

OSHAWA CLINIC / COURTICE HEALTH CENTRE / TAUNTON HEALTH CENTRE

TO OUR PATIENTS

SERVICES NOT COVERED BY OHIP

REVISED : March 8, 2022

Uninsured and third party services are not covered by OHIP. Third Party services are defined as any service (including an annual health exam) received by a patient which in whole or in part is necessary for the production or completion of a document or transmission of information to satisfy the requirement of a party other than the patient. Effective JANUARY 2021 the following fees will be applicable for uninsured services, as recommended by the Ontario Medical Association . If you have any questions, our staff and/or physicians will try to assist you.

MISCELLANEOUS		
Air Cast Ankle Sprain Care Kit	I502	\$50.00
Air Cast Foam/Ankle Walker	I501	\$170.00
Air Cast Wrist Splint/Steel Wrist Splint	I507	\$30.00
Air Cast Wrist Splint With Thumb Spica	I508	\$35.00
Ankle Stabilizer	I505	\$35.00
Arm Sling/Shoulder Immobiliser With Thumb Loop	I506	\$30.00
Knee Immobilizer 18"	I503	\$60.00
Knee Immobilizer 22"	I504	\$70.00
COPYING OF MEDICAL RECORDS		
Pages 1- 20	I952	\$30.00
Each Additional Page		\$0.25
Additional Charges can be added for Disbursements such as Retrieval of Records, Postage, Courier, Long Distance Fax Charges and Other Charges similar in nature	I944	FEE SET BY DOCTOR
Professional Review or Summary of Medical Records if Necessary	I835	PHYSICIAN HOURLY RATE
FORMS FOR PHYSICALS		
Admission to Day Care, Preschool or an Educational Institution	I970	\$31.50
Hospital / Nursing Home Employees	I994	\$42.00
Pre-Employment Certification of Fitness / Fitness Clubs	I994	\$42.00
Schools / Camps	I970	\$31.50
FORMS / NOTES FOR WORK / SCHOOL		
Back to Work Notes / Sick Notes	I968	\$22.00
Urgent Care only Back to work notes / Sick Notes	I968	\$20.00
Attending Practitioner Report - Billed to Lakeridge Health and Other Employers	I971	\$42.50
Day Care Note - Free of Communicable Disease	I970	\$22.00
S&A Form / Basic Miscellaneous Form / FAF (NON WSIB)	I954	\$40.00
FORMS / CERTIFICATES FOR LICENSING		
Administrative License Suspension Appellant Medical Information	I997	\$40.20
Drivers Medical Examination Form FLRC80 (FORM ONLY, ASSESSMENT EXTRA)	I997	\$65.00
Civil Aviation Medical Examination Report 26-0010e (001004)	I997	PHYSICIAN HOURLY RATE
Pilots License Validation 26-0055(01-91)	I997	PHYSICIAN HOURLY RATE
GOVERNMENT FORMS / CERTIFICATES		
Children Aid Society Application for Prospective Foster Parent	I953	\$65.00
Central Collection Service Request for Physicians Information	I831 or I959	\$134.05
Citizen and Immigration Canada Medical Report for Immigration	I831 or I959	\$134.05
Employment Insurance Compassionate Care Benefits (OMA 62.00)	I955	FEE SET BY DOCTOR
Employment Insurance Sickness/Maternity Benefits INSS140	I964	\$44.00
RCMP Medical Certificate	I959 or I831(HST)	\$25.00
Request for Medical Information - Applicants to Canadian Armed Forces	I959 or I831(HST)	\$105.25
Revenue Canada, Federal Disability Tax Credit (Form T2201) - BILL TO PATIENT	I995	\$83.00
CPP FORMS AND REPORTS / SERVICE CANADA		
CPP Disability Medical Report Form (SCISP-2519) - \$129.50 CPP WILL ONLY PAY \$85.00	I670	\$85.00
CPP Disability Medical Report Form - PATIENTS PORTION AT DOCTORS DISCRETION (ISP-2519)	I671	\$44.50
CPP Reassessment Medical Report	I673	Up to \$25.00
CPP Scannable Impairment Evaluation	I674	Up to \$50.00
CPP Medical Report - Recurrence of the Same Medical Problem	I675	Up to \$25.00
CPP Narrative Medical Report	I676	Up to \$150.00
CPP Terminal Illness	I672	\$85.00
INSURANCE FORMS/ REPORTS		
Attending Physician's Statement	I960	\$160.00
Travel Cancellation Insurance Form	I834	\$42.75
Life Insurance Death Certificate	I907	\$54.00
Disability Certificate - OCF 3	I825	\$160.00
Treatment Plan - OCF-18	I974	\$160.00
Determination of Catastrophic Impairment - OCF-19	I936	\$132.00
System Specific or Disease Specific Questionnaire	I831	\$107.00
TRAVEL IMMUNIZATION ONLY - PER VISIT		
Immunization Sole Reason 1st Injection - (OHIP Equivalent G700 + G538)	I949	\$26.40
Immunization with an assessment 1st Injection - G538		Assessment + 12.40
Immunization Each Additional Injection - G538		\$12.40
TB MANTOUX TEST		
This can only be charged if it is for employment purpose direct to Patient.(OHIP Equivalent A001+G372) *VOUCHER Forms completed for any T.B. test billed to patient can be charged in addition. EXCEPT THOSE REQUESTED BY PUBLIC HEALTH DEPT. **TB voucher to be split between doctors** Government Serum is not to be used for TB test when billing Patients. The patient should get a prescription	I929	\$69.15 FEE SET BY DOCTOR
FAMILY PRACTICE & URGENT CARE		
Ear Cleaning	I942	\$28.40
URGENT CARE - INVALID OHIP	I813	\$50.00
Minor Assessment (OHIP Equivalent A001)	I957	\$59.40
General Assessment (OHIP Equivalent A003)	I957	\$211.15
Consultation GP (OHIP Equivalent A005)	I927	\$211.15
Intermediate Assessment (OHIP Equivalent A007)	I957	\$92.15
Emergency Weekend Assessment (OHIP Equivalent A888)	I923	\$92.15
PAP Test (OHIP EQUIVALENT G365 + E430) (\$14.00 will be billed and collected separately by Dynacare)	I950	\$51.55

If you feel that due to Financial Hardship you cannot pay the fee, please discuss this with your Physician. He/She is the only one who can authorize an exception.

MEDICAL REPORT IS A UNIVERSAL CODE - IN DETAILS/DIAGNOSIS PUT THE ID OR NAME OF REPORT

PAYMENT IS DUE WHEN SERVICE IS RENDERED

CHEQUES RETURNED BY THE BANK WILL HAVE A SERVICE CHARGE OF \$15.00