



Patient Registration Form

Please use one of the methods below to enroll in the PS365 plan or remain on a Pay-As-You-Go basis.

- Complete and return this form.
- Or register online at www.patientserv.ca (click *Log In*, and select *Sign up to be a PatientSERV Patient*). You'll need your Health Card number and the PIN included in your letter.
If you've already signed up: click *Patient Log In* and fill in your previously used credentials.
- Contact PatientSERV, our program administrator, at **1-800-385-3210** if you have questions or need help.

1 Tell Us Who You're Registering

Include everyone in your household you want to register that is a patient at the clinic.

Please include email addresses so we can send you receipts and news from our practice.

You

First Name Last Name Health Card Number

Phone Number Email Address – Important

Your Family Members

First Name Last Name Health Card Number Email Address

First Name Last Name Health Card Number Email Address

First Name Last Name Health Card Number Email Address

For additional family members, use another page or back of registration form.

2 Choose A Plan

See the Uninsured Services Fee Guide for a list of current fees.

PS365

Includes 12 months of coverage from the date you register.

- Senior (65+) \$100
- Senior Couple (65+) \$160
- Individual \$130
- Couple /Family \$240

OR

Pay-As-You-Go

We'll bill your credit card whenever you receive an uninsured service.

Pay-As-You-Go

3 Tell Us How You'd Like To Pay

Payment information is held securely with PatientSERV, and only charged when an uninsured service is provided.

Credit card (PS365 or Pay-As-You-Go)

- Visa American Express MasterCard
- Visa Debit MasterCard Debit

OR

Cheque (PS365 only)

Please make your cheque payable to:

PatientSERV

Credit Card Number

Name on Card Expiry (mm/yyyy)

4 Sign Here

By signing below, you confirm that you've read the information we've given you about uninsured services and you agree to the terms of the payment plan you've chosen (PS365 or Pay-As-You-Go).

Signature

Date

5 Send Us Your Completed Form

Mail to:
PatientSERV
3280 Bloor Street West - Suite 1140
Toronto, ON M8X 2X3

OR

Fax
1-877-461-7687

