<table>
<thead>
<tr>
<th>TYPE OF SERVICE</th>
<th>DESCRIPTION OF UNINSURED FORM/REPORT/SERVICE</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Completion of Form Physicals for:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schools/Camps</td>
<td>Admission to Day-Care, Preschool, University or any other educational institution</td>
<td>$28.50</td>
</tr>
<tr>
<td>Pre-employment Certification of Fitness/Fitness Clubs</td>
<td></td>
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<tr>
<td>Hospital/Nursing Home Employees</td>
<td></td>
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<tr>
<td><strong>Completion of Licensing Forms/Certificates:</strong></td>
<td></td>
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</tr>
<tr>
<td>Drivers Medical Examination</td>
<td></td>
<td>$125.00</td>
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<tr>
<td>Civil Aviation Medical Examination Report</td>
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<tr>
<td>Pilots License Validation</td>
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<tr>
<td><strong>Completion of Work and School Related Forms/Notes:</strong></td>
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</tr>
<tr>
<td>Back to Work Notes/Sick Notes</td>
<td></td>
<td>$20.00</td>
</tr>
<tr>
<td>Day Care Note (free of communicable disease)</td>
<td></td>
<td>$20.00</td>
</tr>
<tr>
<td><strong>Insurance Certificates:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCF-18 Treatment Plan</td>
<td></td>
<td>$146.00</td>
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<tr>
<td>OCF-3 Disability Certificate</td>
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<td>$146.00</td>
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<tr>
<td>OCF-19 Determination of Catastrophic Impairment</td>
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<td>$120.00</td>
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<tr>
<td>OCF-23 Treatment Confirmation</td>
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<td>$145.00</td>
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<tr>
<td>Travel Cancellation Insurance Form</td>
<td></td>
<td></td>
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<tr>
<td>Life Insurance Death Certificate</td>
<td></td>
<td>$39.00</td>
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<tr>
<td>Medical Certificate for Employment Insurance Compassionate Care Benefits</td>
<td></td>
<td>$56.00</td>
</tr>
<tr>
<td>Attending Physician’s Statement</td>
<td></td>
<td>$146.00</td>
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<tr>
<td>System – Specific or Disease Specific Questionnaire</td>
<td></td>
<td>$97.00</td>
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<tr>
<td>Insurance Medical Examination</td>
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<td>$238.00</td>
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<tr>
<td>System-Specific Examination</td>
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<td>$117.00</td>
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<tr>
<td>Full Narrative/Clarification Report</td>
<td></td>
<td>$392.00/hr.</td>
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<tr>
<td><strong>CPP Disability Medical Report Form</strong></td>
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<td>(up to) $85</td>
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<tr>
<td><strong>CPP The Narrative Medical Report</strong></td>
<td></td>
<td>(up to) $150</td>
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<tr>
<td>Revenue Canada, Federal Disability Tax Credit</td>
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<td>$75.00</td>
</tr>
<tr>
<td><strong>Children’s Aid Society Application for Prospective Foster Parent</strong></td>
<td></td>
<td>$59.00</td>
</tr>
<tr>
<td>Medical Certificate Employment Insurance Sickness Benefits</td>
<td></td>
<td>$40.00</td>
</tr>
<tr>
<td><strong>TB Mantoux Testing</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB Test requested by Ministry of Health Program (e.g. Public Health)</td>
<td></td>
<td>OHIP covered</td>
</tr>
<tr>
<td>TB Test requested for admission or continuation in a day care, pre-school, school, college, university or other educational institution. TB Test Insured by OHIP. Charge for Form/Report Completion</td>
<td></td>
<td>OHIP covered</td>
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<tr>
<td>One Step TB Test</td>
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<td>$59.12</td>
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<tr>
<td>Two Step TB Test</td>
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<td>$68.10</td>
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<td><strong>Unremunerated Report Forms:</strong></td>
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<tr>
<td>Application for Accessible Parking Permit Transit Forms for Disabled</td>
<td></td>
<td>No Charge</td>
</tr>
<tr>
<td>PR Card Forms/Request for Birth Certificate Form/Canadian Passport Application</td>
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<tr>
<td>Children’s Aid Society Form (on behalf of a child)/Ministry of Health and Long-Term Care (e.g. Limited Use, Assistive Devices etc.)</td>
<td>No Charge</td>
<td></td>
</tr>
<tr>
<td><strong>Chart Copies:</strong></td>
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</tr>
<tr>
<td>Copies from the Patient’s Chart (up to 20 pages)</td>
<td></td>
<td>$1.00/pg.</td>
</tr>
<tr>
<td>Copy of the Full Chart (over 20 pages). $30.00 + $.25 per page for each page over 20 pages.</td>
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<td>$30.00 + $.25/pg.</td>
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<tr>
<td>Copies onto a CD</td>
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<td>(up to) $60</td>
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<td><strong>Other:</strong></td>
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<tr>
<td>Letter for massage therapy, orthotics, back support, stockings etc.</td>
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<td>$30.00</td>
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<tr>
<td>Missed Appointment</td>
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<td>$40.00</td>
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<tr>
<td>Missed Period Health Exam</td>
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<td>$75.00</td>
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<tr>
<td>Missed Specialist Appointment</td>
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<td>$100.00</td>
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<tr>
<td>Non-Resident Visit Fee</td>
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<td>OMA Rate</td>
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<tr>
<td>Pre-op Assessment ( by General Practitioner)</td>
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<td>$148.96</td>
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<tr>
<td>Pre-op Assessment ( by Specialist)</td>
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<td>$77.17</td>
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<tr>
<td>Lost Requisition/Referral</td>
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<td>$5.00</td>
</tr>
<tr>
<td>Fax Prescription Refill</td>
<td></td>
<td>$15.00</td>
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<tr>
<td>Travel Advice and Vaccine Administration (must be purchased from Pharmacy)</td>
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<td>$65.00</td>
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<tr>
<td><strong>PAP Test</strong>*</td>
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<tr>
<td>Charge for PAP Test by Physician</td>
<td></td>
<td>$42.27</td>
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<tr>
<td><strong>Ear syringing</strong>*</td>
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<tr>
<td>Ear Syringing</td>
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<td>$25.99</td>
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<tr>
<td><strong>Ear Wax Debridement</strong></td>
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</tr>
<tr>
<td>Wax Debridement by the Otolaryngologist</td>
<td></td>
<td>$50.00</td>
</tr>
</tbody>
</table>

*** MAYBE COVERED BY OHIP IF CERTAIN CRITERIA ARE MET