

Dr. Adam Stewart



52 St. Lawrence Street E - Main Floor · Madoc · ON · KOK 2K0

Dationt registration form

Send us your completed form	Mail to: PatientSERV Corporation 3280 Bloor Street West		OR	Fax 1.877	.461.7687		
	Signature			_	Date		
Sign here	By signing below, you confirm that you've read the information we've given you about uninsured services and you agree to the terms of the payment plan you've chosen (<i>PS365</i> or <i>Pay-As-You-Go</i>).						
	Name on Card	Name on Card Exp		ry (mm/yyyy)			
	Credit Card Number			<u> </u>		"PatientSERV"	
	☐ Visa Debit ☐ Mass	terCard Debit				((DationtCED\/))	
Tell us how you'd like to pay		☐ Credit card (PS365 or Pay-As-You-Go)☐ Visa☐ American Express☐ Maste		OR Cheque (PS365 only) erCard Please make your cheque payable to:			
	*Please speak with clinic		ome Assist P		□ (\text{\text{C}} = \text{\text{\text{C}}}	C2CF	
	Family	s if was viving an Inc.	\$190	la.a			
current fees.	Couple		\$145				
services fee guide for a list of our	☐ Individual		\$95		Pay as you	u go	
Choose a plan See the uninsured	PS365* Includes 12 months of codate you register.	Includes 12 months of coverage from the		OR Pay-as-you-Go We'll bill your credit card whenever you receive an uninsured service.			
	For additional family memb	iers, use unother page	or buck of re			_	
	First name	Last name	or best		n card number	Email address	
	First name	Last name			h card number	Email address	
send you receipts and news from our practice.	-	Last name		Health card number		Email address	
Please include email addresses so we can	Your family members						
want to register that is a patient at the clinic.	Phone number	Email address –	important				
Include everyone in your household you	First name	Last name		Health card number			
Tell us who you're registering	You						
? Contact Patient	tSERV, our plan administ	rator, at 1-800-3	85-3210 if	you ha	ave questions o	or need help.	
If you've alread	y registered up: click <i>Pat</i>	ient Log In and fi	ll in your p	previou	usly used crede	entials.	
•	ır Health Card number ar		•			·	
	r register your account online at www.patientserv.ca (click <i>Log In,</i> and select <i>Sign up to be a PatientSERV Patient</i>).						
· •	enroll yourself and your family in the PS365 annual plan or to Pay-As-You-Go: Complete and return this form.						
To enroll yourself an	d your family in the PS36	55 annual nlan or	to Pav-As	-You-6	an.		
	stration form						