



## 2024-2025 Uninsured Services Fee Guide

Annual Fee Plan	Individual	Couple	Family*	Senior 65+	Senior Couple 65+
	\$120	\$180	\$230	\$90	\$160

DESCRIPTION OF UNINSURED FORM/SERVICE	FEE	Inclusion in BLOCK FEE
<b>Missed Appointments</b>		
Missed Minor Appointment (15min)	\$ 45.00	NO
Missed Major Appointment (30min)	\$ 70.00	NO
<b>Medical Records Transfers</b>		
Single chart (on USB stick or by paper)	\$ 60.00	NO
Family Chart Transfer (on USB stick or by paper)	\$ 75.00	NO
<b>Work, School &amp; Camp Letters</b>		
Back to Work Note	\$ 30.00	YES
Sick Notes /Fitness to work /Federal Employee Absence Note	\$ 25.00	YES
Work - FAF (not WSIB)	\$ 35.00	YES
School/Camp Administration of Medication Form	\$ 33.75	YES
Medical Certificate /Maternity Certificate /UIC Disability	\$ 56.00	YES
Admission for Daycare, Preschool or University	\$ 33.75	YES
<b>Employment &amp; Pre-Employment</b>		
Pre-employment, Fitness Club/Hospital Nursing Home Employees	\$ 60.00	NO
EI Medical Certificate - Employment Insurance Sickness Benefits	\$ 46.75	NO
EI Medical Certificate - Caregiver	\$ 56.00	NO
EI Medical Certificate -Maternity Form /Parental Benefits	\$ 30.00	NO
<b>Licensing Exams &amp; Forms</b>		
Driver's Medical MTO Exam - Patient's Ability to Operate Motor Vehicle	\$ 280.00	50%
Driver's Medical for Employer (FLRC80 form)	\$ 250.00	50%
Aviation (Pilot) Medical Exam and Report	\$492/hr	50%
<b>Procedures</b>		
TB Skin Test (1 step)	\$ 45.00	NO
TB Skin Test (2 step)	\$ 70.00	NO
Liquid nitrogen treatment (except feet & genitals, which are OHIP covered)	\$ 20.00	NO
Ear Syringing	\$ 25.00	NO
Removal of lesions (moles, cysts, skin tags)	\$50 - \$201	NO



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Pap Smear (not meeting OHIP guidelines)	\$ 51.20	NO
Urinalysis	\$ 5.35	NO
<b>Life &amp; Health Insurance Forms</b>		
Medical Exam and Report (Insurance)	\$ 260.00	50%
Medical Certificate for Compassionate Care Benefits	\$ 67.00	NO
Attending Physician's Statement (Insurance)	\$ 160.00	50%
System Disease or Disease Specific Insurance Questionnaire	\$ 114.00	50%
Travel Insurance Cancellation Letter	\$ 42.75	NO
Chart Copy for Insurance	\$ 100.00	NO
OCF-3 Disability Certificate	\$ 240.00	NO
CRA Disability Tax Credit Certificate (T2201)	\$ 150.00	50%
OCF-18 Treatment and Assessment Plan	\$ 255.00	NO
OCF-19 Determination of Catastrophic Impairment	\$ 141.00	NO
OCF-23 Treatment Confirmation	\$ 240.00	NO
<b>Other</b>		
Insurance Prescriptions for Massage, Physio, Chiro, Compression Socks	\$ 25.00	YES
Travel Letter	\$ 30.00	YES
Children's AID Society Application for Prospective Foster Parents	\$ 230.00	NO
Copy of results/report from medical chart	\$ 5/each	YES
Prescription Refill without an appointment	\$25.00	YES
<b>No Charge</b>		
ODSP	\$ 0	NO COST
Handicap Parking Form	\$ 0	NO COST
Hearing Application	\$ 0	NO COST
Disability Assistive Devices	\$ 0	NO COST
Birth Certificate or Passport Application	\$ 0	NO COST

\*Includes children aged 18 or younger living at the same address.

Fees align with rates recommended by the Ontario Medical Association, also accounting for administrative costs.

Please note that this list is not exhaustive. All fees are subject to change.