# 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** | |
|---|---|
| Basic Visit (invalid/expired OHIP)*** | $120 |
| Basic Visit (No OHIP) | $200 |
| Follow-Up Visit (inavlid/expired OHIP)*** | $60 |
| Follow-Up Visit (No OHIP) | $100 |
| Student Visit (with proof of enrollment) | $80 |
| Student Follow-up Visit (with proof of enrollment) | $40 |
| Specialist Visit (invalid/expired OHIP)*** | $200 |
| Missed Appointment | $100 |
| Missed Specialist Appointment | $200 |
| Transfer / Relase of Records (per person) | $65 min. (fax only) |
| Individual Printout of Tests / Reports | $2/page (max. 10 pages) |

| **SCHOOL FORMS & NOTES** | |
|---|---|
| Work / School / Daycare Notes | $40 |
| Employment Forms (Fit to work, non WSIB FAF, etc.) | $60 |
| University / College Forms | $80 |
| Drivers Medical Exam + Form | $300 |
| MTO Form Follow Up For Specific Conditions* | $100 |
| Third Party Medical Exam + Form | $200 |
| Travel Cancellation Insurance Form | $140 |
| Attending Physician Statement | $200 |

| **PATIENT MEDICAL SERVICES** | |
|---|---|
| TB Skin Test (non-OHIP covered) | $80 (injection + read) |
| Wart / Skin Tag Treatment (except feet & genitals) | $80 |
| Travel Medicine / Walk-In Vaccine | $15 (per injection) |
| Pregnancy Test | $10 |
| Ear Flush | $20 |

| **TAX / INSURANCE FORMS** | |
|---|---|
| CPP Disability Application Medical Report | Starting at $260 |
| CPP Disability Reassessment Medical Report +<br>CPP Disability Reassessment of the same Medical Problem | $160 |
| Disability Tax Credit | $200 |
| Medical Certificate for Employment Insurance<br>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)<br>Application for Prospective Foster Parent | $80 Assessment Fee<br>$280 Form |

| **OTHER** | |
|---|---|
| Physiotherapy / Massage Therapy Referral | $30 |
| Orthotics Prescription | $30 |
| Miscellaneous Forms | $140 |

*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.

rev 01/2026