

# Annual Fee Program (optional plan) Enrollment Form

TRAFALGAR MEDICAL CLINIC  
200-1235 TRAFALGAR RD  
OAKVILLE, ON L6H 3P1

Uninsured Services are services that OHIP no longer covers . To help offset these costs we offer you the opportunity to purchase an Annual Fee Plan for Uninsured Services. **This is an optional plan that will cover you for select services for 1 year from purchase.** If you choose not to pay the Annual Fee you will be considered a fee-per-service patient with no changes to your current care. Fee-per-service patients will be required to pay for any Uninsured Services on the date of service through cash, debit or credit card. Lists of Uninsured Services can be found in the Business office and attached in this package. If you wish to purchase the Annual Fee please fill out the form below and submit to the Business Office.

Family Members:

Surname	First Name	Date of Birth	Family Physician
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Surname	First Name	Date of Birth	Family Physician
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Surname	First Name	Date of Birth	Family Physician
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Surname	First Name	Date of Birth	Family Physician
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Address	City	Postal Code
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Individual \$100.00    Couple \$150.00    65yrs+ Individual \$75.00    65+ Couple \$130.00

Family \$200.00 (Under 21yrs of age at same address)

Circle method of payment:

Debit                      Cash                      Cheque  
 Visa                        Amex                      Mastercard

Credit Card # \_\_\_\_\_

Expiry date \_\_\_\_\_

Signature \_\_\_\_\_

## Services not covered by OHIP

The following services are covered or partially covered by the Annual Fee Plan

Service not covered by OHIP*	Annual Fee Paid	No Annual Fee Paid
<b>*NEW* Telephone Prescription Renewals (without appt.)</b>	\$0	\$15
Disability Tax Credit Form (appointment required)	\$0	\$50
Insurance Disability Forms/Other Forms	\$0	\$25-200
Sick/Off Work/Physio/Massage/Therapy/Orthotic Note	\$0	\$20/note
School/Camp Form	\$0	\$25/form
Immunization Record (replacement)	\$0	\$20/record
Admin. Fee for Immunizations not covered by OHIP (per injection) Serum/Vaccine to be purchased by patient	\$0	\$15
Physicals for 3rd Parties/Forms	\$100	\$150
Drivers DOT Exam & Form	\$100	\$130
Chart Summary/Transfer	Single \$0 Family \$0	Single \$50 Family \$100

The following services are not covered by the Annual Fee Plan

Service not covered by OHIP*	Fee
Newborn Circumcision	\$200
Missed Appointment (without sufficient notice)	\$30-\$60
TB tests for 3rd parties	\$30
Pap smear visit & test (outside Ministry guidelines; lab fee not included)	\$50 - \$100
Vaccines (prices vary by type)	\$40-\$185
Skin lesion removal and excisions	\$50-\$150
Liquid Nitrogen treatment for cosmetic purposes	\$25-\$150
Tensor Bandages/Splints (cost of supplies)	\$5-\$10

\*Some services provided by the clinic are not covered by OHIP. These charges are the responsibility of the patient and will be charged on the date of service. The above list is a sampling of common fees charged in the office. All fees are charged at the discretion of the physician according to OMA guidelines. If you require a quote before services are rendered please call the business office at 905-844-8001.