



Dr. Adam Stewart

52 St. Lawrence Street E – Main Floor • Madoc • ON • K0K 2K0



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 *New to PatientSERV*). You'll need your Health Card number and the PIN included in your letter.

If you've already registered up: click *Returning Patients 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

\$115

☐ Couple

\$175

☐ Family

\$195

*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



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