**2023**

**THIRD-PARTY & OTHER UNINSURED SERVICES**

**FEE SCHEDULE**

**COMPLETION OF FORM ONLY FOR:**

* **Schools ……………………………………………………………………………… $35**
* **Camp ……………………………………………………………………………….. $35**
* **Pre-employment Certification of Fitness ………………………………………… $45**
* **Fitness Clubs ………………………………………………………………..……… $45**
* **Hospital/Nursing Home Employees ……………………………………………… $45**
* **Dental Prophylactic Medication Form…………………………………… ……… $25**

**COMPLETION OF WORK & SCHOOL RELATED FORMS/NOTES:**

* **Back to Work/School Notes/Volunteer etc………………………………………… $25**
* **Sick Notes …………………………………………………………………………… $25**
* **Certificate of Freedom from Communicable Disease…………………………….. $25**
* **Admission to Day-Care, Preschool, University or any other Educational**

**Institution……………………………………………………………………………. $35**

* **Authorization for Self-Administration of Prescribed Medication by Student …. $25**

**OTHER MISC. FEES:**

* **RX Renewals (by fax or by phone when a visit is not required) ………………… $25**
* **Massage Therapy/Orthotics/Physio Notes ………………………………………... $25**
* **Liquid Nitrogen (per Lesion) …………………………………..….………minimum $40 +**
* **Immunization Summary on demand ……………………………………….…….. $25**
* **Vaccines etc. ………………………………………………………………………… varies**
* **Chart Transfer ………………………….………………………………….minimum $25 + (depending on complexity and time required for completion)**
* **Records to Wellness Centres/Naturopaths………………………………..minimum $20**
* **Medical/Legal Reports …………………………………………………………….. varies (depending on complexity and time required for completion)**
* **Pre-operative Physical for Cosmetic Surgery & Completion of Form ………… $235**
* **3rd Party Adult Physical & Form………………………………….……... minimum $240**
* **Child Physical & Form (after 2nd birthday to & including 15th year)……… …… minimum $135**
* **TB Skin Tests for Employment (includes visit to doctor, note, injection fee & serum) ………**

**1-step $80**

**2-step $100**

* **Tensor Bandages …………………………………………………………….……. $5**
* **Other Bandages ………………………………………………………………….. varies**
* **Removal of Skin Tags, Moles, etc for Cosmetic Reasons ………………………. varies**
* **Ear Syringe (if not covered by OHIP)…………………………………………… …… $30**
* **\*Missed in-person appointment / Missed Virtual appointment…………... $50-100/$35\***
* **Missed appointment with the nurse …………………………………………....… $20**

**INSURANCE CERTIFICATES:**

* **Treatment Plan, Form #OCF-18 (insurance pays) ……………………………… $165**
* **Disability Certificate, Form # OCF-3 (insurance pays).………………………… $165**
* **Determination of Catastrophic Impairment, Form #OCF-19………..………… $135**
* **Treatment Confirmation, #OCF-23……………………………………………… $165**
* **Medical Certificate for Employment Insurance Compassionate Care**

**Benefits………………………………………………………………………..…… $65**

* **Travel Cancellation Insurance Form …………………………………………… $45**
* **Life Insurance Death Certification …………………………………………… $633.30/hr**
* **Private Insurance – Sickness/Disability Form ………………………… minimum $35 +**

**(Depending on complexity and time required for completion)**

**COMPLETION OF LICENSING FORMS/CERTIFICATES:**

* **Driver’s Medical Examination & Form FLR C80 ……………………………… $295**

**(Includes urinalysis)**

* **Driver’s Medical Examination (form only) ……………………………………… $70**

**GOVERNMENT FORMS:**

* **There are two distinctly different types of CPP forms the federal government will pay for:**

**(i) Medical Report for a CPP Disability Benefit (SCISP-2519) (up to) $85.00**

**(ii) The Narrative Medical Report (up to) $150.00**

* **Revenue Canada, Federal Disability Tax Credit …………………………..…… $85**

**OTHER FORMS/CERTIFICATES:**

* **Children’s Aid Society (CAS) Application Form for Prospective Foster Parent…… $70**
* **Medical Certificate Employment Insurance Sickness Benefits………………… $45**

**NOTE:**

* **Travel immunization and advice is not an insured service**
* **All third party physicals and accompanying forms are non-insured services**
* **There is a $25 charge for N.S.F. cheques**
* ***\*There will be a $35- $100 charge for missed appointments (Depending on type of appointment)\****

**(if less than 24 business hours’ notice of cancellation has been given for LMG patients and if less than**

**3 business days for Dr. Macgregor’s patients)**

##### Copies requested by patient - $1.00 per page