

ANNUAL FEE REGISTRATION FORM

If you choose to enroll in our Annual Fee Program, please complete the form below. If you choose the Couple or Family Plan, please list the family members' names in addition to your own in the chart below. Please note that children over 18 in school full-time OR in the care of parents/guardians WILL be covered under the Family Plan.

Patient Name	Date of Birth	Family Doctor

- I am opting in to the Annual Fee program and paying via:
 - Cheque made payable to: **Don Valley Medical Associates**
 - Payment and completed form can either be dropped off or mailed to our office
 - Credit Card
 - Payment can be accepted in person or over the phone
 - Cash/Debit
 - Payment can be made in person only

It is your right to rescind, within one week, your decision to pay the annual fee, in which case you will be required to pay for each uninsured service as it is provided.

I am requesting coverage as a:

- \$140.00 Individual
- \$220.00 Couple* (OR 1 parent/1 child)
- \$255.00 Family* (3 or more family members residing in the same household)

*Includes children to up to age 18 residing in the same household and full-time students up to age 25

Payment of the Annual Fee (also known as Block Fee) is optional and patients who choose not to pay the fee will be charged for each uninsured service as it is provided. Please note that phone/fax prescription refills are covered by the Annual Fee up to a maximum of 10 per year. Otherwise, there will be a charge for each phone/fax prescription renewal requested including auto-faxed requests generated by your pharmacy. In order to avoid unintended costs, please bring your medication(s) to each appointment to ensure that you have adequate refills. Please remember to speak with your pharmacy about whether or not you permit them to generate auto-faxed requests. For more information about Annual/Block Fees and uninsured services, please refer to the College of Physicians and Surgeons of Ontario website at: <https://www.cpso.on.ca/admin/CPSO/media/Documents/physician/polices-and-guidance/policies/uninsured-services-patient-infosheet.pdf>