

# Invoice: Non-Insured Services / Supplies June/25-March/26

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			\$397.00		\$794.00
ECG			\$25.00		\$50.00
Radiology			\$188.00		\$376.00
Ultrasound			\$85.00		\$170.00
CT			\$875.00		\$1,750.00
MRI			\$851.00		\$1,702.00
Laboratory			\$188.00		\$376.00
Nuclear Medicine			\$500.00		\$1,000.00
Stress Test			\$397.00		\$794.00
Ambulance			\$240.00		\$240.00
Dialysis			\$643.00		\$1,286.00
Cancer Chemotherapy Treatment + Drug Costs			\$1,460.00		\$2,920.00
Day Surgery - Low			\$1,154.00		\$2,308.00
Day Surgery - Medium			\$4,650.00		\$9,300.00
Day Surgery - High			\$14,498.00		\$28,996.00
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			\$5,571.00		\$11,142.00
Standard Ward – Acute			\$1,438.00		\$2,876.00
Standard Ward – Chronic			\$1,438.00		\$2,876.00
Standard Ward – Rehab			\$1,438.00		\$2,876.00
Standard Ward – Mental Health			\$1,438.00		\$2,876.00
Well Newborn			\$1,206.00		\$2,412.00
Special Care Nursery			\$1,438.00		\$2,876.00
Neonatal Intensive Care Unit			\$5,571.00		\$11,142.00
Chronic Care Co-Payment Daily Max			\$66.95		
Chronic Care Co-Payment Monthly Max			\$2,075.45		
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	\$114.00		<b>Fiberglass Casts:</b>			<b>Misc</b>	
Walker LDK Paediatric	\$82.00		Forearm - Adult	\$25.00		Anti-Embolism Ted Stockings / each	\$8.00
Ankle Brace MKO Quick	\$64.00		Forearm - Child	\$15.00		SCD Compression Stockings	\$80.00
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	\$17.00		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	\$20.00					Overnight 2L Drain Bag	\$6.00
Cervical Stiff Collar Adult	\$21.00		Cast - VACO	\$328.00			
Crutches	\$25.00					Ambulatory BP Monitor Rental	\$75.00
Comfort Cool Thumb Splint	\$73.00					Bili Blanket Rental / Month	\$75.00
Finger Splints (each)	\$6.00		<b>Vista Collars:</b>			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)	\$17.00		<b>Aspen Collars:</b>			Breast Pump Kit	\$60.00
Splint Colles Youth / Child	\$20.00		Adult Collar - All Sizes	\$78.00		Nipple Shield	\$20.00
Splint Colles Adult	\$34.00		Adult Collar Set	\$76.00			
			<b>Splints-Conform:</b>				
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	\$26.00		X-ROM Post-op Knee Brace	\$205.00
Tensors - 3"	\$3.00					X-ACT ROM Elbow, Left/Right	\$172.00
Tensors - 4"	\$3.00						
Tensors - 6"	\$4.00		<b>Medications:</b>			Patella Stabilizer Item # LM 1390	\$45.00
			Admin Fee	\$10.00		Pressure Boot / each	\$59.00
Wrist Brace MKO 8" Lacer	\$30.00		Flovent 125 mcg	\$42.68			
Wrist Brace - 10"	\$31.00		Ventolin 100 mcg	\$6.50		Reacher	\$37.00
Wrist Brace w/ Thumb Spica	\$42.00					Cane	\$10.00
Boxer Splint	\$66.00		<b>MH DH &amp; OP Services:</b>			Shoehorn (long handle)	\$17.00
Orthowedge Shoe (all sizes)	\$45.00		MH Printed Materials / Week	\$5.00		Elastic Laces	\$15.00
Achilles Wedges (L/R)	\$37.00		Written Letters of Support	\$10.00		Leg Lifter	\$28.00
Brace Humerus HFO-DE	\$119.00		Wellness Booklet	N/A		Other:	
Universal Collar & Cuff	\$34.00						
Heelbo Elbow Protectors	\$38.00						
Tennis Elbow Splint Model 409	\$31.00						
Imak Tennis Elbow Band	\$53.00						

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:** \_\_\_\_\_

