regarding Block Fees please go to:

<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Uninsured-Services-Billing-and-Block-Fees>

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 care information please let us know.

Best Wishes and sincerely yours,

Oak Ridges Medical Family Practice.

The Following Uninsured Services ARE Covered by the Annual Fee

Prescription refills by fax (when appropriate and only at the request of the patient or patients representative) *	\$20.00	Letters on behalf of patients (when appropriate and depending on work required)	\$25 - \$200
Transfer of Medical Records (at the request of the patient or patients representative) first 1-5 pages each page after 5	\$35.00 \$1.00	Medical examination to certify fitness to return to work requested by employer	\$75.00
Medical Supplies (dressings, splints, slings, etc.)	\$25.00	Photocopying – Per Page	\$1.00
Travel consult with injection	\$50.00	Driver's Medical Form (MOT)**	\$125.00
Travel Injection Only	\$20.00		
Lost Referral Notes/Prescriptions	\$25.00	Third party physical exam	\$100.00
Uninsured Vaccination (administration)	\$20.00	TB Test	\$40.00
Medical reports/forms (without examination)			
Forms required for volunteers at nursing homes/hospitals	\$25.00	Special forms for insurance coverage of massage therapy and orthotics	\$20.00
Citizenship and Immigration Report	\$60.00	Ontario Accessible Parking Permit form (for people with disabilities)	\$20.00
Forms required for commercial weight loss programs	\$25.00	Day Care Notes (communicable disease)	\$20.00
Illness/return to work notes (simple and only where appropriate)	\$20.00	School/Camp Form (excluding examination)	\$20.00
Employment Insurance / Maternity Certificate	\$20.00	Revenue Canada Disability Form	\$50.00
Fitness Clubs Form	\$25.00	Travel cancellation form	\$25.00
Private Insurance forms (coverage forms)	\$50 - \$200	Auto accident insurance forms (when not funded by insurance company)	\$108.00
Pre-employment Certificate of Fitness forms	\$25.00	Replacement of yellow immunization certificate	\$20.00
Jury Duty Letter	\$20.00	Referral Note for Chiropractor, Physiotherapy	\$20.00
Certificate of medical status	\$25.00	Children's Aid Society Application form for foster parent application	\$45.00
Disability Tax Credit Certificate (Form T2201 - Canada Revenue Agency) (Filling of the form does not ensure qualification for the program)	\$40.00	Canada Pension Plan Disability benefits application forms (The federal government pays \$65 of this fee)	\$60.00
PAPS - at the request of the patient only (if the Ministry of Health recommends this procedure it will be covered)	\$35.00	Other forms not covered by OHIP	\$25+

The Following Uninsured Services are NOT Covered by the Annual Fee

They are available to all patients at standard OMA rates

Missed appointment	\$ 30.00
Missed Periodic Health Exam	\$ 60.00
Ear Syringing (if not medically necessary) - Per Ear	\$15.00
Pre-op for cosmetic procedures***	\$100
Disability Report/Insurance Forms	OMA Rate
Legal Reports	OMA Rate
Cosmetic minor surgical procedures	from \$20.00
Physical Exam requested by a third-party	OMA Rate

* Prescription renewals ordinarily require an office visit to re-assess the condition requiring the prescription. If you do not wish to schedule an appointment to review your medication, we will charge for this service. Please anticipate your renewals, ask for renewals at each visit and bring your medications for your appointments. New Prescriptions are written only after a visit in person.

** Driver's Medical and other third party examinations are uninsured services. The fee listed will be reduced by 50% for those who pay the Annual Fee.

*** As of October 1, 2019 pre-operative assessments are not required to be done by the family doctor, they should be done by the surgeon or anaesthetist. If still required by a surgeon or a dentist for example there will be a charge.

Please note that we are using the services of a company called "Doctors Services" for the preparation, mailing and receipts for the Annual Fee for Uninsured Service. For any questions regarding your payment or the Annual fee please contact them 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.

I wish to receive future communication by Email and enclose my email address

here: _____

Patient Name	Primary Health Care Provider	Patient Name	Primary Health Care Provider

Option A – I enclose annual fee Visa / Mastercard Cheque

Coverage is from: November 1st, 2020– October 31st, 2021

*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).

Please accept my payment for the Annual Coverage Program.

- I am requesting coverage as a:
- Individual \$ 120.00
 - Couple \$ 185.00
 - Family* \$ 210.00
 - Senior (65+) \$ 95.00
 - Senior Cpl \$ 160.00

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

Cheques should be made payable to: **Oak Ridges Medical Centre**

Credit Card Details

Name on the Card _____

Card # _____

Expiry Date _____

Signature _____

Option B – I wish to pay for individual services when rendered

**If you choose option B and do not wish to include your email address there is no need to return the form.*

*** If you choose option B and would like your email address kept on file then please return this form.*