

Uninsured Medical Services for OTN Clinics

TYPE OF SERVICE	DESCRIPTION OF UNINSURED FORM/REPORT/SERVICE	FEE
Completion of Form Physicals for:	Schools/Camps	\$60.00
	Admission to Day-care, Preschool, University or any other educational Institution	\$60.00
	Pre-Employment Certification of Fitness/Fitness Club	\$120.00
	Hospital/Nursing Home Employees	\$
	Physical to travel out of country	\$135.00
Attending Physician	Attending Physician's Statement (Life and health Insurance)	\$140
Completion of Licensing Forms/ Certificates	Drivers Medical Exam & Form	\$120.00
	Civil Aviation Medical Examination Report	\$160.00
	Administrative License Suspension Appellant Medical Info Form	
Completion of Work and School Related Forms/Notes:	Back to Work Notes/Sick Notes	\$25.00
	TTC Sick Note	\$35.00
	University/ College Medical Note	\$25-\$45
	Medical Back to Work Form	\$75.00
	Day Care Note (free of communicable disease)	\$20.00
	OCF- 18 Treatment Plan	\$135.00
	OCF- 3 Disability Certificate	\$135.00
	OCF- 19 Determination of Catastrophic Impairment	\$110.00
	Travel Cancellation Insurance Form	\$50.00
Insurance Certificates:	Life Insurance Death Benefit	\$
	Attending Physician Statement	\$125.00
	Insurance (<20 pages)	\$75.00
	Insurance (20-50 pages)	\$125.00
	Insurance (50-75 pages)	\$150.00
	Insurance (75-100 pages)	\$200.00
	Insurance (>100 pages)	\$250.00
Government Forms:	Ontario Works	\$35.00
	CPP Disability Medical Report Form	\$85.00
Other Certificate:	Children's Aid Society Application for Prospective Foster Parent	\$
	Medical Certificate Employment Insurance Sickness Benefit/ Maternity Certificate	\$20.00
Unremunerated	Application for Accessible Parking Permit/ Transit Forms for Disabled	
Report Forms:	PR Card Forms/Request for Birth Certificate Form/ Canadian Passport	ort No
(Physician is NOT	Application	
permitted to charge a	Children's Aid Society Form (on behalf of a child) /Ministry of Health	
patient for completion)	and Long-Term Care (eg. Limited Use, Assistive Devices etc.)	• • • • •
Others:	Basic Visit (no or invalid OHIP)	\$65.00
	Urine Pregnancy (G005A) The service is only insured when an immediate determination of pregnancy is required to prevent imminent physical harm to the patient	<mark>\$10.00</mark>
	Ear Syringe Removal of earwax (G420A) will only be insured under two indications: when there is impacted earwax resulting in hearing loss that is unresponsive to topical application of cerumenolytics; or immediate	<mark>\$15.00</mark>



removal of earwax is medically necessary to visualize the tympanic membrane or the external ear canal for diagnostic and/or therapeutic purposes.	
Travel Advice (consultation with 1 shot)	\$100.00
Vaccine Administration (1 shot)	\$15.00
Physio Note, Massage Note, Chiropractic, Osteopath, Orthotics - if recommended by MD as a medical treatment there is no charge	\$20.00
WSIB FAF	\$0
WSIB FORM 8	\$0
Vaccination/ Immunization (non OHIP) per shot	\$15.00
Immunization Form	\$25
Flu Vaccines for NON OHIP	\$25.00
TB Mantoux Test requested by Ministry of Health Program (eg. Public Health)	OHIP covered
TB Test requested for admission or continuation in a daycare, pre-	OHIP
school, school, college, university, or other educational institution. TB	covered
TB Test requested for employment purposes (injection)	\$25.00
TB Test requested for employment/school/ volunteer purposes (form)	\$25.00
TB Test Step 2	\$25.00
Copies from the Patient's Chart (per page)	\$0.25
Transfer of Records Copies of full chart 5-10 pages	\$10.00
	\$25.00
Transfer of Records: Copies of full chart(>20 pages)	\$40.00
Lawyers: Copies of full chart (<20 pages)	\$100.00
Lawyers: Copies of full chart (20-50 pages)	\$150.00
Lawyers: Copies of full chart (50-75 pages)	\$200.00
Lawyers: Copies of full chart (75-100 pages)	\$250.00
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• Non- Elective & Elective surgery (with CPX)= \$75.00

Pre-Op forms billing(A903A) has been delisted by Government of Ontario, pls remind our Family

physicians when referring patients for surgery to attach Cumulative Patient Profile "CPP"

• For patients who still needs pre-op form Doctors can bill A003 or charge them \$75

SPECIAL DIET ALLOWANCE FORM

• IFH patient= not covered by Blue cross = \$20.00 for form completion

• OHIP patients= doctors can bill K055A

Parking Permit= \$25