

Jan 1<sup>st</sup>, 2025

Dear Patient,

We hope this letter finds you and your family in good health. We are reaching out to provide you with important updates related to our office, specifically regarding annual block fees and uninsured services.

The Ministry of Health covers a broad range of services insured by OHIP. However, certain services provided by your healthcare provider are uninsured, and patients are responsible for the associated costs. To alleviate the financial burden on our patients for these uninsured services, Cornwall Medical Practice (CMP) offers a cost-effective annual fee program. As a patient, you have the option to pay-as-you-go for each uninsured service or enroll in the annual fee program for substantial financial savings.

**We also want to discuss the process of renewing prescriptions via phone or fax. When requesting a prescription renewal without an office visit through fax or telephone, several steps are involved. Initially, the patient's chart is accessed, followed by a comprehensive review by the physician. Subsequently, the necessary documentation is added to your medical file, and the prescription is then sent to the pharmacy. It's crucial to provide advance notice when requesting prescription renewals. If you choose the Annual Block fee for uninsured services, prescription renewals will be covered. Otherwise, there will be a charge for each request made by phone or fax. Otherwise, there will be a charge for each request made by phone or fax that will be enforced starting February 2025.**

Providing these much-needed services to our patients involves significant time and effort, and the annual fee program offers a convenient way to manage these charges. The optional flat-rate annual fee program covers the cost of many uninsured services for one year (refer to the full list of uninsured services for more details). Registering for the annual fee program is entirely at your discretion. Patients choosing not to enroll can always pay for each uninsured service at the time the service is provided.

Charges for uninsured services are set by the Ontario Medical Association (OMA) and the College of Physicians and Surgeons of Ontario (CPSO) and are followed by CMP accordingly.

To subscribe to this plan, please complete the Registration Form and submit it with your annual fee to our office. We accept cash, cheques, e-transfer and pay online via PayPal by visiting the clinic's website at [www.cmp-clinic.ca](http://www.cmp-clinic.ca). For your convenience, completed forms may be faxed to 613-209-4949.

Our clinic staff will continue to do our utmost to provide you with primary medical care and are privileged to be assisting you with your medical needs.

Warm Regards,

Dr. Hussain & CMP Staff

**The Following Un-Insured Services ARE COVERED by paying the Annual Fee**  
**General Un-Insured Services Fees as per the Ontario Medical Association**

Prescription Renewals by phone/fax	\$ 30.00 -per request	(when appropriate and only at the request of the patient or their pharmacy)*
Ear Wash	\$ 50.00	Depending on medical condition
Employers Forms	\$ 50.00 - 150.00	
Illness and Return to Work Notes	\$ 30.00	
Massage Therapy and Orthotics	\$ 30.00	
Day Care Notes	\$ 30.00	
School / Camp Forms	\$ 50.00	Not including physical
Travel Cancellation Forms	\$ 50.00 -\$75	Depending on Length
Referral Note for Chiropractor, Physiotherapy, etc for insurance	\$ 30.00	
Transfer of Medical Records (not including postage)	First 20 pages \$ 30.00	Each page after 20 \$ 0.25
Letters on behalf of patients	\$ 25 - 200	Depending on time and work involved
Medical Supplies, Dressings, etc.	\$ 25.00	
Lost Prescriptions, Notes, Requisitions	\$ 30.00	
Uninsured Vaccine Administration	\$ 50.00	
TB Test & Reading	\$ 40.00	TB Form only: \$20.00
Driver's Medical Form (MOT)	\$ 150.00	will be charged at 50% if Annual Fee paid
School, Camp, Employer Requested Physical Exam	\$ 160.00	
Photocopying/Printing	\$ 1.00 per page	
Travel info/vaccination	\$ 40.00 - 120.00	Depending on time and work involved

**Medical Report / Forms**

OCF-3 Disability Certificate	\$ 150.00	
Employment Insurance / Maternity Certificate	\$ 30.00 - 160.00	Depending on time and work involved
Fitness Club Forms	\$ 50.00 - 100.00	Depending on time and work involved
Private Insurance Forms	\$ 30.00 - 500.00	Depending on time and work involved
Pre-employment Certificate of Fitness	\$ 50.00 - 160.00	Depending on time and work involved
Jury Duty Letter	\$ 25.00	
Certificate of Medical Status	\$ 30.00	Not including assessment
Revenue Canada Disability Form	\$ 100.00	
Disability Tax Credit Certificate	\$ 150.00	
Children's Aid Society Forms	\$ 100.00	application for prospective foster parents
Replacement of Immunization Certificate	\$ 80.00	
Forms required for Volunteer Work	\$ 60.00	

**\*Prescription renewals require an office visit to reassess the medical condition requiring the prescription. Please anticipate your renewals at your office visit.**

**The Following Uninsured Services ARE NOT COVERED by the Annual Fee**

Available as per the standard guidelines set by the Ontario Medical Association-OMA.

Missed Appointment	\$ 92.15	Without 24 hours notice
Missed Annual Physical Examination	\$ 211.15	Without 24 hours notice
Insurance/Disability Forms	OMA Rate	\$ 400.00 per hour
Legal Reports	OMA Rate	\$ 400.00 per hour

**Annual Block Fee coverage will be from February 1, 2025, till January 31, 2026**

Please choose an appropriate program coverage		
<input type="checkbox"/>	Individual	\$130.00
<input type="checkbox"/>	Couple	\$200.00
<input type="checkbox"/>	Family*	\$250.00
<input type="checkbox"/>	Senior (65+)	\$110.00
<input type="checkbox"/>	Senior Couple	\$150.00

\*Children under 21 and residing at the same address are included in Family

Cheques should be made payable to: **Syed Hussain Medicine Professional Corporation**

Visit clinic's website at [www.cmp-clinic.ca](http://www.cmp-clinic.ca) to pay via PayPal (for credit card payments)

E-transfer can be sent to: [cmpclinic1@gmail.com](mailto:cmpclinic1@gmail.com)

Please provide below information for Annual Program registration purposes

Patient Last Name	Patient First Name
Additional member(s)	

If paying by PayPal or e-transfer, it is important to mention primary patient's full name in Notes field to match the payments accurately.

Complete forms along with appropriate payments can be dropped of at the clinic during regular office hours.