



Mi Clinic

Office Uninsured Services Policy

Dear Patient:

This letter and enclosed information sheet is to notify you of our office policy on uninsured services.

OHIP does not pay for all services that patients request from physicians. Services that OHIP does not pay for are called “uninsured services” and physicians are prohibited from billing OHIP for these services.

Every effort has been made to account for most of the commonly requested services in the enclosed information sheet. The fees contained in the enclosed list are in accordance with the OMA’s Physician’s Guide to Uninsured Services. All uninsured services must be paid in full when rendered; office staff will provide a receipt upon settlement of your account. Note that our office accepts Cash, Debit and Credit payments.

Please acknowledge receipt and acceptance of the above office policy by signing below. Should you have any questions, please feel free to speak to our staff members.

This is to confirm that I _____ (last name, first name) am aware that not all services are covered by OHIP. By signing this form, I have agreed to pay the fees for uninsured services and understand the uninsured services policy.

I agree with the above policy and terms/conditions

Patient name:

Signature:

Date:



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SERVICE	FEE
PVPT phone call <ul style="list-style-type: none">• Also Quebec HC• Out of province after 3 months	\$45
PVPT in person <ul style="list-style-type: none">• Also Quebec HC• Out of province after 3 months	\$80
PVPT pregnant (in person)	\$150
PVPT Dr.Mahmood initial consultation	\$180
PVPT Dr.Mahmood follow up	\$70
PVPT stitches/dressing	\$40
PVPT vaccine administration	\$40
Ear Syringing	\$20 per ear
Wart Treatment/Liquid Nitrogen	\$20 per wart
Pregnancy Test	\$30
Yellow Fever Vaccine	\$175



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TB Test	\$32
TB Test Reading	\$20
Form for TB Test Reading	\$30
Printing	\$1.50 for the first 20 pages \$0.25 cents for the following pages
Releasing records	\$30 for the first 20 pages \$0.25 for each page after
Appointment History <ul style="list-style-type: none">• printing/signing	\$20
Sick Note	\$20
Letter from doctor	\$30
Medical Certificates	\$30
Attending Physician Statement	\$100
Non-FAF form	\$45
Disability Tax Credit Form	\$75



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Driver's CPX	\$240.80 Breakdown: Form: \$57.80 General Assessment: \$176.80 Urinalysis: \$6.20
Forms Minimum	\$30/page