

UNINSURED SERVICES FEE SCHEDULE

Effective June 1, 2023

UNINSURED SERVICES DEFINITION and METHODS OF PAYMENT

Services provided by a Physician to a patient which are not paid for by OHIP.
This includes services provided to uninsured individuals.
Southlake Academic Family Health Team accepts cash, debit, Visa or MasterCard.

MISSED APPOINTMENT FEES (Less than 24 hours 'notice for cancellation)	OUR FEE	OMA FEE
a. 15 Minute Appointment	a. \$30.00	a. \$92.15
b. 30 Minute Appointment	b. \$50.00	b. \$211.15
INVALID/NO HEALTHCARD or RECIPROCAL COVERAGE		
a. General Assessment (A003)	a. \$200.00	a. \$219.60
b. Intermediate Assessment (A007)	b. \$90.00	b. \$95.85
c. Minor Assessment (A001)	c. \$60.00	c. \$61.75
PATIENT SERVICES		
a. Prescription fax request by patient or pharmacy (No office visit)	a. \$20.00	a. \$20.00
b. Lost Prescription	b. \$25.00	b. \$25.00
c. Photocopying Fee (Includes paper and administrative costs)	c. \$1.00 per page	c. \$1.00 per page
d. Mailing Fee (Includes postage and administrative costs)	d. \$20.00	d. \$20.00
e. Emailing Fee	e. \$20.00	e. \$20.00
f. Replacement of Immunization Record	f. \$80.00	f. \$80.00
COMPLETION OF UNINSURED FORMS/NOTES **DOES NOT INCLUDE PHYSICAL EXAM**		
a. Full Physical exam to complete form	a. \$200.00	a. \$219.60
b. Back to work/Sick Notes	b. \$25.00	b. \$25.00
c. Chiropractor/Physiotherapy/Massage/Orthotic Requests	c. \$25.00	c. \$25.00
d. Admission Forms (daycare, preschool, university admission)	d. \$30.00	d. \$32.50
e. Hospital/Nursing Home Employees	e. \$40.00	e. \$43.25
f. Certificate of freedom from communicable disease	f. \$20.00	f. \$22.75
g. Daycare Note	g. \$30.00	g. \$31.50
h. School/Camp Forms	h. \$30.00	h. \$30.00
i. Fitness Club Forms (Pre-employment Certificate)	i. \$40.00	i. \$43.25
j. Jury Duty Letter	j. \$25.00	j. \$25.00
k. Volunteer Work Forms	k. \$60.00	k. \$60.00
COMPLETION OF LICENSING FORMS/CERTIFICATES **INCLUDES FULL PHYSICAL EXAM**		
a. Driver's Medical Exam and Form Completion	a. \$250.00	a. \$292.20
MEDICAL RECORDS		
a. Copying/Transfer of medical records	a. \$35.00 (first 20 pages)	a. \$35.00 (first 20 pages)
b. Subsequent pages (after the first 20 pages)	b. \$0.30 per page	b. \$0.30 per page
b. Transfer of chart electronically (CD, other media)	c. \$35.00	c. \$35.00
INSURANCE FORMS		
a. Insurance Medical Examination	a. \$260.00	a. \$260.00
b. Travel Cancellation Insurance Form	b. \$42.00	b. \$44.00
c. Life Insurance Death Certificate	c. \$62.00	c. \$54.00
d. Medical Certificate (Employment Insurance Compassionate Care Benefits)	d. \$60.00	d. \$64.00
e. Disability Certificate	e. \$150.00	e. \$164.00
f. Medical Certificate Employment Insurance Sickness Benefits	f. \$40.00	f. \$45.25
OTHER FORMS/CERTIFICATES		
a. Attending Physician's Statement	a. \$150.00	a. \$160.00
b. Federal Disability Tax Credit (Revenue Canada)	b. \$150.00	b. \$150.00
c. Children's Aid Society (CAS) Application for Prospective Foster Parent	c. \$65.00	c. \$67.00
d. Determination of Catastrophic Impairment	d. \$136.00	d. \$136.00
e. CPP Disability Medical Report (CPP pays \$85, patient pays the difference)	e. \$45.00 (patient portion)	e. Physician's hourly rate
f. Full Narrative Report	f. \$440.00/hour	f. \$440.00/hour
g. Clarification Report	g. \$440.00/hour	g. \$440.00/hour
h. System-Specific or Disease Specific Questionnaire	h. 110.00	h. \$110.00
i. System-Specific Examination	i. \$133.00	i. \$133.00
j. Treatment Plan (OCF-18)	j. \$164.00	j. \$164.00
VISITS AND PROCEDURES		
a. TB Mantoux Test (One-step test - serum only)	a. \$40.00	a. \$40.00
b. TB Mantoux Test (Two-step test - serum only)	b. \$80.00	b. \$80.00
c. TB Mantoux Reading	c. \$20.00/per read	c. \$20.00/per read
d. Benign skin lesion Removal	d. \$125.00	d. \$149.80 (Includes Tray fee)
e. Wart Removal (per lesion)	e. \$25.00/lesion	e. \$30.29/lesion
f. Ear Flush	f. \$50.00	f. \$50.00
g. Uninsured Vaccine Administration	g. \$50.00	g. \$50.00

Please note that while our Physicians are pleased to offer the above valuable services; the responsibility for payment lies with the patient or the third party requesting the service.
****Southlake Academic Family Health Team fees are subject to change without notice****