



## Patient Registration Form

Please use one of the methods below to enroll in the PS365 plan or remain on a Pay-As-You-Go basis:

- Complete and return this form.
- Or register your account online at [www.patientserv.ca](http://www.patientserv.ca) (click *Log In* and select *New to PatientSERV*). You'll need your Health Card number and the PIN included in your letter.
- Contact PatientSERV, our program administrator, at **1-800-385-3210** if you have questions or need help.

### 1 Tell Us Who You're Registering

Include everyone in your household you want to register that is a patient at the clinic.

Please include email addresses so we can send you receipts and news from our practice.

#### You

\_\_\_\_\_  
First Name Last Name Health Card Number

\_\_\_\_\_  
Phone Number Email Address – Important

#### Your Family Members

\_\_\_\_\_  
First Name Last Name Health Card Number Email Address

\_\_\_\_\_  
First Name Last Name Health Card Number Email Address

\_\_\_\_\_  
First Name Last Name Health Card Number Email Address

*For additional family members, use another page or back of registration form.*

### 2 Choose a plan

See the Uninsured Services Fee Guide for a list of our current fees.

#### PS365

Includes 12 months of coverage from the date you register.

- Individual \$124.30
- Couple \$180.80
- Family \$242.95
- Senior (65+) \$101.70
- Senior Couple (65+) \$158.20

#### OR

#### Pay-As-You-Go

We'll bill your credit card whenever you receive an uninsured service.

- Pay as you go

### 3 Tell us how you'd like to pay

Payment information is held securely with PatientSERV, and only charged when an uninsured service is provided.

#### Credit card (PS365 or Pay-As-You-Go)

- Visa  American Express  MasterCard
- Visa Debit  MasterCard Debit

#### OR

#### Cheque (PS365 only)

Please make your cheque payable to:

**"PatientSERV"**

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Name on Card Expiry (mm/yyyy)

### 4 Sign here

By signing below, you confirm that you've read the information we've given you about uninsured services and you agree to the terms of the payment plan you've chosen (PS365 or Pay-As-You-Go).

### 5

\_\_\_\_\_  
Signature Date

#### Send us your completed form

**Mail to:**  
PatientSERV  
3280 Bloor Street West Suite 1140  
Toronto, ON M8X 2X3

**OR Fax**  
1.877.461.7687

