

# Invoice: Non-Insured Services / Supplies Apr/26-March/27

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		\$414.00	\$828.00
ECG		\$25.00	\$50.00
Radiology		\$197.00	\$394.00
Ultrasound		\$85.00	\$170.00
CT		\$913.00	\$1,826.00
MRI		\$888.00	\$1,776.00
Laboratory		\$197.00	\$394.00
Nuclear Medicine		\$500.00	\$1,000.00
Stress Test		\$414.00	\$828.00
Ambulance		\$240.00	\$240.00
Dialysis		\$670.00	\$1,340.00
Cancer Chemotherapy Treatment + Drug Costs		\$1,460.00	\$2,920.00
Day Surgery - Low		\$1,204.00	\$2,408.00
Day Surgery - Medium		\$4,850.00	\$9,700.00
Day Surgery - High		\$15,124.00	\$30,248.00
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		\$6,168.00	\$12,336.00
Standard Ward – Acute		\$1,585.00	\$3,170.00
Standard Ward – Chronic		\$1,585.00	\$3,170.00
Standard Ward – Rehab		\$1,585.00	\$3,170.00
Standard Ward – Mental Health		\$1,585.00	\$3,170.00
Well Newborn		\$1,269.00	\$2,538.00
Special Care Nursery		\$1,585.00	\$3,170.00
Neonatal Intensive Care Unit		\$6,168.00	\$12,336.00
Chronic Care Co-Payment Daily Max		\$68.56	
Chronic Care Co-Payment Monthly Max		\$2,125.36	
Preferred Accommodation Acute / Chronic – Semi (ward plus rate)		\$265.00	\$530.00
Preferred Accommodation Acute – Private (ward plus rate)		\$305.00	\$610.00

Select Supplies to be Billed for:							
Item:	Fee:		Item:	Fee:		Item:	Fee:
Airwalker Cast Boot	\$116.00		<b>Fiberglass Casts:</b>			<b>Misc</b>	
Walker LDK Paediatric	\$82.00		Forearm - Adult	\$25.00		Anti-Embolism Ted Stockings / each	\$47.00
Ankle Brace MKO Quick	\$64.00		Forearm - Child	\$15.00		SCD Compression Stockings	\$56.00
Stabilizer Air Ankle Stirrup	\$156.00		Long Arm - Adult	\$35.00		Aerochamber Adult	\$34.00
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	\$79.00
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	\$19.00					Overnight 2L Drain Bag	\$6.00
Cervical Stiff Collar Adult	\$55.00		Cast - VACO	\$328.00			
Crutches	\$30.00					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"	\$48.00		Vista Collar Set	\$121.00		Bili Blanket Rental / 3 Days	\$10.00
						Breast Pump Rental / Month	\$50.00
Shoulder Immobilizer (Velpau Sling)	\$17.00		<b>Aspen Collars:</b>			Symphony Breast Pump Kit	\$78.00
Splint Colles Youth / Child	\$20.00		Adult Collar - All Sizes	\$78.00		Nipple Shield	\$21.00
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	\$211.00
Tensors - 3"	\$3.00					X-ACT ROM Elbow, Left/Right	\$205.00
Tensors - 4"	\$3.00					X-ACT ROM Lite, Post-Op	\$149.00
Tensors - 6"	\$4.00		<b>Medications:</b>			Patella Stabilizer Item # LM 1390	\$51.00
			Admin Fee	\$10.00		Pressure Boot / each	\$59.00
Wrist Brace MKO 8" Lacer	\$30.00		Flovent 125 mcg	\$42.68		16" 3-Panel Knee Splint	\$28.00
Wrist Brace - 10"	\$32.00		Ventolin 100 mcg	\$6.50		Reacher	\$37.00
Wrist Brace w/ Thumb Spica	\$42.00					Cane	\$10.00
Boxer Splint	\$62.00		<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	\$33.00						
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: \_\_\_\_\_

