



Patient Registration Form

To enroll yourself and your family in the PS365 annual plan or to Pay-As-You-Go:

- Complete and return this form.
- Or register your account online at www.patientserv.ca (click *Log In*, and select *Sign up to be a PatientSERV Patient*). You'll need your Health Card number and the PIN included in your letter.
If you've already registered up: click *Patient Log In* and fill in your previously used credentials.
- Contact PatientSERV, our plan administrator, at **1-800-385-3210** if you have questions or need help.

1 Tell us who you're registering

Include everyone in your household you want to register that is a patient at the clinic. Please include email addresses so we can send you receipts and news from our practice.

You

_____	_____	_____
First name	Last name	Health card number
_____	_____	
Phone number	Email address – important	

Your family members

_____	_____	_____	_____
First name	Last name	Health card number	Email address
_____	_____	_____	_____
First name	Last name	Health card number	Email address
_____	_____	_____	_____
First name	Last name	Health card number	Email address

For additional family members, use another page or back of registration form.

2 Choose a plan

See the *uninsured services fee guide* for a list of our current fees.

PS365*

Includes 12 months of coverage from the date you register.

- Individual** \$99
- Couple** \$149
- Family** \$169

*Please speak with clinic if requiring an Income Assist Plan

OR

Pay-as-you-Go

We'll bill your credit card whenever you receive an uninsured service.

- Pay as you go**

3 Tell us how you'd like to pay

- Credit card** (PS365 or Pay-As-You-Go) **OR** **Cheque** (PS365 only)
- Visa American Express MasterCard Please make your cheque payable to:
- Visa Debit MasterCard Debit

"PatientSERV"

Credit Card Number

Name on Card

Expiry (mm/yyyy)

4 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 (*PS365* or *Pay-As-You-Go*).

Signature

Date

5 Send us your completed form

Mail to:
 PatientSERV Corporation
 3280 Bloor Street West Suite 1140
 Toronto, ON M8X 2X3

OR

Fax
 1.877.461.7687

