



## Patient Enrollment Package - Billing and Payments

### 1. Purpose

The purpose of this policy is to outline the procedures and expectations regarding billing and payment for patients at GROW Family Health. This policy aims to ensure transparency, fairness, and efficiency in managing financial transactions related to patient care.

### 2. Scope

This policy applies to all patients receiving services at GROW Family Health, including individuals with private insurance, government coverage, and those paying out-of-pocket.

### 3. Billing Procedures

#### 3.1 Services Covered by OHIP

- Services provided to patients covered under the Ontario Health Insurance Plan (OHIP) will be billed directly to OHIP. Patients will not be charged for covered services.

#### 3.2 Services Not Covered by OHIP

- For services not covered by OHIP or for services that require additional fees (e.g., certain diagnostic tests, elective procedures, and administrative requests), patients will be billed directly.
- Patients may elect to pre-pay for uninsured services in anticipation of use and will receive a **discounted bundle rate** for pre-payment. Pre-payment however is not required and per-use payment is available.
- See “Uninsured Services” below

#### 3.3 Insurance Billing

- For patients with private health insurance, GROW Family Health will provide the necessary documentation for patients to submit claims to their insurance provider.
- Patients are responsible for understanding their insurance coverage and ensuring that any non-covered expenses are paid.
- Patients are required to pay for services up front, and recover costs directly from their insurance providers. GROW Family Health does not offer direct billing for insurance plans other than OHIP or the equivalent from other provinces/territories.

#### 3.4 Billing Statements

- Patients will receive a detailed billing statement for any charges not covered by OHIP or insurance. Statements will include the date of service, a description of the service provided, and the amount due.
- Statements can be printed and picked up by the patient in person or sent electronically if preferred.

### 4. Payment Terms

#### 4.1 Payment Due Dates

- Payment for services not covered by OHIP or insurance is due upon provision of services. Billing statements will be provided at that time, unless other arrangements are made.

#### 4.2 Accepted Payment Methods



- Patients are encouraged to keep a credit card on file with the clinic to ensure timely and accurate payment. Patients who elect NOT to provide this information and choose the pay-per-use option will be required to submit a deposit of **\$100 per person**. Any unused portion of this deposit will be returned to the patient upon transfer from the practice. Once the patient has received uninsured services totaling 75% of the deposit, they will be required to submit another deposit.
- Patients may make payments via cash, credit card (Visa/Mastercard), debit card, or electronic transfer.

#### 4.3 Payment Plans

- If patients are unable to pay the full amount due within the specified time, they may request a payment plan. Requests should be made in writing to [billing@prismahcc.ca](mailto:billing@prismahcc.ca), and arrangements will be considered on a case-by-case basis.

#### 4.4 Account Charges and Outstanding Balances

- Uninsured services will be billed to the patient within 3 business days of service using the credit card on file, or the total fee will be applied to the deposit provided and the patient's file updated.
- If a payment is unsuccessful, or if the cost of the service is greater than the deposit on file, patients will be contacted and expected to promptly resolve the outstanding balance.
- If a patient fails to pay their outstanding balance within 10 business days of receiving the invoice/notification, the clinic may take the following actions:
  - Send reminder notices.
  - Charge late fees as outlined in the billing statement.
  - Refer the account to a collections agency if the balance remains unpaid.

### 5. Financial Assistance

- Patients experiencing financial hardship may inquire about potential financial assistance programs or payment arrangements. The clinic will work with patients to find appropriate solutions where possible.
- Requests should be made in writing to [billing@prismahcc.ca](mailto:billing@prismahcc.ca)

### 6. Refunds and Adjustments

#### 6.1 Overpayments

- If a patient overpays, a refund will be issued for the excess amount. Refunds will be processed within 7 business days of identifying the overpayment.

#### 6.2 Billing Errors

- If a patient identifies a billing error, they should contact [billing@primsahcc.ca](mailto:billing@primsahcc.ca) as soon as possible. Errors will be corrected, and any necessary adjustments or refunds will be made.

### 7. Patient Responsibilities

#### 7.1 Providing Accurate Information

- Patients are responsible for providing accurate and up-to-date payment, insurance and contact information.

#### 7.2 Understanding Financial Obligations

- Patients should review and understand their financial obligations related to their care, including any out-of-pocket costs, co-payments, and deductibles.



