

**Highlands Health Network  
Uninsured Fee Guide**

Photocopying/transmission of charts at patients request:		
Chart copies printed or fax (first 20 pages)		\$30
	following pages/per page	\$0.25
Transfer of records		\$45 or \$70/family
Replacement of immunization card		\$15
Day care notes		\$32
Notes for insurance coverage of physio, chiroprody, massage therapy and orthotics, compression stockings, prescription confirmation/authorization		\$25
Simple notes/letters on behalf of pts, illness/return to work notes		
Letter for exclusion from jury duty		\$34
Loss or reprint of prescription		\$5
Missed appointment		\$45
Missed extended/physical appointment		\$80
Missed Appointment- Child Physical		\$60
Missed appointment injection		\$15
Basic visit with no or invalid OHIP card		\$65
Telephone advice		\$30
Travel advice		\$80
	Each additional family member	\$50
	Family of 4	\$200
Administration of injections for travel purposes		\$30
TB Mantoux one step test		\$40
TB Mantoux two step test		\$25
Drivers medical exam		\$160
MOT form (no physical)		\$67
Physical exams required by third party		\$150
Cosmetic pre-ops		\$150
Minor excision without sutures		\$75
Major excision and suture -1 lesion		\$150
Removal of 4 or less cosmetic lesions (includes liquid nitrogen treatments)		\$35/visit
Removal of 5 or more cosmetic lesions (includes liquid nitrogen treatments)		\$70/visit
Non-routine pap		\$35
	if no OHIP, additional appointment fee of \$65 applies	
Ear Syringing (when not covered by OHIP)		\$45
Pregnancy test (when not covered by OHIP)		\$30

**FORMS:**

**For urgent requests (less than 45 days turnaround time), there may be an additional \$50 fee**

Forms required for commercial weight loss programs		
Pre-employment form		
Employment insurance/maternity certificate		
School/camp forms		
Certificate of health verification		\$45
Forms required for volunteers at nursing homes/hospitals		
Private respite care form		
Fitness club forms		
Insurance Authorization Form for Prescription Drug Coverage		
Travel cancellation insurance form		
Federal tax credit (T2201) and related forms		\$120
Follow-up disability tax credit		\$75
Life insurance death certificate		\$60
CAS foster parent application		\$67
CPP disability form		\$50 patient (govt pays \$85)
CPP narrative report		\$50 patient (govt pays \$150)
Private insurance sickness/short term disability form/functional ability form		\$60
Long term disability report/insurance form		\$120
Attending physicians statement		\$160
Legal reports		OMA rate
OCF-23 Treatment Confirmation		\$163
OCF-19 Catastrophic Impairment		\$136
OCF-18 Treatment Plan		\$164
OCF-3 Disability Certificate		\$164
Physician Rate per 5 min		\$30
Mail charges will be added to all outgoing mail		calculated based on postage

HHN follows the guidelines of the OMA and office policies to determine our fees

## **Unremunerated Report Forms**

Application for Accessible Parking Permit

Transit form for disabled

Permanent resident card forms

Request for Birth Certificate forms

Children's Aid Society Forms (on behalf of a child)

Canadian Passport Application

MOHLTC Forms (I.e. Limited use, assistive devices, etc)

ODSP Applications