



**UNINSURED SERVICES – FAMILY PRACTICE**  
**Effective May 6, 2024**

<b>FORM FEES</b>		<b>PHR = Physician Hourly Rate</b>
<b>Doctors Note</b> Back to work note, sick note or daycare note (free of communicable disease)		\$25 (+HST)
<b>Basic Form</b> Physicals for schools, camps, pre-school, daycare, university/educational institutions; Notes for insurance coverage of physiotherapy, massage therapy, acupuncture, compression stockings & orthotics (at request of patient); Forms required for commercial weight loss programs, private insurance sickness (less than 15 minutes to complete), Fitness Club Forms, Travel Cancellation Form		\$45 (+HST)
<b>Intermediate Form</b> Physicals for preemployment certification of fitness/fitness clubs or hospital/nursing home employee, private insurance sickness or other forms		\$60 (+HST)
<b>Complex Form</b> Includes any of the above Basic, Intermediate, or Specific Complex Form not listed below - if more time spent on completion.		\$120 (+HST) or PHR

<b>EXAMINATION FEES – if needed by physician to complete form not covered by OHIP</b>	
Office Visit	\$45
Extended Appointment	\$900
Physical Examination required by Third Party (eg lawyer, insurance)	\$200/PHR

<b>SPECIFIC COMPLEX FORMS</b>		<b>PHR = Physician Hourly Rate</b>
<b>Statutory Accident Benefits Schedule Claims</b>		
OCF-3 Disability Certificate		\$240
OCF-18 Treatment Plan		\$255
OCF-19 Determination of Catastrophic Impairment		\$141
OCF-23 Treatment Confirmation		\$240
<b>Canada Pension Plan (CPP) Forms (Optional fees – varies with complexity of request)</b>		
CPP - Disability Medical Form (ISP2519)		Up to \$115
CPP - Narrative		Up to \$150
<b>INSURANCE CERTIFICATES</b>		
Life Insurance Death Certificate (Form Only)		\$55/PHR
Attending Physician’s Statement – Life/Disability (Form Only)		\$160/PHR
System Specific or Disease Specific Questionnaire (Form Only)		\$130
System Specific Examination (Form plus Assessment Fee)		\$175-\$220
Insurance Medical Examination (Form plus Assessment fee)		\$260/PHR
Full Narrative/Clarification Report		\$455/hr
<b>OTHER ORGANIZATION FORMS</b>		
EI – Sickness Benefit (INS5140)		\$50
EI – Compassionate Care Benefit (INS5216B)		\$70
CRA - Federal Disability Tax Credit (T2201)		\$150/PHR
MTO – Driver’s Medical (FMSCA 5080E) Form & Examination		\$195
CAS – Children’s Aid Society – Foster Parent Application		\$150

<b>PROCEDURES</b>	
<b>Ear Syringing (not medically necessary)</b>	\$45
<b>TB Testing - One Step/Two Step</b> Note: OHIP covers TB Testing required by Public Health, for day care/pre-school, for education purposes or condition of being admitted to a Long Term Care. Fees include Serum, Injection & Form fee.	\$75/\$125
<b>Wart Treatment (Liquid Nitrogen)</b> Up to 3; Each after 3	\$50; \$5
<b>Skin Tag Removal</b> Up to 5; Each	\$150/ \$50
<b>Nursing Supplies</b> Splints, Tensors, Dressings – Small/Large	\$10/\$15
<b>Nursing Injection Fee (for each non OHIP covered vaccination/injection)</b>	\$15

<b>OTHER</b>	
<b>Prescription Refill Request – without examination</b>	\$20
<b>Missed Appointment</b> Family Doctor - Office Visit Family Doctor – Extended Appointment (Diabetic Visit, CPX) Your physician may charge for missed appointments or appointments cancelled with less than 24 hours notice. In busy physician practices, a missed or cancelled appointment means that another patient could have received care if you had notified us. If repeat missed appointments become an issue, generally greater than three, your doctor may consider terminating you from their practice.	\$45 \$90
<b>Canadian Resident – No Healthcard</b> Office Visit Extended Appointment (Diabetic or CPX Visit) <b>Plus: Admin Fee (not reimbursable)</b> You may be charged for a health service if you do not present your health card at the time of your visit to the Clinic. If you subsequently show that you were covered by OHIP at the time of the service, only the visit fee charged will be reimbursed within 30 days.	\$45 \$90 \$10.00
<b>Non Resident</b> Basic Visit Office Visit All Other Visits	\$75 \$125 \$250
<b>MEDICAL RECORDS</b>	
<b>PATIENT REQUESTS</b>	
<b>Paper copies</b> Up to 40 pages Greater than 40 pages	\$35 \$75
<b>Secure email (electronic transfer)</b>	\$30
<b>USB</b>	\$45
Courier fees	TBD
<b>THIRD PARTY REQUESTS (INSURANCE, LAW FIRMS)</b>	
<b>Paper Copies</b> First 20 pages Each additional page after 20 pages	\$30 \$0.25
<b>USB</b>	\$45
Courier fees	TBD
Physician Review – for every 15 minutes after 15 minutes	\$100