

HIGHLANDS HEALTH NETWORK

Uninsured Services Fee Guide



| Individual | Couple | Family* | Family** | Senior (65+) | Senior Couple (65+) |
|------------|--------|---------|----------|--------------|---------------------|
| \$125 | \$175 | \$225 | \$300 | \$100 | \$150 |

| Uninsured Services Covered by the PS365 Annual Fee Plan | Pay-As-You-Go Fee | PS365 Coverage |
|--|-------------------|----------------|
| Notes, Forms, and Certificates | | |
| Notes for Insurance Coverage of Physio, Chiropody, Massage Therapy, Orthotics, Compression Stockings | \$30 | ✓ |
| Simple Notes/Letters on Behalf of Patients - Illness/Return to Work/Daycare | \$30 | ✓ |
| Letter for Exclusion from Jury Duty | \$34 | ✓ |
| Travel Cancellation Insurance Form | \$45 | ✓ |
| Forms Required for Commercial Weight Loss Programs | \$45 | ✓ |
| Employment Insurance Forms | \$45 | ✓ |
| Elementary School/Camp Forms | \$45 | ✓ |
| Forms Required for Volunteering at Nursing Homes/Hospitals | \$45 | ✓ |
| Private Respite Care Form | \$45 | ✓ |
| Guarantor Documents (i.e., birth certificates) | \$45 | ✓ |
| Fitness Club Forms | \$45 | ✓ |
| Insurance Authorization Form for Prescription Drug Coverage | \$45 | ✓ |
| Life Insurance Death Certificate | \$60 | ✓ |
| CAS Foster Parent Application | \$67 | ✓ |
| CPP Disability Form | \$50 | ✓ |
| CPP Narrative Report | \$50 | ✓ |
| Private Insurance Sickness/Short-Term Disability Form/Functional Ability Form | \$60 | ✓ |
| MOT Form (no physical) | \$67 | ✓ |
| Federal Tax Credit (T2201) and Related Forms | \$120 | 50% off |
| Follow-Up Disability Tax Credit | \$75 | 50% off |
| Diagnosis, Counseling, and Treatment | | |
| TB Mantoux One Step Test | \$40 | ✓ |
| TB Mantoux Two Step Test | \$65 | ✓ |
| Treatment of 4 or Less Cosmetic Lesions (liquid nitrogen treatments) | \$35/visit | ✓ |
| Treatment of 5 or More Cosmetic Lesions (liquid nitrogen treatments) | \$70/visit | ✓ |
| Ear Syringing (when not covered by OHIP) | \$45 | ✓ |
| Other Services | | |
| Transfer of Records | \$45 - \$70 | ✓ |
| Replacement of Immunization Card | \$15 | ✓ |

Continued on back

| | | |
|---|---------------------------|-----------------------|
| Prescription Renewal Without a Visit | \$15 | ✓ |
| Drivers Medical Exam | \$160 | 50% off |
| Ministry of Transportation Follow-up Form (no physical) | \$67 | ✓ |
| Physical Exams Required by Thurs Party (incl. retirement home admission form) | \$160 | 50% off |
| Cosmetic Pre-Ops | \$160 | 50% off |
| Uninsured Services Not Covered by the PS365 Annual Fee Plan | Pay-As-You-Go Fee | PS365 Discount |
| Chart Copies Printed or Faxed (1-20 pages) | \$30 (21+pgs \$0.25/page) | X |
| Missed Appointment | \$50 | X |
| Missed Appointment W/Nurse | \$15 | X |
| Basic Visit with No/Invalid OHIP Card | \$65 | X |
| Travel Advice/Each additional family member/Family of 4 | \$80/\$50/\$200 | X |
| Administration of Vaccines/Immunizations not covered under OHIP | \$30 | X |
| Long-Term Disability Report/Insurance Form | \$120 | X |
| Minor Excision Without Sutures | \$75 | X |
| Major Excision and Suture Per Lesion | \$150 | X |
| Pre-Employment Form or Post-Secondary Form | \$45 | X |
| Pregnancy Test (when not covered by OHIP) | \$30 | X |
| OCF-23 Treatment Confirmation | \$163 | X |
| OCF-19 Catastrophic Impairment | \$136 | X |
| OCF-18 Treatment Plan | \$164 | X |
| OCF-13 Disability Certificate | \$164 | X |
| Attending Physician's Statement | \$160 | X |
| Non-Routine Pap (if no OHIP, additional fee of \$65 applies) | \$35+ | X |
| Legal Reports | OMA Rate | X |
| Urgent Requests for Forms (less than 45 days) | \$50 | X |
| Physician Rate per 5 mins | \$30 | X |
| Postage and Mail Rates for Outgoing Mail | Based on Canada Post | X |

* Includes up to four family members living at the same address.

** Includes 5+ family members living at the same address.

X No discount available

Fees align with rates recommended by the Ontario Medical Association, also accounting for administrative costs. Please note that this list is not exhaustive, and all fees are subject to change.