Vcarepoint
MEDICAL
CARE YOU CAN COUNT ON

UNINSURED SERVICES ACKNOWLEDGEMENT

I understand that some services provided by VCarepoint Medical Clinic are not insured by OHIP and may require payment. These fees are the responsibility of the patient.

EXAMPLES OF UNINSURED SERVICES

(This list is not exhaustive)

- ☐ Sick Notes / Medical Certificates
- ☐ Camp Forms
- ☐ Driver Medical / Insurance Forms
- ☐ Employment / School Forms
- ☐ Third-Party Insurance Forms
- ☐ Travel Medical Forms
- ☐ Legal / Court Related Forms
- ☐ Missed Appointment Fees
- ☐ Transfer of Medical Records
- ☐ Photocopies / Printouts
- ☐ Extended Consultations (if applicable)
- ☐ Other (please specify): _____

A current list of fees is available upon request and is reviewed periodically.

ACKNOWLEDGEMENT

By signing below, I acknowledge and understand that I may be responsible for payment of any uninsured services I request or receive from VCarepoint Medical Clinic.

Patient Name (Please Print): _____

Date of Birth (DD/MM/YYYY): _____

Patient Signature: _____ Date (DD/MM/YYYY): _____

OPTIONAL: AUTHORIZED PERSON (IF APPLICABLE)

Name (Please Print): _____

Relationship to Patient: _____

Signature: _____ Date (DD/MM/YYYY): _____

OFFICE USE ONLY

Reviewed with Patient: ☐ Yes ☐ No Staff Initials: _____ Date (DD/MM/YYYY): _____

51 McMurchy Avenue South, Unit 3
Brampton, Ontario L6Y 1Y5
Primary: 905-454-2001
Rollover: 905-454-2056
Fax: 905-454-2069
info@vcarepointmedical.ca
www.vcarepointmedical.com