## FEES FOR COMMON UNINSURED MEDICAL SERVICES

Revised and Effective February 7, 2018

SERVICE	FEE
Sick Note, Back to Work Note, Daycare Note	\$18.85
Missed Appointments (without at least 4 hours notice)	\$40
Insurance Notes (for Physiotherapy, Chiropractor, Massage, Orthotics, etc.)	\$18.85
Attending Physician's Statement	\$139.85
Disability Tax Credit Application	\$46.70
Driver's License Physical & Form (includes assessment & form completion)	\$125
General & Other Forms	\$30 per 5-minute for time to complete (or part thereof)
Cosmetic Procedures: Liquid Nitrogen (up to 4 lesions) Liquid Nitrogen (5+ lesions) Simple Lesion Shave/Punch Full Lesion Excision	\$20 (per treatment) \$30 (per treatment) \$110 \$150
Photocopies/Printing (when patient requests)	\$5 for first five page +\$0.50 each additional page
Faxing Documents (other than prescriptions) (when patient requests)	\$5 for first five page +\$0.50 each additional page

Physician Consultation via Telephone (Direct consultation with the doctor)	\$40 per encounter
Physician Consultation via Email (Direct consultation with the doctor)	\$40 per issue
Completion of Form Physicals for schools and camps	\$27.40
Completion of Form Physicals for employment or fitness	\$36.60
Physician Medical Advice via Email or Phone	\$40 per issue
Travel Cancellation Insurance Form	\$37.45
Life Insurance Death Certificate	\$46.70
Medical Certificate for EI Compassionate Care Benefits	\$53.10
CAS Application for Prospective Foster Parent	\$53.70
Insurance Medical Examination (includes assessment and report)	\$228.35
Citizen and Immigration Canada Medical Report	\$139.90
Insurance Certificate OCF-3 Disability Certificate	\$139.90
Insurance Certificate OCF-18 Treatment Plan	\$139.90
Insurance Certificate OCF-19 Catastrophic Impairment	\$114.80
Insurance Certificate OCF-23 Treatment Confirmation	\$138.80

Prescriptions Without a Visit	\$20
Transfer of Medical Records	
Paper Chart	\$35 for first 20 pages and \$0.30 per page thereafter
on CD	\$60
Telus PS Suite EMR file * (Organized, functional EMR file. Accordingly, the receiving physician may wish to pay partial or full fee here)	\$100 *
Services for Patients without OHIP	OMA rates (OHIP fee x 2.22)

 ${\it Subject\ to\ 13\%\ HST\ where\ applicable}.$ 

Fees not paid within 60 days will result in additional 10% per month for interest & administration fees.

Failure to pay overdue fees may result in discontinuing patient-physician relationship.