



# Gloucester

Family Health Centre

2 Lorry Greenberg Drive, Unit 4, Ottawa, Ontario K1G 5H6

Phone: 613-736-6646 | Fax: 613-736-6712

## Uninsured Services Fees (Not Covered by OHIP)

Description of Uninsured Service	Fees (includes Admin/Technical fees)
<b><u>Assessments</u></b>	
Minor Assessment (for Non-OHIP Patients or not covered by OHIP)	\$68.19
Intermediate Assessment (for Non-OHIP Patients or not covered by OHIP)	\$108.99
General Assessment (for Non-OHIP Patients or not covered by OHIP)	\$250.95
Annual Complete Physical Examination/General Physical Examination (GPE) (for OHIP Patients, not covered by OHIP)	\$186.30
Travel Consultation and Vaccine Administration (per person) (Vaccine cost not included)	\$98.33
<b><u>Procedures</u></b>	
One Step TB Test (for employment or volunteering purposes)	\$67.28
Two Step TB Test (for employment or volunteering purposes)	\$77.63
Uninsured vaccine injection (per injection)	\$31.05
Ear Syringing (per ear)	\$41.40
<b><u>Forms, Letters and Notes</u></b>	
Referral Note for massage therapy, orthotics, back support, stockings etc.	\$19.67
Completion of documentation/forms for physicals for schools, camps, pre-school, daycare, university/educational institutions	\$34.93
Completion of documentation/forms for physicals for pre-employment certification of fitness/fitness clubs or hospital/nursing home employee	\$46.32
Sick notes (includes return to work/school notes), Certificate of freedom from communicable disease	\$31.05
Drivers' medical examination (form only)	\$72.45
Drivers' medical examination (Includes medical assessment, vision assessment and form)	\$323.40
Children's Aid Society (CAS) application for prospective foster parent (Examination and form)	\$238.05
Medical certificate employment insurance sickness benefits (INS5140)	\$48.39
Medical certificate for employment insurance compassionate care benefits	\$69.35
Travel cancellation insurance form	\$155.25
OCF-3 Disability Certificate	\$248.40
OCF-18 Treatment Plan	\$263.93
OCF-19 Determination of Catastrophic Impairment	\$145.94



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OCF-23 Treatment Confirmation		\$248.40
CPP Disability Benefit - Medical Report (SCISP-2519) {Service Canada will pay \$85.00 and the patient.}		\$207.00
CPP Form - Narrative Medical Report		\$155.25
Insurance Reports - System-Specific or Disease-Specific Questionnaire		\$117.99
Insurance Reports - System-Specific Examination & Form		\$142.83
Clarification Report/Full Narrative Report		\$455.00/hr
CRA Disability Tax Credit Certificate (form T2201)		Case based
Life insurance death certificate		Case based
Civil aviation medical examination report 26-0010E (001004)		Case based
Attending Physician Statement		Case based
Insurance Medical Examination		Case based
Any other form (not listed above)		Case based
<b><u>Administrative Fees</u></b>		
Printing/Transmission of Results/Reports		\$7 per result/report
Release of Medical Records (Copying/printing/scanning) (which includes the first 15 minutes of professional review)		\$31.05 (first 20 pages), thereafter \$0.26 per page
Release of Medical Records (Electronic transfer)		\$41.40
Physician review of records for release of medical records		\$45 per 15 minutes, after first 15 minutes
Immunization record replacement		\$41.40
No-show/missed regular appointment		\$72.45
No-show/missed annual health examination appointment		\$93.15
Same Day Cancellation (less than 24 hours)		\$31.05
<b><u>Unremunerated Report Forms</u></b>		
Application for Accessible Parking Permit		No charge
Accessible Transit Eligibility Application forms		No charge
Children's Aid Society Forms (on behalf of a child)		No charge
Canadian Passport Application		No charge
Ministry of Health Forms (e.g., Assistive Devices, etc.)		No charge
<b>Payment Modes</b>		
<b>Credit/Debit Card</b>	<b>E-transfer - <a href="mailto:admin@gloucesterfhc.com">admin@gloucesterfhc.com</a></b> {Mention the patient's name, physician's name, and reason in the message}	<b>Cash</b>