

CARLISLE MEDICAL CENTRE

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*(Medical Professional Corporation)

Dear Patient,

March 29, 2021

The world has changed dramatically since our last mail out. As we write this, the third wave of the COVID-19 Pandemic will hopefully soon be behind us. We have all made sacrifices in our lives, but we ask that you remain vigilant. Please continue to practice good hand hygiene and physical distancing, and limit unnecessary travel. As you well know, there is a light at the end of the tunnel, and the government is rolling out a three-phase distribution plan for the COVID-19 vaccines. However, we must temper our enthusiasm with the reality that it will be several months or more before we really start to see any impact on our daily lives. Thank you for doing your part to stay safe.

We are once again renewing our Annual Fee for Uninsured Services Program and would like to offer you the opportunity to choose this option. As you know, the Ontario Health Insurance Plan (OHIP) pays for most of your medical visits here at the office. However, some medical procedures and most administrative services are not insured by OHIP. These services are still provided by this office and can require significant time and resources to administer. In the past some of these services were provided on a complimentary basis. In the face of rising office expenses and government restrictions, we are no longer able to provide these services to you free of charge. Therefore, payment for these services have become the responsibility of either the patient or the agency requesting the service. To address this issue over the last few years, the Ontario Medical Association has introduced a fee schedule for uninsured services.

There are two ways by which you may wish to address these fees. The first option is that you consider paying an annual fee, often referred to as a "block fee", to cover uninsured services for one year. This method appears to be preferred by many patients. The decision to enroll in the Annual Fee program will help to reduce the amount of time the office staff spends sending out individual invoices, and allows them more time to provide patient care and for this we are grateful. It can also amount to substantial savings if unexpected needs arise over the year.

Annual Fees for the coverage period will be:	\$ 130.	For an Individual
	\$ 100.	For a Senior (65 years and over)
	\$ 160.	For a Senior Couple
	\$ 240.	For a Couple/Family *

***(includes children to age 18 and/or full time students)**

If you prefer to enrol in the annual fee online, please go to www.doctorservices.ca/online-payment

For those who choose not to accept the annual coverage program, the second option is to pay for individual services at the time the service is provided. Included with this letter is a list of some items covered by the Block Fee. Whatever your decision regarding our Annual Fee Policy we are endeavouring to keep our patient demographics in order. Please use the enclosed return envelope to assist us with this. If we have missed any family members or included some who are no longer patients at this office, if we have addressed this from the wrong Family Doctor, or if we do not have your up-to-date address, phone numbers or health card information please let us know.

