

# BAYVIEW FAMILY PRACTICE

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LESLIE ANNE BEYERS, M.D.  
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Dear Patient,

Nov 28, 2022

We hope you are all well. These last 2 years have been very challenging for us all in so many ways. Throughout we have worked hard to provide you with the best possible medical care, adjusting as the realities that the virus forced on us were constantly changing. That is a challenge which continues still.

### **Annual Fee Plan:**

For several years now we have offered the option of an “annual fee” as an alternative to paying for individual services not covered by OHIP. These include prescription renewals, notes (return to school/work, massage, etc) and various types of forms. Increasingly, we spend time on the phone returning your messages, discussing test results and making follow up plans. Many of these services would be paid by OHIP if they were rendered to you in person in the office. Having these services performed by phone may save you the need for an office visit, with the associated time and costs. The annual fee assists us in minimizing administrative time and costs in billing each service individually. It can also amount to substantial savings if unexpected needs arise over the year. As always, we invite patients who have financial difficulties to speak with us about a reduction/exemption.

Annual fees for the year 2022/23 are as follows:

Individual Coverage:	\$160.00
Couple Coverage:	\$245.00
Family Coverage:	\$280.00
Seniors/Students:	\$110.00

This fee covers uninsured services from December 1 2022 to November 30 2023,. Please complete and return the attached annual retainer form. Also, if you have a change of address, telephone number or email address – or if you are no longer a patient in the practice – please do notify us.

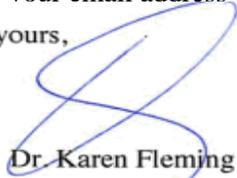
We are continuing to use DOCTORS SERVICES to administer this plan. Any questions, issues or correspondence regarding the plan should be directed to them by phone [416-447-3666](tel:416-447-3666) and NOT to our office. Should you wish to submit payment for the Annual Fee using a debit or credit card, you may do so online by going to [www.doctorsservices.ca/online-payment](http://www.doctorsservices.ca/online-payment) or by *telephone* to Doctors Services

If you would like to receive future correspondence by email and have NOT yet provided our office with your up-to-date email address please include your email address on the last page of this letter and return in the pre-paid envelope.

Best wishes and sincerely yours,



Dr. Leslie Anne Beyers



Dr. Karen Fleming



Dr. Claire Murphy



Dr. Jennifer Wyman

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## Uninsured Services Fee Guide

### The Following Uninsured Services ARE Covered by the Annual FEE

Prescription refills without an office visit (Emergency short term refills at physicians discretion only) *	\$30	Notes/letters on behalf of patients (when appropriate and depending on work required)	\$25 +
Lost Notes/Prescriptions	\$15	Physical Examinations required by a third-party	\$80
TB Skin Test Certificates	\$25	Medical Supplies (splints, dressings, etc.)**	I.C.
Driver's Medical Examinations (will be reduced to \$75 if annual fee paid)	\$125.00		

Forms required for volunteers at nursing homes/hospitals	\$30	Employment Insurance / Maternity Certificate	\$25
Forms required for commercial weight loss programs	\$30	Day Care Notes ( communicable disease )	\$20
Illness/return to work notes ( simple )	\$25	School/Camp Form (excluding examination)	\$25
Notes for insurance coverage of massage therapy and orthotics	\$30	CPP Disability Form (charge over and above Govt paid fee)	\$40
Private respite care form	\$40	Pre-employment form	\$30-\$50
Fitness Clubs Form	\$25	Travel cancellation insurance form	\$30-\$50
Federal tax credit and related forms	\$30	Certificate of health verification	\$30
Private Insurance sickness/disability form	\$30 - \$50	Jury Duty Notes	\$40
Replacement of immunization card	\$15		

### The Following Uninsured Services are NOT Covered by the Annual Fee

Missed appointment	\$30	Extensive Disability Report/Insurance Forms	OMA Rate
Photocopying (patient requested) First page: following pages/per page:	\$5.00 \$1.00	Transfer of Individual Records	OMA Rate
Administration of Injections for travel purposes (per injection) eg: Twinrix	\$30	Legal Reports	OMA Rate

\* Prescription renewals ordinarily require an office visit to re-assess the condition requiring the prescription. If you are unable to schedule an appointment to review your medication, we will charge for this service. Please anticipate your renewals, ask for renewals at each visit and bring your medications for your appointments.

\*\* Individual Consideration

Please note that we are using the services of a company called "Doctors Services" for the preparation, mailing and receipts for the Annual Fee for Uninsured Service. For any questions regarding your payment or the Annual fee please contact them directly at: **1-866-423-8267**.

Payment can be made online at <https://www.doctorservices.ca/online-payment> or by phone at 1-866-423-8267 or by completing the payment form following and sending the payment to :

Doctors Services Group  
PO BOX 126 Station R,  
Toronto, ONT, M4G 3Z3

For further details regarding Annual/ Block Fees :

<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Uninsured-Services-Billing-and-Block-Fees>

Patient Name	Primary Health Care Provider	Patient Name	Primary Health Care Provider

**PLEASE RETURN BY: ASAP**

**Option A** – I enclose annual fee

Credit Card

Cheque

**Coverage is from: December 1, 2022 – November 30, 2023**

Please accept my payment for the Annual Coverage Program.

		<b>12 Month Amt</b>	
I am requesting coverage as a:	<input type="checkbox"/> Individual	\$ 160.00	
	<input type="checkbox"/> Couple	\$ 245.00	
	<input type="checkbox"/> Senior	\$ 110.00	65 yrs +
	<input type="checkbox"/> Student	\$ 110.00	In full time education
	<input type="checkbox"/> Family	\$ 280.00	

*Cheques should be made payable to: **BAYVIEW FAMILY PRACTICE***

**Credit Card Details**

Name on Credit Card \_\_\_\_\_

Card # \_\_\_\_\_

Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_

CVN Number \_\_\_\_\_  
(3-digit number on  
back of card)

**Option B** – I wish to pay for individual services when rendered