



# LEASIDE VILLAGE MEDICAL CLINIC

25 Industrial Street, Unit 208, Toronto, Ontario M4G 3T8



## 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 online at **www.patientserv.ca** (click Login, then click New to PatientSERV). You'll need your Health Card number and the PIN included in your letter.

If you've already signed up: click *Returning Patients Log In* and fill in your previously used credentials.

☐ 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 current fees.

#### PS365

Includes 12 months of coverage from the date you register.

<input type="checkbox"/> Individual	\$150
<input type="checkbox"/> Couple	\$250
<input type="checkbox"/> Family	\$325

#### 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)

<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Visa Debit	<input type="checkbox"/> MasterCard Debit	

#### OR

☐ Cheque (PS365 only)

Please make your cheque payable to:

**PatientSERV**

Credit Card Number

Name on Card	Expiry (mm/yyyy)
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### 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).

Signature	Date
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### 5 Send Us Your Completed Form

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

#### OR

**Fax**  
1-877-461-7687



This package has been sent to you by PatientSERV Corporation. PatientSERV provides secure, confidential administration services to Canadian doctors, adheres to strict privacy guidelines and always protects your information.