SHELBURNE CENTRE FOR HEALTH

Uninsured Services Fee Guide

PS365 ANNUAL FEE PLAN OPTIONS



Individual	Couple	Family*	Family**
\$125	\$175	\$225	\$300

Uninsured Services Covered by the PS365 Annual Fee Plan	Pay-As-You-Go Fee	PS365 Coverage			
Notes, Forms, Certificates					
Notes for Insurance Coverage of Physio, Chiropody, Massage Therapy, Orthotics, Compression Stockings	\$25	√			
Sick Absentee Note – Daycare/School/Work	\$23	✓			
Return to Work Form	\$75	✓			
Travel Cancellation Insurance Form	\$150	✓			
Life Insurance Death Certificate	\$100	✓			
Medication/Drug Coverage Forms	\$40	✓			
School/Camp Health Form	\$33	✓			
Pre-Employment or Post Secondary Form Without an Exam	\$44	✓			
Pre-Employment or Post Secondary Form with Examination	\$200	✓			
Fitness Club Forms	\$44	✓			
Compassionate Care Benefit Form	\$67	✓			
CPP Disability Form	\$115	✓			
Employment Insurance Certificate (INS5140)	\$46	✓			
MOT Follow-up Forms	\$70	✓			
Other Services					
Prescription Renewal Without a Visit***	\$20	✓			
Replacement of Immunization Card	\$20	✓			
Replacement of Lost/Misplaced Prescription, Requisition for Tests	\$20	✓			
Uninsured Services NOT Covered by the PS365 Annual Fee Plan	Pay-As-You-Go Fee	PS365 Discount			
MOT Physical	\$200	50% off			
Ear Syringing (when not covered by OHIP)	\$60	50% off			
Citizen & Immigration Canada Report	\$200	50% off			
Canada Armed Forces Application	\$200	50% off			
Disability Tax Credit Form (T2201)	\$150	50% off			
Wart Treatment (per treatment)	\$50	Х			
Skin Tag Removal – 1st	\$45	Х			
Skin Tag Removal – 2 or more	\$35	Х			
Cosmetic Mole Removal	\$125	Х			

Continued on back

Travel Advice	\$100	Х
Travel Advice – Couple	\$150	Х
Travel Advice- Family	\$200	Х
Insurance Forms - APS	\$160	Х
Insurance Application or Claim	\$160	Х
Insurance Medical Exam and Report	\$249	Х
Insurance Letter/Narrative Report	\$455/hr	Х
Release of Records Single Patient (paper/fax)	\$30 (20 pgs + \$0.25/page) + Shipping	Х
Release of Records Single Patient (electronic)	\$30	X
Missed Appointment	\$50	X
Legal Letter/Chart Review	\$455/hour	X
OCF-3 Disability Form	\$240	Х
OCF-18 Treatment Plan	\$255	Х
Urgent Requests for Forms (less than 45 days)	\$50	Х
CAS Parent Application	\$230	Х
Pregnancy Test (when not covered under OHIP)	\$20	Х
Basic Visit with No/Invalid OHIP Card	85\$	X
Administration of Vaccines/Immunizations not covered under OHIP	\$15 each	Х
Postage and Mail Rates for Outgoing Mail	Based on Canada Post	Х

^{*} Includes up to four family members living at the same address. Family plans are not available for families consisting of members being cared for by different physicians

Note: Family plans can include children 18 years of age and younger. Children 19 years of age and older would not be included.

Forms fees are for forms only. If an examination is required, there may be an additional cost of a minimum of \$95 for the examination.

X No discount available

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

^{**} Includes 5+ family members living at the same address. Family plans are not available for families consisting of members being cared for by different physicians

^{***}All renewal requests received within 24 hours will be treated as a single renewal. Prescription requests more than 24 hours apart are treated as separate requests and multiple invoices will be issued.