### 7.3 Communication

- Patients should promptly communicate any issues or concerns related to billing or payment to [billing@prismahcc.ca](mailto:billing@prismahcc.ca)

### 8. Contact Information

For questions regarding billing, payment, or financial assistance, please contact:  
[billing@prismahcc.ca](mailto:billing@prismahcc.ca)

### 9. Policy Review

This policy will be reviewed annually and updated as needed to ensure compliance with relevant laws and regulations and to reflect changes in clinic practices.

This policy ensures clarity and consistency in billing and payment practices, supporting both patient needs and clinic operations.

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#### Typical Yearly Use of Uninsured Services:

Item	Cost - Pay Per Use	Cost - Pre-Payment Bundle
Initial Cost	0	\$250
Printed medical records, up to 20 pages	\$30	0
School / work form (x1)	\$30	0
Work/school/sick note	\$25	0
Attending Physician Statement (for insurance, etc) 1 hour	\$250	\$0
Prescription refills (without an appointment) (x2)	\$50	0
<b>Estimated Yearly Cost</b>	<b>\$385</b>	<b>\$250</b>



**Uninsured Services – Package Options**

- Please choose one of the following options by placing a checkmark next to your selection.
- We strongly encourage you to consider the pre-payment option. This decreases the administrative burden for the clinic, and results in cost savings for you!

Pre-Payment with Bundled Discount	
Item	Fee
Individual	
<input type="checkbox"/> monthly billing	\$24
<input type="checkbox"/> yearly billing	\$250
Couple	
<input type="checkbox"/> monthly billing	\$36
<input type="checkbox"/> yearly billing	\$400
Family (to include family members living at the same address)	
<input type="checkbox"/> monthly billing	\$45
<input type="checkbox"/> yearly billing	\$500
Additional Child (under age 18)	
<input type="checkbox"/> additional monthly billing	\$5
<input type="checkbox"/> additional yearly billing	\$50
Pay per use	
<input type="checkbox"/> Deposit	\$100 per person

Uninsured Services – Payment Options

<input type="checkbox"/>	Credit Card				
	Authorization form on file (circle one)	Yes	No		
<input type="checkbox"/>	Debit				
<input type="checkbox"/>	Cash				

Patient Name: \_\_\_\_\_

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

Children / Other Dependents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Uninsured Services – Table of Services and Fees**

<b>Item</b>	<b>Per Use Fee</b>	<b>Pre-Payment Bundle Option</b>
Charges for Reproduction/Transmission of Medical Records: Copying/Printing	\$30 (first 20 pages) + \$0.25 per page thereafter	+
Charges for Reproduction/Transmission of Medical Records: Electronic Transfer	\$30 flat fee	+
Charges for Reproduction/Transmission of Medical Records: Physician Review of Records	\$45/15 minutes (after first 15 minutes)	
Completion of documentation/forms for physical for school, camp, pre-school, daycare, univeristy or other educational institutions	\$30	+
Completion of documentation/forms for physical for pre-employment certification of fitness/fitness clubs or hospital/nursing home employee	\$45	+
Back to work note, sick note or daycare note	\$25	+
CRA Disability Tax Credit Certificate (form T2201)	\$250/hr	
Insurance Certificate OCF-3 Disability Certificate	\$240	
Insurance Certificate OCF-18 Treatment Plan	\$255	
Insurance Certificate OCF-23 Treatment Confirmation	\$240	
Attending Physician's Statement	\$250/hr	Up to 1 hour included
System or Disease Specific Form	\$100	\$25
System or Disease Specific Examination	\$125	\$25
Insurance Medical Examination (assessment and report)	\$250/hr	\$100/hr
Medical Report for a CPP Disability Benefit (SCISP-2519)	\$250/hr	\$100/hr
CPP Narrative Medical Report	\$250/hr	\$100/hr
Prescription renewal without a visit	\$25/prescription	+
TB Test Administration - for employment	\$50	+
TB Test Reading and Form Completion - for employment	\$50	+
Wart treatment (other than plantar/genital)	\$100 for 5 treatments	Up to 5 treatments included
Cryotherapy / Electrocautery for Skin tags	\$100 for 1-4 \$150 for 5-10 \$200 for 10+	no charge for 1-4 \$50 for 5-10 \$75 for 10+
Driver's Medical Examination and Form Completion	\$300	+
Travel Cancellation Insurance Form	\$250/hr, minimum \$150	\$100/hr
CPP Disability Medical Report	\$200 (\$85 covered by Service Canada)	+