



Dr. Caroline Newman, MD

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Patient registration form

Please use this form to enroll yourself and family in the Annual Fee program. This form must still be completed if you choose to remain as "Pay As You Go". Email addresses are requested for all patients.

☒ Complete and return this form - by mail, fax (416-929-0843), or email (office@stclairmedical.com)

? Contact the office at 416-966-0178 if you have questions or need help.

1 Tell us who you're registering

Include everyone in your household you want to register.
Please include email addresses so we can send you receipts and news from our practice.

You

First name Last name Health card number

Phone number Email address – important!

Your family members

First name Last name Health card number Email address –important!

First name Last name Health card number Email address –important!

First name Last name Health card number Email address –important!

For additional family members, use another page or back of registration form.

2 Choose a plan

See the *non-insured services fee guide* for a list of our current fees.

Annual Fee

Includes 12 months of coverage from the date you register.

- Individual \$95
- Couple \$170
- Family \$210

OR

Pay as you go

We'll bill your credit card whenever you receive an uninsured service.

- Pay as you go

3 Tell us how you'd like to pay

Credit card (Annual Fee)

- Visa
- MasterCard

OR

Cheque

Please make your cheque payable to:
"St. Clair Medical Associates"

Credit card number + CVC (card verification code)

Expiry (mm/yyyy) Name on card

4 Sign here

By signing below, you confirm that you've read the information we've given you about uninsured services and you agree to the terms of the payment plan you've chosen (*Annual Fee or pay as you go*).

Signature

Date

5 Send us your completed form

Mail to:
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