

Uninsured Services at CarePoint Health

| Doctor's Notes | |
|---|-------|
| Back to Work Notes/Sick notes | \$20 |
| Day Care Note | \$20 |
| Orthotics/Massage/Physio (sole purpose of visit) | \$20 |
| Federal Employee Absence Note | \$20 |
| Forms | |
| School/Camp Forms | \$30 |
| Pre-employment certification of fitness / Fitness Club Forms | \$40 |
| Hospital/Nursing Home Employees | \$40 |
| Modified Duties | \$40 |
| Travel Cancellation insurance | \$40 |
| Missed Appointments | |
| Missed Routine Appointment – Without 24 hr. cancellation | \$50 |
| Missed Annual Physical – Without 24 hr. cancellation | \$100 |
| Driver's Medical | |
| Driver's Medical Examination | \$110 |
| Driver's Medical Exam Form (FLRC80) | \$55 |
| Insurance Reports | |
| Attending Physicians Statement | \$145 |
| System-Specific or Disease Specific Questionnaire | \$100 |
| Insurance Medical Examination | \$235 |
| System Specific Examination | \$115 |
| Life insurance death certificate | \$48 |
| Medical certificate for employment insurance comp care benefits | \$55 |
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| Travel Medicine Consultation | \$75 |
|--|-----------------|
| Each Injection administered by physician | \$15 |
| TB Skin Test: (includes test and form – for volunteer/employment purposes) | \$60 (2 step) |
| | \$30 (1 step) |
| Cosmetic Procedures | |
| Wart/Skin Tag Removal (Liquid Nitrogen) | \$15 + 5* |
| Excision of confirmed benign lesions (wart/mole/cyst/tag) | |
| Face/Neck – with Suture / Cautery | \$120 +\$100* |
| - Shave | \$100 + \$80* |
| Rest of Body – with Suture / Cautery | \$100 + \$80* |
| - Shave | \$80 + \$60* |
| | |
| Uninsured Circumstances | OHIP Fee X 2.29 |
| General Assessment (A007) | \$75 |
| Minor assessment (A001) | \$50 |
| Annual Physical (A003) | \$175 |
| Federal Disability Tax Credit | \$48 |
| OCF-3 – Disability Certificate / OCF-18 Treatment Plan | \$145 |
| OCF-8 – Certificate of Health Practitioner | \$40 |
| OCF-19 Determination of Catastrophic Impairment | \$118 |
| OCF-23 Treatment Confirmation | \$143 |
| Copy/Transfer of medical records | |
| Page 1-20 | \$30 |
| Each page thereafter | \$0.25 |

^{*} Per additional lesion