Appendix C:

BFBP Enrolment Form (Sample)

Please select one of the following options:

If you decide to enroll in the Block Fee Billing Plan (BFBP), enclose a cheque payable to <insert physician’s name>

along with this form or you may pay in person at the office at your next visit. Payment should be paid no later than

<insert date>.

It is your choice whether you select the BFBP or simply pay for each uninsured service as rendered.

Patient Name: I prefer to pay for uninsured services for myself (and my family) each time services are rendered. I prefer the BFBP option selected below. My payment is enclosed.

Check one:

Senior Adult (65 years or older) $50.00

Single Adult $50.00

Family (2 adults and all under 18 years) $160.00

Family (1 adult and all under 18 years) $120.00

Family Surname: Family Member First Names: Phone Number:

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