

## **CARLISLE MEDICAL CENTRE**



## **Uninsured Services Fee Guide**

| Individual <sup>†</sup> | Couple/Family* | Senior (65+) | Senior Couple (65+) |
|-------------------------|----------------|--------------|---------------------|
| \$130                   | \$240          | \$100        | \$160               |

| Uninsured Services Covered by the PS365 Annual Plan                                    | Pay-As-You-Go<br>Fee | PS365<br>Coverage |
|--|----------------------|-------------------|
| Certificates/Form Completion   |                      |                   |
| Prescription Renewals by Telephone/Fax at the request of patient or pharmacy**†        | \$20                 | ✓                 |
| Adoption Forms†  | \$60                 | ✓                 |
| Can. Pens. Plan Disability Report <sup>†</sup>   | \$60                 | ✓                 |
| Day Care Notes: Disease Free <sup>†</sup>  | \$20                 | ✓                 |
| E.I.C. Disability/Maternity Certificate <sup>†</sup>                                   | \$20                 | ✓                 |
| Fitness Club Physical Form <sup>†</sup>  | \$40                 | ✓                 |
| Immigration Medical Report <sup>†</sup>  | \$75                 | ✓                 |
| Medication and Certificate Form <sup>†</sup>   | \$20                 | ✓                 |
| Non-Formulary Drug Benefit Form†   | \$40                 | ✓                 |
| Pre-Employment Fitness Certificate <sup>†</sup>  | \$40                 | ✓                 |
| Return to Work Form/Maternity <sup>†</sup>   | \$20                 | ✓                 |
| Rev. Canada Disability Credit Form <sup>†</sup>  | \$50+                | ✓                 |
| Sports/Camp/School Forms†  | \$40                 | ✓                 |
| Orthotics Prescription†  | \$20                 | ✓                 |
| Concussion/Head Injury Form <sup>†</sup>   | \$40                 | ✓                 |
| Massage Prescription <sup>†</sup>  | \$20                 | ✓                 |
| Third Party Physicals Paid by Patients   |                      |                   |
| Adult/Driver's Physical, plus form**†  **Fee will be reduced by 50% if annual fee paid | \$160                | 50% off           |
| Child/Adolescent Physical†   | \$50                 | <b>√</b>          |
| Misc, Supplies & Procedures  |                      |                   |
| Wart Treatment: Single <sup>†</sup>  | \$15                 | ✓                 |
| Wart Treatment: Multiple <sup>†</sup>  | \$30                 | ✓                 |
| Denco Pregnancy Test (at patient request)†   | \$10                 | ✓                 |

| Uninsured Services Not Covered by the PS365 Annual Plan Third Party Requested Services Paid by Third Party | Pay-As-You-Go<br>Fee |
|--|----------------------|
| Secretarial Services: Per 15 Minutes <sup>†</sup>  | \$5                  |
| Travel Medicine Consult/ <i>Individual</i>   | \$60                 |
| Injection Fee <sup>†</sup>   | \$10                 |
| Travel Medicine  | \$100                |
| Consult/ <i>Family</i><br>Injection Fee <sup>†</sup>   | \$10                 |
| Injection (Elective)†  | \$10                 |
| TB (Elective) Skin Test†   | \$40                 |
| Missed Appointments without notice <sup>†</sup>  | \$50                 |
| Pre-OP for Non-OHIP Surgery (i.e., cosmetic) <sup>†</sup>  | \$160                |
| Medical/Legal Letters (Hourly Rate)†   | \$440/hr             |
| CPP Narrative Medical Report   | \$150                |
| Travel Cancellation Ins. Form <sup>†</sup>   | \$40                 |
|  | \$30 first 20        |
|  | pgs, then            |
| Chart Copying for Lawyer/Ins. Co <sup>†</sup>  | \$0.25 per pg        |
| Chart Summary to Other Physician: Minimum <sup>†</sup>   | \$35                 |
| Copying: Per Page Photocopied <sup>†</sup>   | \$1                  |
| Faxing: Per Page <sup>†</sup>  | \$3                  |
| Crutches <sup>†</sup>  | \$25                 |
| Assistive Device Application <sup>†</sup>  | \$20                 |
| Incompetence: Assess & Certificate†  | \$75                 |
| Immunization Record Summary <sup>†</sup>   | \$20                 |
| Rapid Strep Test (at patient's request)†   | \$10                 |
| Benign Skin Lesion Removal <sup>†</sup>  | \$100+               |
| Attending Physicians Statement: Minimum <sup>†</sup>   | \$160                |
| Application for Insurance: Minimum <sup>†</sup>  | \$50                 |
| Clarification Report <sup>†</sup>  | \$440/hr             |
| Full Narrative Report <sup>†</sup>   | \$440/hr             |
| Disability: Form Completion Only <sup>†</sup>  | \$60+                |
| Health History: Form Completion Only <sup>†</sup>  | \$50                 |
| Insurance Medical Exam, Including Report <sup>†</sup>  | \$228                |
| Motor Vehicle Accident: Disability <sup>†</sup>  | \$140                |
| System Specific Examination <sup>†</sup>   | \$90                 |
| Disease Specific Questionnaire Completion <sup>†</sup>   | \$90                 |
| Life Insurance Death Certificate <sup>†</sup>  | \$50                 |
| Telephone Advise: Per 5 Minutes <sup>†</sup>   | \$15                 |
| Chart Review: Minimum 15 minutes <sup>†</sup>  | \$110/hr             |

<sup>\*</sup>Includes children to age 18 and/or full-time students.

This list follows guidelines recommended by the Ontario Medical Association. Please note that this list is not exhaustive, and all fees are subject to change without notice.

<sup>†</sup> Subject to 13% HST

<sup>\*\*</sup> If you do not participate in the Block Fee Program there will be a \$20 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.