

Meadowlands Family Health Center

888 Meadowlands Drive East
Ottawa, Ontario, K2C 3R2

PATIENT REGISTRATION FORM

Value Added Services

If you do not wish to pay for uninsured services one-by-one, sign-up for the Value Added Service Plan that best suits your needs, and be covered for one entire year.

UNINSURED SERVICE	1 year plan
Sick Note	Covered
Missed Routine Appointment (1 per person)	Covered
Missed Physical (1 per person)	Covered
TB Skin Test-Letter	Covered
Faxing and Photocopying	Covered
Transfer of Medical Records	Covered
School/Camp Forms	Covered
Camp Physical & Form	Covered
Day Care Note	Covered
Back to Work Note	Covered
Fitness Club Form	Covered
Pre-employment Certification of Fitness	Covered
Driver's Medical Examination Form & Physical	Covered
Nursing Home Forms	Covered
Government pension Buyback+Physical	Covered
Private Insurance/Driver's Medical Form	Covered
Insurance Medical Examination	Covered
Citizenship and Immigration Report	Covered
Rev. Canada, Federal Disability Tax Credit	Covered
CPP Disability Medical Report Form	Covered
EIC Disability/Maternity Cert. INS2019	Covered
Referral Note for Chiropractor, Physiotherapy	Covered
Referral note for Chiropody, Massage	Covered
Skin tag (3 x 15 min) <i>(some skin tags may require a referral)</i>	Covered
Immunization Record Replacement	Covered
Wart Removal (per lesion/wart) (max 5 treatments)	Covered
Individual	\$200.00
Family	\$255.00

To register for the Value Added Service Plan, follow these simple steps.

1.Name(s): _____

2.Telephone: _____ **Effective (Year)** _____

3.Select your doctor:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Dr. B. Dworkin | <input type="checkbox"/> Dr. M. Eom | <input type="checkbox"/> Dr. S. Gunnink | <input type="checkbox"/> Dr. S. Kurtz |
| <input type="checkbox"/> Dr. S.M. Lim | <input type="checkbox"/> Dr. S. Gerth | <input type="checkbox"/> Dr. A. Lofaro | <input type="checkbox"/> Dr. A. Campbell |
| <input type="checkbox"/> Dr. J. Tannenbaum | <input type="checkbox"/> Dr. C. Yao | <input type="checkbox"/> Dr. P. Fluit | <input type="checkbox"/> Dr. M. Lawson |
| <input type="checkbox"/> Dr. J. Bardsley | <input type="checkbox"/> Dr. S. Taherzadeh | | |

4.Select the Plan of our choice

	<u>1 year Plan</u>
Individual	<input type="checkbox"/> \$200 + HST (\$226.00)
Family	<input type="checkbox"/> \$255 + HST (\$288.15)

5.Choose a method of payment:

a. Credit Card Number: _____ Expiry Date: _____

b. Cheque: Make your cheque payable to your doctor.

c. I agree to the limitations of service which are outlined on the previous pages.

Signed: _____