



Uninsured Services Policy Consent Form

Dear Patient:

This letter is to notify you of our office policy on uninsured services. OHIP does not pay for all services that patients request from physicians. Services that OHIP does not pay for are called "uninsured services" and Diagnostic Clinics are prohibited from billing OHIP for these services.

All uninsured services must be paid in full when rendered; office staff will provide a receipt upon settlement of your account. Note that our office accepts debit and credit card payments.

Please acknowledge receipt and acceptance of the above office policy by signing below

I agree with the above policy and terms/conditions

Service _____

Total Amount _____

Patient Name _____

Signature _____

Date _____