NOTICE OF NON-OHIP CHARGES: Please read and choose either OPTION A) OR B) below

OPTION A): Please note NON-OHIP charges will be levied as per fee schedule below and the patient is responsible for these charges as it is incurred or required:

1. Missed appointments without 24 hours notice.
   - $100.00 Initial consultation
   - $50.00 Follow-up visits

2. Telephone prescription renewals.
   - $20.00 each

3. Simple "sick" notes hand written on letterhead or Rx pad (eg. work, school, gym membership, camp, etc.).
   - $20.00 each

4. Forms for work, school, insurance, government, disability etc.
   - $50.00/page and up, depending on complexity.

5. Official Medical Reports for third parties (eg. Insurance, lawyer, employer, etc.).
   - Time dependent charge at $400/hr and up depending on complexity. Please discuss with Dr. Su.

6. Medications and medical devices dispensed/given by Dr. Su directly to patient.
   - Depending on circumstances and drugs used, please discuss with Dr. Su.
   - (NB: Most drugs and medical devices **MAYBE COVERED** by extended health plans).

7. Officially signed prescriptions for insurance or other 3rd parties for the purposes of obtaining coverage:
   - Minimum $40.00 and up.

8. Copies of clinical notes, records, investigations, letters etc.:
   - Minimum $40.00 and up depending on nature of information requested. Please discuss with Dr. Su.

9. Confirmation to third parties re. date(s) of attendance:
   - Minimum $40.00 and up.

OPTION B): An annual "Block Fee" is available for purchase that would cover some NON-OHIP charges outlined above. The block fee will be $100.00 and will be valid from the date the patient signs up and pays for the fee until the anniversary from that date. The block fee will include the following service(s):

Unlimited items **2, 3, 7, 8, 9** and 50% discount for items **4, 5** from **OPTION A)** above.

Up to 3 (three) missed appointments without charge as per item **1** from **OPTION A)** above.

Please circle and sign and date which option you would like to choose: A) or B)

NB: At this clinic, MD fees can only be accepted as *direct cash* or *certified cheque*. Thank you.

_____	_____	_____
Name (Please print)	Signature (Guardian if < 16 yo)	Date