DR. KELLEY WRIGHT

7-211 FERNDALE DRIVE SOUTH,

BARRIE, ON

L4N 6B9

Uninsured Services Policy

Dear Patient, December 8, 2024

We continue to be very fortunate in this country to have access to good health care paid for by the Ministry of Health through our taxes. As our population ages the cost of health care continues to rise and as a result there are more and more services that are not covered by the ministry. They require significant time and resources to administer. The demand for these uninsured services has increased exponentially in the past few years. In the face of rising office expenses, we are unable to provide these services free of charge. Therefore, the payment of these services has become the responsibility of the patient or the agency requesting the service.

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. 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 items covered by the Block Fee. It is important to stress that your decision to enroll in the Annual Fee Program will NOT impact the care you receive from our office.

Regarding the issue of prescription renewals without an office appointment: **If you sign up for the annual fee for uninsured services you will be covered for this service, otherwise there is a charge for each prescription renewal request sent by fax beginning January 1, 2025.**. Please note that this charge will also apply to auto-faxed requests generated by your pharmacy. **If you wish your pharmacy not to auto-fax prescriptions, you must inform them.** For those who prefer to continue to come in person for your prescription renewals, we welcome you to do so by booking an appointment.

Should you wish to submit payment for the Annual Fee using a debit or credit card, you may do so *online* by going to [www.doctorsservices.ca/online-payment](http://www.doctorsservices.ca/online-payment) or by *telephone* to Doctors Services. We are using DOCTORS SERVICES to administer this plan. Any questions, issues or correspondence regarding the plan should be directed to them by phone 1-866-423-8267 and NOT to our office.

This letter is being sent to all of my patients in order to inform them of my 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 my apologies if you have received this letter in error or if you are no longer a patient in my practice. If you have recently moved or changed your contact information or updated your health card, please let our staff know.

I look forward to continuing to provide your primary medical care to ensure that you receive the best possible health outcomes.

Kind regards,

Dr. Kelley Wright

# The Following Uninsured Services ARE COVERED by paying the Annual Fee

|  |  |  |  |
| --- | --- | --- | --- |
| **General Uninsured Services** | **Pay-As-You-Go Rate** | **Annual Fee Coverage** |  |
| Prescription Renewals by phone/fax | $ 25.00 | **✓** | Prescription renewals may require an office visit to reassess the medical condition requiring the prescription |
| Ear Wash/Syringe | $40.00 | **✓** |  |
| Illness and Return to Work/School Notes | $ 25.00 | **✓** |  |
| Note for Insurance Coverage - Massage Therapy, Orthotics, Chiropractic, Physio | $ 30.00 | **✓** |  |
| Electronic Transfer of Medical Records  (USB)  Copy & Mail Medical Chart | $60.00  $40.00 | **✓** | If records require physicians review, it will be charged at $50 per 15-minute review |
| General Physicians Note | $ 20.00 - $40.00 | **✓** | Depending on time and work involved |
| TB Skin Testing for Employment/Private | $60.00 Step 1  $70 Step 2 | **✓** |  |
| Yearly Partial Chart Photocopy Charge | $ 10.00 per page | **✓** |  |
| Cortisone Injection | $ 20.00 | **✓** |  |
| Uninsured Injections Administration | Prevnar - $40.00  RSV- $40.00  Shingrix - $55.00 (both) | **✓** | Twinrix - $40.00 (1st)  $15.00 (2nd & 3rd)  Gardasil - $40.00 (1st)  $15.00 (2nd & 3rd) |
| Pap Smear outside of Routine | $40.00 | **✓** |  |
| Letters on Behalf of Patient | $25.00 - $200.00 | **✓** | Depending on the length |
| OSAP Forms | $50.00 | **✓** |  |
| Drug Authorization Request | $25.00 | **✓** |  |
| EI Compassionate Care/ Maternity Certificate | $ 65.00 | **✓** |  |
| EI Medical Sickness Certificate | $ 45.00 | **✓** |  |
| Pre-employment Physical | $ 45.00 | **✓** |  |
| Travel Cancellation Forms | $150.00 | **✓** | Depending on the length |
| Jury Duty Letter | $ 25.00 | **✓** |  |
| Fitness to Travel Form | $ 45.00 | **✓** |  |
| Functional Abilities Form | $ 40.00 - $80.00 | **✓** |  |
| Volunteer Work Form | $ 25.00 | **✓** |  |
| School / Camp Physical/ Forms | $ 35.00 | **✓** |  |
| Children’s Aid Society Forms | $ 230.00 | **✓** | For prospective foster parents |
| Retirement Home/Nursing Home Exam and Form | $75.00 | **✓** |  |
| Auto Accident Insurance Form | $55.00+ | **✓** | Depending on time and work involved |

# The Following Uninsured Services ARE NOT COVERED by the Annual Fee

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

|  |  |  |  |
| --- | --- | --- | --- |
| Missed Appointment | $ 40.00 | **✕** | Without 24 hours notice |
| Missed Physical/Diabetic Exam | $40.00 | **✕** | Without 24 hours notice |
| Expired Health Card Visit | $40.00 | **✕** |  |
| Insurance Companies/Life Insurance Forms | $320.00 | **✕** |  |
| Attending Physician Statement (APS) | $100.00 - $150.00 | **✕** | Depending on time and work involved |
| Third Party Physical Exam | $ 100.00 | **✕** |  |
| Disability Tax Credit Application | $100.00 | **✕** |  |
| OCF-3 Disability Certificate | $200.00 | **✕** |  |
| OCF-18 Treatment Plan | $200.00 | **✕** |  |
| OCF-19 Catastrophic Impairment | $140.00 | **✕** |  |
| OCF-3 Treatment Confirmation | $190.00 | **✕** |  |
| Drivers Medical (MOT) | $150.00 | **✕** | Additional Information Request from MOT: $75.00 |
| Life Insurance Death Certificate | $150.00 | **✕** |  |

*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*.***

**If you would like to opt in to the annual fee, please fill out the form below, fold and insert the completed form into the return envelope provided. Postage has been prepaid.**

First Elast2

27 First St First ON X1X 1X1

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name** | **Primary Health Care Provider** | **Patient Name** | **Primary Health Care Provider** |
| Angela Elast2 | Shatner | Angelo Elast2 | Shatner |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Option A** –Annual Fee

[ ] Cheque [ ] Credit Card

**Coverage under the Annual Fee plan will begin the day we receive payment and run for a 12-month period.**

Please accept my payment for the Annual Coverage Program.

I am requesting coverage as a:

|  |  |
| --- | --- |
| [ ] Individual | $145.00 |
| [ ] Couple | $220.00 |
| [ ] Family\* | $250.00 |
| [ ] Senior 65+ | $115.00 |
| [ ] Senior Couple | $155.00 |
| \*including children under 21 residing at the same address | |

*Cheques should be made payable to:* ***Dr. Kelley Wright***

**Credit Card Details**

Name on Credit Card Card #

Expiry Date:

Signature CVN #

(3-digit number on back of card)