

Office Uninsured Services Policy

Dear Patient:

This letter and enclosed information sheet is to notify you of our office policy on uninsured services. OHIP does not pay for all services that patients request from physicians. Services that OHIP does not pay for are called “*uninsured services*” and physicians are prohibited from billing OHIP for these services.

Every effort has been made to account for most of the commonly requested services in the enclosed information sheet. If the uninsured service you require is not listed, please communicate this to me or my office staff for further clarification. To help speed up our service, please let my office staff know when you are booking your appointment that you are requesting a service that appears on the list or a service for which you have been charged in the past by this office or another physician’s office.

The fees contained in the enclosed list are in accordance with the edition of the *OMA Physician’s Guide to Uninsured Services*.

All uninsured services must be paid in full when rendered; office staff will provide a receipt upon settlement of your account. Should you be unable to pay for the uninsured service at the time it is provided, please let my office staff know when and how you intend to settle your outstanding account. We will make every effort possible to assist you in the settlement of your outstanding account. Note that our office accepts _____ payments.

Please acknowledge receipt and acceptance of the above office policy by signing below and returning a copy by either fax, mail or in person to my office. Alternatively, you can deliver your acceptance via email to _____. Should you have any further questions, please contact _____ at _____.

I agree with the above policy and terms/conditions

Patient name

Signature

Date