

OSGOODE VILLAGE FAMILY HEALTH

3192 Logan Farm Drive
Osgoode, On, K0A 2W0

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November 1, 2023

Dear Patient,

As your family doctor, it has been our pleasure to help you with your health care needs and we appreciate your continued trust. You may or may not know that not all medical services are covered by OHIP. These "uninsured medical services" include (but are not limited to):

- Prescription Renewal without appointment
- Sick Notes
- Medical Forms
- Medical Supplies

In accordance with the guidelines from the Ontario Medical Association, it is our policy to charge for these services. We offer two options for you to cover the expense of any uninsured services you may need: You can register for our optional **Annual Fee** program, or you may choose to pay on an as needed **fee for Service** basis. We have included details about each option with this letter, including sign-up options.

We are using the services of Doctors Services Group for the administration of our uninsured services billing program. If you have any questions or concerns, or would like additional information, **please contact Doctors Services Group at: 1-866-423-8267.**

ANNUAL FEE PROGRAM

This is a **one-time fee** covering the majority of uninsured services required for a **12-month period**. Most patients prefer this simple approach to coverage. Additional details on the uninsured services covered by the Annual Fee, and their equivalent Fee per Service cost, can be found on the following pages of this package. The cost of the Annual Fee program for the coming year is as follows:

Individual	\$140	Senior Individual	\$110
Couple	\$220	Senior Couple	\$150
Group/Family	\$250		

How to register for the Annual Fee program:

To register for the Annual Fee program, choose one of the following payment methods

1. Secure online payment - <https://doctorservices.ca/pay-online>
2. Payment by phone - 1-866-423-8267
3. Payment by mail - please complete and send the form on the following page using the return envelope provided. Postage has been pre-paid.

This letter is being sent to all of our patients in order to inform them of my office policy on uninsured medical services. It is important to note that signing up for the annual block fee is entirely at your discretion. Please accept our apologies if you have received this letter in error or if you are no longer a patient in my practice. If you have recently moved or changed your contact information or updated your health card, please let our staff know. We look forward to continuing to provide your primary medical care to ensure that you receive the best possible health outcomes.

Yours Sincerely,

The Doctors of the Osgoode Village Family Health Team

Doctor Services handles all preparation, mailing, and receipts for the Annual Fee. If you have any questions regarding your payment, please contact **Doctors Services** at **1-866-423-8267**.

Please fill out the form below, fold and insert the completed form into the return envelope provided.

Postage has been prepaid.

For further information regarding Annual Fees please go to:

<https://www.cpsso.on.ca/Physicians/Policies-Guidance/Policies/Uninsured-Services-Billing-and-Block-Fees>

I wish to have my email on file and enclose my email address here: _____

Patient Name	Primary Health Care Provider	Patient Name	Primary Health Care Provider

Option A – I enclose annual fee

Credit Card

Cheque

Coverage is from: December 1, 2023 – November 30, 2024

*Please note that it is your right to rescind the decision to pay annual fees within a week of your original decision (in which case you will be required to pay for services as provided).

DEADLINE FOR PAYMENT: ASAP

Please accept my payment for the Annual Coverage Program.

I am requesting coverage as a:

Individual \$ 140.00

Couple \$ 220.00

Family* \$ 250.00

Senior (65+) \$ 110.00

Senior Couple \$ 150.00

*** (including children under 21 and residing at the same address)**

*Cheques should be made payable to: **OSGOODE VILLAGE FHO***

Credit Card Details

Name on the Card _____

Card # _____

Expiry Date _____

Signature _____

CVN# _____
(3-digit code on back of card)

Option B – I wish to pay for individual services when rendered

**If you choose option B and do not wish to include your email address there is no need to return the form.*

The Following Un-Insured Services ARE COVERED by paying the Annual Fee

Prescription Renewals without an appointment	\$ 20.00 (per request)	When appropriate and only at the request of the patient
Ear Syringe	\$ 45.00	Applies to conditions not meeting OHIP guidelines of medically necessary treatment
Chart Transfer	\$ 35.00	
Photocopying/faxing at patients request	\$ 15.00	
Illness and Return to Work Notes	\$ 25.00	
Massage, Orthotics, Physio, Chiro Notes	\$ 20.00 (per request)	
Day Care, Camp and School forms	\$ 50.00	
Travel Information and advice	\$ 60.00	
Travel vaccination administration	\$ 25.00	
Travel Cancellation Certificate	\$ 75.00	
Forms Required for Volunteer Work	\$ 30.00	
TB Test & Reading only	\$ 35.00	
TB form	\$ 25.00	
Medical Supplies, Dressings, Tensor	\$ 25.00	
Replacement prescriptions or notes	\$ 25.00	
Drivers Medical	\$ 175.00	
Children's Aid Society Medical Certificate	\$ 50.00	
Letter for Jury Duty	\$ 35.00	
Pre-employment certificate for fitness or medical status	\$ 42.00	
Sickness and Accident forms - short term only	\$ 50.00	
Replacement of Immunization Certificate	\$ 25.00	
Revenue Canada Federal Disability Tax Credit Certificate	\$ 83.00	
Revenue Canada Federal Disability Tax Form	\$ 83.00	
Employment Insurance Disability / Maternity Certificate	\$ 30.00	
Missed Routine Appointment (no show)	\$ 50.00	1 missed appointment allowed per year
EI Disability or Maternity Certificate	\$ 30.00	
Non-Medically Indicated Physical Exam	\$ 75.00	
Pap Test requested by patient outside of OHIP	\$ 100.00	

The Following Uninsured Services ARE NOT COVERED by the Annual Fee

Complex Assessment from Third-Party	\$ 200.00 - \$300.00	
Minor Cosmetic Procedures	MD Consideration	
Pension Buyback or Transfer Forms	MD Consideration	
Wart Treatment	\$ 30.00/lesion	
Medical Legal Letters	MD Consideration	
Private Insurance Forms	MD Consideration	
Missed Annual Physical Examination	\$ 75.00	
Missed Routine Appointment (no show)	\$ 50.00	1 missed appointment allowed with participation in the Annual Fee Program
APS (attending physician statement)	\$ 160.00	
OFC-3 Disability	\$ 160.00	