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Dear Patient,

Annual Fee Program for Non-insured Services

I hope this letter finds you and your family in excellent health. I am writing to remind you of important information pertaining to my office. In prior years, I have billed an annual fee for services that I perform that are **not** reimbursed by OHIP. I am continuing this program. What does this mean to you as a patient? You will have the option to pay for these non-insured services individually at the time they are performed, or you may choose to pay one annual fee that covers most additional non-insured services.

In this document, and the accompanying pages, I outline the details and cost of these services.

The Annual Fee Program provides annual coverage for the most common non-insured services such as illness and return-to-work notes, referral notes for massage and physiotherapy requested by insurance companies, travel advice and a number of other medical procedures (see the attached fee guide list). These service can take considerable time and resources to administer, and your participation in the program ensures that we continue to deliver the highest standard of care while offsetting some of the administrative costs involved.

Annual Fee costs

One Individual \$ 150.00

Couple/ Family \$ 250.00

You may choose not to opt-in to the Annual Fee Program. In this case, any non-insured services you receive from my office will be billed to you on an ongoing basis. It is important to understand that for most individuals, this will mean billing for prescription renewals requested by fax. One effective way to limit prescription renewals requested by fax between appointments is to review your medication list prior to appointments and have me provide a comprehensive prescription for extended periods or until the next expected visit. I always endeavor to provide one year of renewals for regular ongoing medications.

Whether or not you choose to enroll for the Annual Fee Program, please complete the accompanying form and include your email address. This allows us to use your email address for providing appointment reminders or notices such as the dates and timing of flu shot clinics.

Return the completed form to this office by mail (see letterhead above) or fax (416-929-0843), or scan the completed form and email it to office@stclairmedical.com. You may mail in or drop off payment by cheque, or phone our office (416-966-0178) and provide your credit card information.

Thank you for placing your trust in me to provide you with your medical care. I hope to provide your ongoing care for many years to come.

Thanking you in advance,

A handwritten signature in black ink, appearing to read "K. J. M. Logue". The signature is written in a cursive style with a horizontal line at the end.

Dr. Kenneth J. M. Logue