

MedCare Clinics - Service Fees

Uninsured Services are those services provided to patients that are not covered by the Ontario Health Insurance Plan (OHIP), as they are not considered to be medically necessary. It is the patient's responsibility to pay for these uninsured services before seeing the healthcare provider.

PATIENT SERVICES	AMOUNT
Basic Visit (invalid/expired OHIP)***	\$120
Basic Visit (No OHIP)	\$150
Follow-Up Visit (invalid/expired OHIP)***	\$80
Follow-Up Visit (No OHIP)	\$100
Student Visit (with proof of enrollment)	\$80
Student Follow-up Visit (with proof of enrollment)	\$50
Specialist Visit (invalid/expired OHIP)***	\$200
Missed Appointment	\$100
Missed Specialist Appointment	\$200
Transfer / Release of Records (per person)	\$65 min. (fax only)
Individual Printout of Tests / Reports	\$2/page (max. 10 pages)

SCHOOL FORMS & NOTES	AMOUNT
Work / School / Daycare Notes	\$30
Employment Forms (Fit to work, non WSIB FAF, etc.)	\$60
University / College Forms	\$80
Drivers Medical Exam + Form	\$100
MTO Form Follow Up For Specific Conditions*	\$100
Third Party Medical Exam + Form	\$200
Travel Cancellation Insurance Form	\$100
Attending Physician Statement	\$200

PATIENT MEDICAL SERVICES	AMOUNT
TB Skin Test (non-OHIP covered)****	\$75 (injection + read)
Wart / Skin Tag Treatment (except feet & genitals)	\$100
Travel Medicine / Walk-In Vaccine****	\$15 (per injection)
Pregnancy Test	\$10
Ear Flush	\$50

TAX / INSURANCE FORMS	AMOUNT
CPP Disability Application Medical Report	Starting at \$260
CPP Disability Reassessment Medical Report + CPP Disability Reassessment of the same Medical Problem	\$160
Disability Tax Credit	\$200
Medical Certificate for Employment Insurance Compassionate Care Benefits	\$80
Medical Certificate for Employment Insurance Sick Benefits	\$60
OCF - 3 Disability Certificate	\$260
OCF - 18 Treatment Assessment Plan	\$280
OCF - 19 Application for Determination of Catastrophic Impairment	\$160
OCF - 23 Treatment Confirmation Form	\$260
Children's Aid Society (CAS) Application for Prospective Foster Parent	\$80 Assessment Fee \$280 Form

OTHER	AMOUNT
Physiotherapy / Massage Therapy Referral	\$30
Orthotics Prescription	\$30
Miscellaneous Forms	\$120

*All aforementioned services are at the discretion of the healthcare provider, when medically appropriate.

**Taxes included in above noted fees. All prices subject to change without prior notice.

***Patients who are charged due to an expired or invalid OHIP card shall be eligible for a full refund upon providing valid OHIP coverage information confirming eligibility for coverage on the date services were rendered.

All other fees are non-refundable. A receipt will be provided for your payment.

**** Does not include cost for form completion.

***** Prices may vary based on individual circumstances, including but not limited to, patient file sizes, time / length of medical service and more.