

### Forms

|   | <u>Fee</u> |
|---|------------|
| <input type="checkbox"/> Insurance Company (disability/travel/time off) - short form (A00069)                                       | \$137.00   |
| <input type="checkbox"/> Insurance Company (disability/travel/time off) - long form (A00059)  | \$180.00   |
| <input type="checkbox"/> Income Tax Disability - short form (A00069)  | \$137.00   |
| <input type="checkbox"/> Income Tax Disability - long form (A00059)   | \$180.00   |
| <input type="checkbox"/> Special Authority Form Completion - billable only when requested by 3 <sup>rd</sup> party insurer (A94523) | \$70.00    |
| <input type="checkbox"/> School/Work time off (A00060)  | \$40.55    |
| <input type="checkbox"/> Government UIC form (A00060)   | \$40.55    |
| <input type="checkbox"/> Parking form (A00060)  | \$40.55    |
| <input type="checkbox"/> Handi-dart Application (A00060)  | \$40.55    |
| <input type="checkbox"/> Employer's Work Capability form (A00070)   | \$158.00   |
| <input type="checkbox"/> Nursing Home Registration / Administration (A00063)  | \$141.00   |

### Reports / Letters

|  |           |
|--|-----------|
| <input type="checkbox"/> Insurance Company typed letter - short (½ page), Typed off work letter (A00070) | \$158.00  |
| <input type="checkbox"/> Insurance Company typed letter - long (1 - 2 page) (A00071)                     | \$331.00  |
| <input type="checkbox"/> Handwritten note / letter (A00060)  | \$40.55   |
| <input type="checkbox"/> Medical Advice by letter (A00061)   | \$137.00  |
| <input type="checkbox"/> Medical - legal letter (A00071)   | \$331.00  |
| <input type="checkbox"/> Medical - legal report (A00072)   | \$992.00  |
| <input type="checkbox"/> Medical - legal opinion (A00073)  | \$1659.00 |

### Examinations

|   |          |
|---|----------|
| <input type="checkbox"/> Complete examination (not covered by MSP for healthy persons)(00101) | \$154.00 |
| <input type="checkbox"/> Driver's License - limited exam (A00056)                             | \$85.20  |
| <input type="checkbox"/> Driver's License - full exam (A00055)                                | \$189.00 |
| <input type="checkbox"/> Driver's Medical Examination Report – DMER (96220)                   | \$189.00 |
| <input type="checkbox"/> Diabetic Driver Report – stand-alone – No DMER (96221)               | \$189.00 |
| <input type="checkbox"/> Diabetic Driver Report plus DMER – combined fee (96222)              | \$236.50 |
| <input type="checkbox"/> Participatory Fitness for Sports Team / Camp (A00068)                | \$68.40  |
| <input type="checkbox"/> Industrial First Aid - limited exam (A00002)                         | \$137.00 |
| <input type="checkbox"/> CPP / MOT / Insurance Co. (A00001)                                   | \$195.00 |

### Treatments / Surgery (Includes Tray fee)

|  |          |
|--|----------|
| <input type="checkbox"/> Liquid Nitrogen (00190) + (0044)                      | \$84.65  |
| <input type="checkbox"/> Excision Mole (cosmetic) - facial (6069 + 0090)       | \$376.50 |
| <input type="checkbox"/> Excision Mole (cosmetic) - non facial (13620 + 00090) | \$199.50 |
| <input type="checkbox"/> Excision Mole / Lesion - no sutures                   | \$136.66 |
| <input type="checkbox"/> Influenza vaccine for individuals not covered by MSP  | \$30.45  |

### Other

|  |              |
|--|--------------|
| <input type="checkbox"/> Telephone prescription renewal (A00047)   | \$29.00      |
| <input type="checkbox"/> Advice by Telephone on the establishment of a tentative diagnosis and prescribing treatment<br>(when not related to previous visit) - per 15 minutes (A00049) | \$80.90      |
| <input type="checkbox"/> Transfer of Records - basic fee (A00093)  | \$33.20      |
| <input type="checkbox"/> Physician Review of Records – for transfer of Medical/Legal (per 15 min)(A00095)  | \$92.70      |
| <input type="checkbox"/> Transfer of Records - photocopying - per page (first 10 / subsequent pages) (A00096)  | \$1.55 / .30 |
| <input type="checkbox"/> Immunizations under 19 yrs of age – per injection + Age diff. office visit (10010-10029)  | \$12.10      |
| <input type="checkbox"/> Missed Appointment Charge   | \$71.54      |

Billed to: \_\_\_\_\_

Total payable \$ \_\_\_\_\_

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

Signed: \_\_\_\_\_