

Dr. Yasmin Papadopoulos, MD, CCFP

20 Wynford Drive – Suite 302

Toronto, ON M3C 1J4

Dear Patient,

We are very fortunate in Canada to have access to good healthcare paid for by the Ministry of Health. As our population ages, the cost of healthcare continues to rise and as a result, there are more and more services that are not covered by the Ministry of Health. These services require significant time and resources to deliver. In the face of rising office expenses and government restrictions, we are required to charge for non-OHIP covered services. The payment of these services has become the responsibility of the patient or the agency requesting the services.

There are two ways by which you may address these fees.

The first option is to pay an annual fee, often referred to as a “block fee”, to cover uninsured services for one year. The block fee may be more economical for patients who use uninsured services frequently.

The second option is to pay for individual services at the time the service is provided. Included is a list of items covered by the block fee as well as the fee for individual services.

Please note the fee for fax prescription renewals without an office appointment. If you have not chosen the annual fee, there is a charge for each prescription renewal request, including those sent automatically by the pharmacy. Please speak to your pharmacist if you do not wish to have prescription renewal request automatically sent to our office.

Patients are free to choose the option that best suits them and all patients will have equal access to quality healthcare regardless of the method they choose to pay for non-OHIP covered services. Please see the attached information sheet on block fees provided by the College of Physicians and Surgeons of Ontario.

Please fill out the attached form and return it to our office.

Sincerely,

Dr. Y. Papadopoulos

Dr. Yasmin Papadopoulos, MD, CCFP
20 Wynford Drive – Suite 302
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Non-OHIP Covered Services

Patient Name (*last, first*): _____

Patient Name (*last, first*): _____
(*if selecting annual fee for couple*)

Family Doctor: Dr Y Papadopoulos

Option A - I wish to pay the annual fee for uninsured services

Coverage is for each calendar year - January 1st to December 31st

- | | |
|--|------------------|
| <input type="checkbox"/> Individual | \$120.00 / year |
| <input type="checkbox"/> Couple/Two family members | \$ 210.00 / year |

- I have enclosed a cheque made out to my family doctor
 I have paid cash in the office

**If you would like to opt into the annual fee after January 1st each year, please ask the front desk for details.*

** Patients have the right to rescind the decision to pay the annual fee within a week of payment and revert back to paying for individual uninsured services as they are provided*

Option B - I wish to pay for individual services when rendered