Best wishes and sincerely yours,

The Physicians of The Carlisle Medical Centre

Uninsured Services Fee Guide

UNINSURED SERVICES <i>COVERED</i> BY THE ANNUAL FEE	Fee	UNINSURED SERVICES <i>NOT</i> <i>COVERED</i> BY THE ANNUAL FEE	Fee
Certificates/Form Completion		Third Party Requested Services paid by Third Party	
Prescription Renewals by Telephone/fax at the request of patient or pharmacy*	\$20.00	Secretarial Services: Per 15 Minutes	\$5.00
Email Medical Advice (Dr. Wronzberg only)	\$20.00	Travel Medicine Consult/ <i>Individual</i> Injection Fee	\$60.00 \$10.00
Adoption Forms	\$50.00	Travel Medicine Consult/ <i>Family</i> Injection Fee	\$100.00 \$10.00
Assistive Device Application	\$20.00	Injection (Elective)	\$10.00
Auto Sales Tax Rebate Form	\$20.00	TB (Elective) Skin Test	\$40.00
Can. Pens. Plan Disability Report	\$60.00	Missed Appointments without notice	\$50.00
Telephone Advice Per 5 minutes	\$15.00	Pre-OP for Non-OHIP Surgery (i.e. cosmetic)	\$120.00
Day Care Notes: Disease Free	\$20.00	Medical/ Legal Letters (Hourly Rate=\$300 - \$350/hr)	
E.I.C. Disability/ Maternity Certificate	\$20.00	CPP Narrative Medical Report	\$150.00
Fitness Club Physical Form	\$37.00	Travel Cancellation Ins. Form	\$40.00
Immigration Medical Report	\$75.00	Chart copying for Lawyer/ Ins. Co: Minimum	\$20.00
Immunization Record Summary	\$20.00	Chart Summary to Other Physician: Minimum	\$35.00
Medication and Certificate Form	\$20.00	Copying: Per Page Photocopied	\$1.00
Non Formulary Drug Benefit Form	\$20.00	Facsimile Messages: Per Page	\$3.00
Incompetence: Assess & Certificate	\$160.00	Crutches	\$25.00
Pre-Employment Fitness Certificate	\$20.00	Benign Skin Lesion Removal	\$100.00
Return to Work Form/Maternity	\$20.00	Attending Physicians Statement...Minimum	\$140.00
Rev. Canada Disability Credit Form	\$50.00	Application For Insurance...Minimum	\$50.00
Sports/Camp/School Forms	\$20.00	Clarification Report	\$300.00
Orthotics Prescription	\$20.00	Full Narrative Report	\$300.00
Massage Prescription	\$20.00	Disability: Form Completion Only	\$50.00
Third Party Physicals paid by Patients		Health History: Form Completion Only	\$50.00
Adult/Driver's Physical, plus form** **Fee will be reduced by 50% if annual fee paid	\$160.00	Insurance Medical Exam, Including Report	\$228.00
Child/Adolescent Physical	\$45.00	Motor Vehicle Accident: Disability	\$140.00
Misc, Supplies & Procedures		System Specific Examination	\$90.00
Finger Splint: Thimble	\$10.00	Disease Specific Questionnaire Completion	\$90.00
Wrist Brace	\$40.00	Life Insurance Death Certificate	\$30.00
Tensor Bandage	\$10.00	Chart Review: Minimum 15 minutes	\$75.00
Clavical and Shoulder Brace	\$30.00	Radiology For Uninsured Services	
Cervical Collar	\$30.00	Chest X-Ray: Single View	\$32.00
Wart Treatment: Single	\$15.00	Chest X-Ray: Two Views	\$48.00
Wart Treatment: Multiple	\$30.00		
Denco Pregnancy Test (at patients request)	\$10.00		
Concussion/Head Injury Form	\$20.00		

***If you do not participate in the Block Fee Program there will be a \$20.00 charge for prescription renewal requests by a pharmacy, phone or fax. As much as possible, we try to provide you with repeat prescriptions to last you until your next visit.**

For further information regarding Block/Annual Fees and uninsured services please go to:
<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Uninsured-Services-Billing-and-Block-Fees>

Please note that we are using the services of a company called "Doctors Services" for the preparation, mailing and receipts for the Annual Fee Program. Any questions regarding your payment of the Annual Fee Program, please contact Doctors Services directly 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. Check Option B should you wish to have these services billed as they are rendered.

If you choose the family fee please circle the family members listed, or print their names on the lines provided. Should you wish to submit payment for the Annual Fee *online* you may do so by going to www.doctorservices.ca/online-payment or by *telephone* to Doctors Services or by completing and returning the form that accompanies this letter.

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

If your family doctor is different from the one printed above please circle your doctor from the list below

Dr. Bzonek **Dr. Desbois** **Dr. Donaldson** **Dr. Thomson**
Dr. McCarrel **Dr. Wronzberg** **Dr. Xenoyannis**

Option A – I enclose annual fee Credit Card Cheque

Coverage is from: April 1st, 2021 – March 31st, 2022

Please accept my payment for the Annual Coverage Program.

*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: APRIL 30TH, 2021

I am requesting coverage as a:

<input type="checkbox"/> Individual	\$ 130.00
<input type="checkbox"/> Senior(age 65 and over)	\$ 100.00
<input type="checkbox"/> Senior Couple	\$ 160.00
<input type="checkbox"/> Couple/Family*	\$ 240.00

***(includes children to age 18 and/or full time students)**

*Cheques should be made payable to: **Carlisle Medical Centre***

Credit Card Details

Name on Credit Card _____

Card # _____

Expiry Date _____

Signature _____

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