

Dr. Ira Bernstein, Family Physician

960 Lawrence Avenue West, Suite 306
Toronto, ON M6A 3B5
Tel: (416) 256-7731 Fax: (416) 781-4515

March 16, 2016

Dear Patient,

As you are aware the Ontario Health Insurance Plan (OHIP) pays for most of your medical visits here at the office. However, some medical procedures and most administrative services are not insured by OHIP. These services are still provided by this office and require significant time and resources to administer. To address this issue, the Ontario Medical Association has introduced a fee schedule guide for uninsured services. For further details please review the uninsured services fee guide included with this letter.

It is our ongoing office policy to charge for uninsured services in accordance with the guidelines recommended by the Ontario Medical Association, and the policies of the College of Physicians and Surgeons of Ontario. There are two ways by which you may wish to address these fees. You may pay the fee for each uninsured service at the time it is provided or to provide peace of mind to you, and to assist us in minimizing administrative costs of dealing with each service individually, we offer you the option of paying an **Annual Fee for Uninsured Services** also known as a block fee for those services not covered by your provincial health insurance. The decision to enroll in the Annual Fee program will help reduce the amount of time the office staff spend sending out individual invoices, allowing them to devote more time to patient care. It can also amount to substantial savings if unexpected needs arise over the year. As always, it is entirely your choice which method you wish to use. Although participation in the program is optional, I feel that it may offer you some comfort and security to know you will not have to pay more than the set amount annually for these uninsured services in my office. Please read the enclosed information carefully, complete the attached form and return it in the enclosed envelope which has postage prepaid.

I am pleased to be able to inform you that the annual fee as well as individual service rates remain unchanged again this year.

The Annual Fee coverage is effective **May 1, 2016** until **April 30, 2017**. Those who choose not to accept the annual coverage program may pay for individual services at the time this service is provided. Included with this letter is a list of some items covered by the Annual Fee. As always, no patient will be denied any service based on ability to pay. If you are financially unable to pay for an uninsured service, but require it, you may request a fee exemption.

For your convenience I am pleased to inform you that I have added an electronic payment option this year. If you prefer to enrol in the annual fee online, please go to www.doctorservices.ca/online-payment You may also continue to submit payment for the Annual Fee using your credit card to Doctors Services by calling the toll free number indicated in this letter.

I am continuing to use DOCTORS SERVICES to administer this plan. Any questions, issues or correspondence regarding the plan should be directed to them by phone **416-447-3666** and NOT to my office. No matter what you decide regarding the Annual Fee Plan, please return the completed form in the enclosed postage-paid return envelope. This form is invaluable in maintaining accurate patient contact information about you.

I look forward to caring for you and your family (if applicable), in good health for many years to come. Should you have any questions, please feel free to discuss them with me personally.

Best wishes and sincerely yours,



Ira P. Bernstein, B.Sc., M.D., C.C.F.P., F.C.F.P.

