

Non-OHIP-Covered Fees and Block Billing Information for 2011/2012

As you may know, The Ontario Health Insurance Plan (OHIP) does not pay for all services that you request from your doctor. Services that OHIP does not pay for are called "non-insured" or "uninsured services". In order to provide effective and efficient care it is necessary to charge for these services. There are three options available to you for payment of these non-OHIP insured services:

- A. Pay individually for each service that you actually use. See fees below.
- B. Basic Coverage Pay \$100.00/year per child (maximum \$250.00 per year per family) See table for coverage details
- C. Premium Coverage Pay \$150.00/year per child (maximum \$350.00 per year per family) See table for coverage details.

The fees contained in the list below are based on the Ontario Medical Association's recommended fees as found in the 2011 edition of the OMA's *Guide to Third Party and Other Uninsured Services*.

	Plan A	Plan B	Plan C
	Pay per Use	Standard Plan	Premium Plan
		Covers	Covers
Prescription renewals (per medication prescribed)	\$20.00	✓	✓
Forms (e.g. daycare, school, camp, insurance, gov't, etc)	\$25.00	✓	✓
Simple 1-page letters for third parties (e.g. sick notes)	\$15.00	✓	✓
Transfer of medical records	\$30.00	✓	✓
Photocopying and faxing on behalf of patient (per page)	\$1.50	✓	✓
Administration of vaccines not covered by OHIP	\$15.00	✓	✓
(per shot) (not including the cost of the vaccine)			
Medication/Equipment used during appointment	Price varies	✓	✓
(e.g. treatment with nebulized salbutamol)			
Email correspondence with Doctor	\$35.00		√
(per issue discussed per patient)			<u>,</u>
Physical examination requested by third party	\$100 - \$200		✓
Missed Appointment or cancelled with <24h notice	\$50 - \$150		✓
(Under plan C – fee waived for 2 missed visits/year)			
Formal medical legal or insurance letters	Hourly rate		

In the event of financial hardship, please discuss this with your doctor. It is not our intention to cause any undue financial burden on patients and their families.

All uninsured services must be paid in full when rendered. If requested, we will provide you with a receipt upon settlement of your account. Please note that the office accepts cash, cheques, or credit cards. Where applicable, a charge of \$20.00 for personal cheques that are returned N.S.F. by financial institutions will be added to patients' accounts.

Thank you very much.



Block Billing Registration Form

Please fill out and sign this form. If you are submitting payment by cash or cheque, please be sure to submit both the payment and the completed/signed form together. If you are submitting payment by credit card, send only the completed form (including credit card information). We will be happy to provide you with a receipt.

Today's Date:
Patient's Name:
Primary Caregiver's Name:
Many Private health care insurance plans cover this block fee. If you have a policy, it is worthwhile checking with your employer and/or insurance company to verify if they would pay for this fee.
Block Fee Choice:
Please select one of the following options for paying non-OHIP insured services: Option A: Pay individually for each service rendered. Option B: \$100.00/year per child (max \$200.00 per family) Option C: \$150.00/year per child (max \$300.00 per family)
Parent Signature:
Payment Type: □Cash □Cheque □Credit Card (Fill out information below)
If you selected Credit Card Above, please fill out the information in this box.
Last name written on card:
First name written on card:
Type of Card:
Card Number:
Expiry Date:
CCV Code (on back of card):
authorize Kindercare Pediatrics to charge the above credit card in the amount of:
Cardholder's Signature: Date:

You can send this filled form back in a number of ways. Please choose the one that is most convenient for you:

- 1. Mail it back to us: Kindercare Pediatrics, 200-491 Eglinton Ave W, Toronto, ON M5N 1A8
- 2. Fax it back to us: 416-848-7664
- 3. Scan and email the information to us: admin@kindercarepediatrics.ca