

# Invoice: Non-Insured Services / Supplies April/23

Date: \_\_\_\_\_

**Important Instructions:** Credit Card info and proof of mailing address needed at time of registration. Attach form to patient chart for clinician to complete. Post assessment and **before discharge**, the patient is to visit the registration desk or Cashier to finalize invoice documentation and process payment if able. If payment is received, staple credit/debit receipt to this form. File invoice and receipts in Business Office Folder for daily pick-up.

**Physician's Fees to be Billed for:**

<b>Doctor's Name: (Please Print)</b>	<b>Doctors Fee:</b>
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**Uninsured Services to be Billed for:**

Service Type:	Not Covered by OHIP:	Uninsured Canadian Fee:	Out of Country Fee:
Emergency Room or Outpatient Clinic Fee		\$341.00	\$682.00
ECG		\$25.00	\$50.00
Radiology		\$165.00	\$330.00
Ultrasound		\$85.00	\$170.00
CT		\$752.00	\$1,504.00
MRI		\$633.00	\$1,266.00
Laboratory		\$165.00	\$330.00
Nuclear Medicine		\$500.00	\$1,000.00
Stress Test		\$341.00	\$682.00
Ambulance		\$240.00	\$240.00
Dialysis		\$583.00	\$1,166.00
Cancer Chemotherapy Treatment + Drug Costs		\$1,460.00	\$2,920.00
Non-Elective Day Surg - Low		\$973.00	\$1,946.00
Non-Elective Day Surg - Medium		\$3,759.00	\$7,518.00
Non-Elective Day Surg - High		\$13,372.00	\$26,744.00
Elective Day Surg Procedure Under 2 hrs	\$200.00		
Elective Day Surg Procedure Over 2 hrs	\$400.00		
Circumcision (newborn)	\$350.00		

**Uninsured Daily Accommodation Rates to be Billed for:**

Rates:	Not Covered by OHIP:	Uninsured Canadian Fee:	Out of Country Fee:
ICU		\$5,554.00	\$11,108.00
Standard Ward – Acute		\$1,492.00	\$2,984.00
Standard Ward – Chronic		\$1,492.00	\$2,984.00
Standard Ward – Rehab		\$1,492.00	\$2,984.00
Standard Ward – Mental Health		\$1,492.00	\$2,984.00
Well Newborn		\$1,167.00	\$2,334.00
Special Care Nursery		\$1,492.00	\$2,984.00
Neonatal Intensive Care Unit		\$5,554.00	\$11,108.00
Chronic Care Co-Payment Daily Max		\$63.73	
Chronic Care Co-Payment Monthly Max		\$1,975.63	
Preferred Accommodation Acute / Chronic – Semi (ward plus rate)		\$220.00	\$440.00
Preferred Accommodation Acute – Private (ward plus rate)		\$250.00	\$500.00

Select Supplies to be Billed for:							
Item:	Fee:		Item:	Fee:		Item:	Fee:
Airwalker Cast Boot Tall	\$109.00		<b>Fiberglass Casts:</b>			<b>Misc</b>	
Airwalker Cast Boot Short	\$109.00		Forearm - Adult	\$25.00		Anti-Embolicism Ted Stockings / each	\$8.00
Ankle Brace MKO	\$62.00		Forearm - Child	\$15.00		SCD Compression Stockings	\$80.00
Stabilizer Air Ankle Stirrup	\$40.00		Long Arm - Adult	\$35.00		Aerochamber Adult	\$47.00
Ankle Sprain Kit Training	\$81.00		Long Arm - Child	\$25.00		Aerochamber Child	\$75.00
Ankle Sprain Kit Standard	\$45.00		Below Knee - Adult	\$50.00		Aerochamber Infant	\$37.00
Cast Shoe Open Toe	\$16.00		Below Knee - Child	\$35.00		Peak Flow Meter	\$22.00
			Long Leg - Adult	\$75.00		Staple Remover Sterile	\$2.00
Cervical Soft Collar Adult	\$20.00		Long Leg - Child	\$45.00		Urinary Drainage Leg Bag	\$8.00
Cervical Soft Collar Child	\$31.00					Overnight 2L Drain Bag	\$8.00
Cervical Stiff Collar Adult	\$88.00		Cast - VACO	\$312.00			
Crutches	\$25.00					Ambulatory BP Monitor Rental	\$75.00
						Bili Blanket Rental / Month	\$75.00
Finger Splints	\$4.00		<b>Vista Collars:</b>			Bili Blanket Rental / Day	\$4.00
Knee Immobilizer 18" To 24"	\$46.00		Vista Collar Set	\$132.00		Bili Blanket Rental / 3 Days	\$10.00
Brace Wrist MKO 8" Lacer	\$30.00					Breast Pump Rental / Month	\$50.00
Shoulder Immobilizer (Velpeau Sling)	\$16.00		<b>Aspen Collars:</b>			Breast Pump Kit	\$60.00
Splint Colles Youth / Child	\$20.00		Adult Collar - All Sizes	\$80.00		Nipple Shield	\$20.00
Splint Colles Adult	\$20.00		Adult Collar Set	\$84.00		Lanolin Cream 2 oz	\$20.00
Splint Clavical	\$31.00		<b>Splints-Conform:</b>				
Sling Arm Triangle	\$1.00		3X12	\$12.00			
Super Sling Ref #0814-8292	\$50.00		4X15	\$16.00		Brace Cool, e-act ROM Lite	\$169.00
			4X30	\$23.00		X-ROM Post-op Knee Brace	\$131.00
Tensors - 3"	\$2.00					X-ACT ROM Elbow, Left	\$129.00
Tensors - 4"	\$2.00					X-ACT ROM Elbow, Right	\$129.00
Tensors - 6"	\$3.00		<b>Medications:</b>			Patella Stabilizer Item # LM 1390	\$30.00
			Admin Fee	\$10.00		Pressure Boot / each	\$59.00
			Flovent 125 mcg	\$42.68			
Wrist Brace w/ Thumb Spica	\$34.00		Ventolin 100 mcg	\$6.50			
Boxer Splint	\$62.00						
Orthowedge Shoe Large	\$44.00		<b>MH DH &amp; OP Services:</b>				
Orthowedge Shoe Medium	\$44.00		DH Printed Materials / Week	\$5.00			
Orthowedge Shoe Small	\$44.00		Written Letters of Support	\$10.00			
Universal Collar & Cuff	\$30.00		Wellness Booklet	N/A		Other:	
Brace - 10" Wrist	\$31.00		CD - Mindfulness	\$8.00			
Brace Humerus HFO-DE	\$114.00		CD - Relaxation	\$8.00			
Walker LDK Paediatric	\$76.00						
Achilles Wedges (L/R)	\$35.00						

I, \_\_\_\_\_, acknowledge receipt of the above items/services. I understand that these fees are not covered by the Ontario Health Insurance Plan (OHIP) and therefore I accept responsibility for payment of applicable fees. I authorize the specified charges to the credit card information noted below (if to be billed by Business Office post visit) \_\_\_\_\_ (initials).

**Total Fee Owning from Services / Supplies / Accommodations selected above:** \_\_\_\_\_ (initials).

**Circle Card Type:** VISA / MC / AMEX    **Credit Card #:** \_\_\_\_\_    **Expiry Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of Patient / Responsible Party: \_\_\_\_\_

Date: \_\_\_\_\_

OSMH Staff Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