The Following Uninsured Services ARE Covered by the Annual Fee

Prescription refills by fax (when appropriate and only at the request of the patient or patients representative) *	\$20.00	Letters on behalf of patients (when appropriate and depending on work required)	\$25 - \$200
Telephone advice by the physician over the phone/15 min**(at the request of the patient or patients representative)	\$35.00	Medical examination to certify fitness to return to work requested by employer(no charge if medically necessary)	\$75.00
Medical Supplies (dressings, splints, slings, etc.)	\$25.00	Photocopying – Per Page **	\$1.50
Travel advice in the office (Minor - 5 min) Travel consult in the office (typical - 15 min)	\$30.00 \$50.00	Treatment of benign skin lesions with cryotherapy (liquid nitrogen) +/-or excision (per visit)	\$25 - \$75
Lost Referral Notes/Prescriptions	\$25.00	Driver's Medical form and physical exam ***	\$125.00
TB skin test - pre employment including letter	\$50.00	Third party physical exam	\$120.00
Participating in a case conference on your behalf (per half hour)	\$125.00	e-mail information from physician:**** (Please arrange with your physician.)	\$25.00
Medical reports/forms (without examination)			
Forms required for volunteers at nursing homes/hospitals	\$25.00	Special forms for insurance coverage of massage therapy and orthotics	\$20.00
Camp/School physical exam and form	\$75.00	Jury Duty Letter	\$20.00
Forms required for commercial weight loss programs	\$25.00	Day Care Notes (communicable disease)	\$30.00
Illness/return to work notes (simple and only where appropriate))	\$20.00	School/Camp Form (excluding examination)	\$25.00
Employment Insurance / Maternity Certificate	\$25.00	Miscellaneous	as applicable
Fitness Clubs Form	\$33.00	Travel cancellation insurance form	\$50 - \$75
Private Insurance forms	\$50 - \$200	Auto accident insurance forms (when not funded by insurance company)	\$123.00
Pre-employment Certificate of Fitness forms	\$33.00	Replacement of yellow immunization certificate	\$15.00
Certificate of medical status	\$33.00	Children's Aid Society Application form for foster parent application	\$50.00
Disability Tax Credit Certificate (Form T2201 - Canada Revenue Agency) (Filling of the form does not ensure qualification for the program)	\$50.00	Canada Pension Plan disability benefits application forms (The federal government pays \$85 of this fee)	\$123.00

The Following Uninsured Services are NOT Covered by the Annual Fee

They are available to all patients at standard OMA rates

Missed appointment	\$ 35.00	Preparation of a chart summary or copies of health records for transfer purposes when the transfer is at the request of the patient or the patient's representative	from \$30.00
Missed annual assessment	\$ 75.00		
Disability Report/Insurance Forms	OMA Rate		
Legal Reports	OMA Rate		
Vaccines that are not normally covered by OHIP	Varies	Skin tag removal (3 or more max. 25 min.)	\$60.00
Physical Exam requested by a third-party	OMA Rate	Cosmetic minor surgical procedures	from \$20.00

* Prescription renewals ordinarily require an office visit to re-assess the condition requiring the prescription. If you do not wish to schedule an appointment to review your medication, we will charge for this service. Please anticipate your renewals, ask for renewals at each visit and bring your medications for your appointments. New Prescriptions are written only after a visit in person.

** Long distance charges will be applied as required

*** Driver's Medical and other third party examinations are uninsured services. The fee listed will be reduced by 50% for those who pay the Annual Fee.

****Please note that the physician may ask you to present yourself for a visit depending on the issue. This service is not meant to be a substitute for in office care and is inappropriate for urgent or semi-urgent issues as e-mail response times will vary and often take two business days.

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Please fill out the form below, fold and insert the completed form into the return envelope provided. Postage has been prepaid. Please return this regardless of your support of the Annual Fee Program. Check Option B should you wish to have these services billed as they are rendered.

If you choose the family coverage please circle the family members listed, or print their names on the lines provided. **Should you wish to submit payment for the Annual Fee using a debit or credit card, you may do so online by going to www.doctorservices.ca/online-payment or by *telephone* to Doctors Services.**

Additional patients covered by the Annual Fee Program

_____ Surname, First Name	_____ Surname, First Name	_____ Surname, First Name
_____ Surname, First Name	_____ Surname, First Name	_____ Surname, First Name

Option A – I enclose my annual fee Visa MasterCard Cheque

*Please note that it is your right to rescind the decision to pay annual fees within a week of your original decision (in which case you will be required to pay for services as provided).

Coverage is from: **May 1st, 2016 – April 30th, 2017**

Please accept my payment for the Annual Fee Program.

I am requesting coverage as a:	<input type="checkbox"/> Individual	\$ 125.00 + HST = \$141.25
	<input type="checkbox"/> Senior Citizen over 65	\$ 105.00 + HST = \$118.65
	<input type="checkbox"/> Couple, any age	\$ 170.00 + HST = \$192.10
	<input type="checkbox"/> Family	\$ 200.00 +HST = \$226.00

Cheques should be made payable to:

Ira Bernstein Medicine Professional Corporation

Cardholder Name _____

Credit Card # _____

Expiry Date _____

Signature _____

Option B – I wish to pay for individual services when rendered
 Receipt – Please tick here if you require a receipt