

Ż **Central KW Family Health** Uninsured Services Fee Guide

R 365	Individual Couple		Family*		
You're Covered.	\$115	\$170	\$220		
Uninsured Services Covered by the PS365 Annual Plan			Pay-As-You-Go Fee	PS365 Cov	/erage
Note	s, Forms and Certif	ficates (when medic	ally indicated)		
Camp/School/Daycare/University/College Physical Forms			\$35.00	\checkmark	
Life Insurance Death Certificate			\$50.00 - \$150.00	\checkmark	
Retirement Home Admission Forms			\$50.00 - \$150.00	\checkmark	
Guarantor Documents (i.e. birth certificates)			\$65.00	\checkmark	
Massage, Orthotics, Daycare/Physiotherapy, and Chiropractic Notes			\$25.00	\checkmark	
Pre-Employment Certificate of Fitness			\$45.00	\checkmark	
Revenue Canada Federal Disability Tax Credit Certificate			\$150.00	\checkmark	
Sick/Back to Work/School/Daycare Notes			\$25.00	\checkmark	
Travel Insurance Cancellation Form			\$50.00	\checkmark	
EI Disability or Maternity Certificate			\$50.00	\checkmark	
	Diagnosis, Co	unseling, and Treati	ment		
Pap Test Done at the Request of Patient and Not Covered by OHIP			\$40.00	✓	
Prescription Renewal Without a Visit			\$25.00	\checkmark	
Office Visit for Travel Advice/Consultation			\$50.00+	\checkmark	
Ear Flushing (when not covered under OHIP)			\$45.00	\checkmark	
TB Skin Testing - When Not for Medical Necessity or for School Purposes			\$50.00 - \$75.00	✓	
Administration of Vaccinations/Shots for Immunizations Not Covered under OHIP (per shot)			\$30.00	\checkmark	
		ther Services			
Photocopying/Printing of Individual Patient Chart (at patient's request)			First 20 pages: \$30.00 Each page after: \$0.25	✓	
Photocopying/Printing of 2+ Patient Charts (at patient's request)			First 20 pages: \$60.00 Each page after: \$0.25	\checkmark	
Missed Appointment (without 24 hrs notice by phone)			\$35.00 - \$70.00	✓	1/year
Replacement of Lost/Misplaced Prescript		tions for Tests	\$25.00	\checkmark	. ,
Uninsured Services Not Covere	ed by the PS365 Anr	nual Fee Plan	Pay-As-You-Go Fee	PS365 Dis	count
Driver's Medical Examination (incl. assess			\$313.00	80% off	
Skin Lesion Removal (i.e. hand warts, kera		gen/cantharidin	\$35.00 - \$65.00	25% off	
Skin Lesion Removal (i.e. skin tags) – Usin		-	\$75.00 - \$125.00	25% off	
Skin Lesion Removal (i.e. moles, cysts) – E	5 . 5		\$150.00 - \$200.00		
	.	5	\$125.00 (up to \$85		
CPP Medical Report for CPP Disability Benefit (SCISP-2519)			covered) \$150.00 (up to \$125.00		
CPP Disability Narrative Report			covered)		
Disability Form for Private Insurance	Disability Form for Private Insurance			25% o	ff
Electronic Transfer (entire chart exported to CD as a password protected PDF file)			\$30.00		
Attending Physician's Statement			\$160.00		
	Physician Review of Records (where applicable) *Families must reside at same address. Includes children under gae 25 or in school full-time to gae 25 - All others e				

*Families must reside at same address. Includes children under age 25 or in school full-time to age 25 - All others enrol as individuals. This list follows guidelines recommended by the Ontario Medical Association. Please note that this list is not exhaustive; a complete list can be found at www.centralkwfamilyhealth.ca and in the office. All fees are subject to change without notice.