

Invoice: Non-Insured Services / Supplies June/24

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:					
Doctor's Name: (Please Print)			Doctors Fee:		
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			386.00		\$772.00
ECG			\$25.00		\$50.00
Radiology			\$179.00		\$358.00
Ultrasound			\$85.00		\$170.00
CT			\$856.00		\$1,712.00
MRI			\$801.00		\$1,602.00
Laboratory			\$179.00		\$358.00
Nuclear Medicine			\$500.00		\$1,000.00
Stress Test			\$386.00		\$772.00
Ambulance			\$240.00		\$240.00
Dialysis			\$628.00		\$1,256.00
Cancer Chemotherapy Treatment + Drug Costs			\$1,460.00		\$2,920.00
Day Surgery - Low			\$1,112.00		\$2,224.00
Day Surgery - Medium			\$4,377.00		\$8,754.00
Day Surgery - High			\$14,645.00		\$29,290.00
Add'l: <u>Elective</u> Day Surg Procedure Under 2 hrs	\$200.00				
Add'l: <u>Elective</u> Day Surg Procedure Over 2 hrs	\$400.00				
Circumcision (newborn)	\$350.00				
					\$476.00

Uninsured Daily Accommodation Rates to be Billed for:					
Rates:	Not Covered by OHIP:		Uninsured Canadian Fee:		Out of Country Fee:
ICU			\$4,488.00		\$8,976.00
Standard Ward – Acute			\$1,414.00		\$2,828.00
Standard Ward – Chronic			\$1,414.00		\$2,828.00
Standard Ward – Rehab			\$1,414.00		\$2,828.00
Standard Ward – Mental Health			\$1,414.00		\$2,828.00
Well Newborn			\$1,147.00		\$2,294.00
Special Care Nursery			\$1,414.00		\$2,828.00
Neonatal Intensive Care Unit			\$4,488.00		\$8,976.00
Chronic Care Co-Payment Daily Max			\$65.32		
Chronic Care Co-Payment Monthly Max			\$2,024.92		
Preferred Accommodation Acute / Chronic – Semi (<i>ward plus rate</i>)			\$220.00		\$440.00
Preferred Accommodation Acute – Private			\$250.00		\$500.00

(ward plus rate)						
Select Supplies to be Billed for:						
Item:	Fee:	Item:	Fee:	Item:	Fee:	
Airwalker Cast Boot Short/Tall	\$112.00	Fiberglass Casts:		Misc		
Walker LDK Paediatric	\$77.00	Forearm - Adult	\$25.00	Anti-Embolism Ted Stockings / each	\$8.00	
Ankle Brace MKO Quick	\$62.00	Forearm - Child	\$15.00	SCD Compression Stockings	\$84.00	
Stabilizer Air Ankle Stirrup	\$40.00	Long Arm - Adult	\$35.00	Aerochamber Adult	\$74.00	
Ankle Sprain Kit Training	\$81.00	Long Arm - Child	\$25.00	Aerochamber Child	\$72.00	
Ankle Sprain Kit Standard	\$46.00	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	\$2.00	
Cervical Soft Collar Child	\$53.00			Overnight 2L Drain Bag	\$6.00	
Cervical Stiff Collar Adult	\$21.00	Cast - VACO	\$328.00			
Crutches	\$29.00			Ambulatory BP Monitor Rental	\$75.00	
				Bili Blanket Rental / Month	\$75.00	
Finger Splints (each)	\$4.00	Vista Collars:		Bili Blanket Rental / Day	\$4.00	
Knee Immobilizer 18" To 24"	\$47.00	Vista Collar Set	\$119.00	Bili Blanket Rental / 3 Days	\$10.00	
				Breast Pump Rental / Month	\$50.00	
Shoulder Immobilizer (Velpeau Sling)	\$16.00	Aspen Collars:		Breast Pump Kit	\$60.00	
Splint Colles Youth / Child	\$20.00	Adult Collar - All Sizes	\$78.00	Nipple Shield	\$20.00	
Splint Colles Adult	\$33.00	Adult Collar Set	\$83.00	Lanolin Cream 2 oz	\$20.00	
		Splints-Conform:				
Sling Arm Triangle	\$2.00	3X12	\$12.00			
Super Sling Ref #0814-8292	\$50.00	4X15	\$16.00	Brace Cool, e-act ROM Lite	\$174.00	
		4X30	\$23.00	X-ROM Post-op Knee Brace	\$175.00	
Tensors - 3"	\$3.00			X-ACT ROM Elbow, Left	\$160.00	
Tensors - 4"	\$3.00			X-ACT ROM Elbow, Right	\$160.00	
Tensors - 6"	\$4.00	Medications:		Patella Stabilizer Item # LM 1390	\$45.00	
		Admin Fee	\$10.00	Pressure Boot / each	\$59.00	
		Flovent 125 mcg	\$42.68			
Wrist Brace MKO 8" Lacer	\$30.00	Ventolin 100 mcg	\$6.50	Reacher	\$37.00	
Wrist Brace - 10"	\$32.00			Cane	\$26.00	
Wrist Brace w/ Thumb Spica	\$41.00	MH DH & OP Services:		Shoehorn (long handle)	\$17.00	
Boxer Splint	\$62.00	MH Printed Materials / Week	\$5.00	Elastic Laces	\$15.00	
Orthowedge Shoe (all sizes)	\$44.00	Written Letters of Support	\$10.00			
Achilles Wedges (L/R)	\$35.00	Wellness Booklet	N/A	Other:		
Brace Humerus HFO-DE	\$114.00					
Universal Collar & Cuff	\$33.00					

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 Owing 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:** _____

