

OSGOODE VILLAGE FAMILY HEALTH ORGANIZATION

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(Doctors Participating in Our Annual Fee Program)

Dear Patient,

Nov 5, 2025

It is time to sign up for our **ANNUAL FEE FOR UNINSURED SERVICES**.

As your family doctor, it continues to be 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 requests 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	\$155	Senior Individual	\$125
Couple	\$235	Senior Couple	\$165
Group/Family	\$265		

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://doctorsservices.ca/pay-online>
2. Payment by phone - 1-866-423-8267
1. 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 our 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 our 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 Organization

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

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	Each page after 20 \$ 0.25
Photocopying/faxing at patients request	\$ 15.00	Up to 5 pages
Illness and Return to Work Notes	\$ 30.00	
Massage,Orthotics, Physio, Chiro Notes	\$ 20.00 per request	
Day Care, Camp and School forms	\$ 50.00	
Travel information and advice	\$ 70.00	
Travel vaccination administration	\$ 25.00	
Travel Cancellation Certificate	\$ 85.00	
Forms required for Volunteer Work	\$ 30.00	
TB Test & Reading only	\$ 35.00	
TB form	\$ 25.00	
Medical Supplies, Dressings, Tensor.	\$ 25.00	
Replacement of prescriptions or notes	\$ 25.00	
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	\$ 100.00	
Revenue Canada Federal Disability Tax Form	\$ 100.00	
EI Disability or Maternity Certificate	\$ 30.00	
Missed Routine Appointment (no show)	\$ 50.00	1 missed appointment allowed per year
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

Available as per the standard guidelines set by the Ontario Medical Association-OMA.

Complex Assessment from Third-Party	\$ 200.00 - \$ 600.00	
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 per year
APS (attending physician statement)	\$ 160.00	
Drivers Medical (MOT)	\$ 200.00	
OFC-3 Disability	\$ 160.00	

Please note that we are using the services of a company called "Doctors Services" for the preparation, mailing and receipts for the Annual Fee for Uninsured Service. For any questions regarding your payment or the Annual fee please contact them directly at: **1-866-423-8267**.

Payment can be made online at <https://doctorsservices.ca/pay-online/> or by phone at 1-866-423-8267 or by completing the payment form following and sending the payment to :

Doctors Services Group
PO BOX 126 Station R,
Toronto, ONT, M4G 3Z3

For further details regarding Annual/ Block Fees :

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

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, 2025– November 30, 2026

*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 \$ 155.00

☐ Couple \$ 235.00

☐ Family* \$ 265.00

☐ Senior (65+) \$ 125.00

☐ Senior Couple \$ 165.00

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

*Cheques should be made payable to: **OSGOODE VILLAGE FAMILY HEALTH***

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.*