Appendix B:

Informing Patients of Change in Office Policy (Sample Letter)

<Insert physician name(s), office/clinic logo and address, other contact information and date>

Dear Patient:

Several weeks ago, I sent a letter advising you of changes in my office policy such that patients will be billed for services not covered by Ontario Health Insurance Plan (OHIP). The letter explained our new Uninsured Services Program in detail and also outlined the payment options available. We will be implementing the changes effective

<insert date>.

Attached is the current list of uninsured services and their associated fees. Where possible, it is appreciated that you state the reason for your visit at the time of making an appointment. The office staff will endeavor to inform you at the time of your call what services are not covered by OHIP and what charges, if any, will be payable directly to you.

To help with the introduction of the Uninsured Services Program, our office needs to know whether you wish to select the block fee option or if you wish to pay for each uninsured service at the time it is rendered.

Please complete the attached form and return it to our office in the envelope enclosed for your convenience before

<insert date>. Sincerely

<insert name and signature>

(Enclosed: Uninsured services offered and associated fees and enrolment form)

Ontario Medical Association