



DR LORENA BARRIENTOS | DR SARAH SALMAN | DR LOUISA XIAO XUE HONG

PATIENT ORIENTATION MANUAL

600 Sherbourne St. Suite #212

Toronto, ON

M4X 1W4

Telephone: 416-546-3487

Fax: 416-546-3657

**DEAR
PATIENT,**

Welcome to uMedical, we provide comprehensive, patient centered primary care for all your healthcare needs.

When you choose a family physician at uMedical you are choosing a HOME for your health care needs, we are your first stop to comprehensive /holistic health care. Here we offer general health assessments, vaccinations, mental health counselling, sexual health education, specialists' referrals and more. We are conveniently located in the Rosedale Medical Centre where you will also find pharmacy services, Lifelabs and diagnostic imaging services.

We are proud to announce that in 2020 we are becoming a Family Health Organization. This means that when you sign up with one of our Physicians you are choosing us as your Primary Health Provider, and as such, will NOT use walk in clinics as your first choice for care. We truly appreciate your help in keeping uMedical as your sole provider for health needs, this allows for a more seamless, convenient and efficient delivery of healthcare services. Please review this entire manual. Here you will find information about our policies and procedures as well as information about your rights and responsibilities as a new patient at uMedical. We also require you to sign the appropriate consents prior to becoming a patient at uMedical. We look forward to providing you with exceptional service

Sincerely,

Dr. Lorena Barrientos

Dr. Sarah Salman

Dr. Louisa Xiao Xue Hong

PATIENT RIGHTS & RESPONSIBILITIES

CHOOSE uMEDICAL as your first choice for health care and **AVOID USING WALK IN CLINICS**. Using walk in clinics duplicates medical services and impedes the adequate delivery of health care. If you choose to use walk in clinics as your primary or first choice for care, your roster status will be terminated resulting in the loss of certain privileges that only rostered patients benefit from.

PLEASE BRING A VALID HEALTH CARD TO EACH VISIT. If your card is invalid or you do not have one, we will gladly provide you our service according to our List of Uninsured Services.

BOOKING APPOINTMENTS

We encourage patients to book appointments by e-mail (admin@umedical.ca). If you do not have online access, please feel free to call the office at 416-546-3487 or come into uMedical and book at the reception. Please specify the reason for the appointment to allow an appropriate allocation of time to address your medical concerns. It is very helpful if our staff knows, for example, that the visit is for diabetes, blood pressure medication renewal, pre-operative visit, comprehensive annual health assessment or well-baby visit, so the appointment can be booked properly and run in a timely and efficient manner.

PHYSICIAN - PATIENT CARE, YOU WILL BE ROSTERED UNDER ONLY ONE PHYSICIAN WHO WILL BECOME YOUR PRIMARY CARE PROVIDER

At uMedical you will be rostered under one physician. You cannot switch physicians. Your main physician will have a meet and greet visit with you on your first appointment. To prepare for a meet in greet, please complete the Patient Intake Form For urgent concerns, patients are welcome to book a same day

UMEDICAL

appointment with their primary care doctor .All patient files will be accessible to all physicians working at uMedical. For urgent visits you may be scheduled with another physician that is available when you need your care. You will always be required to follow-up with your primary physician to review or follow-up following an urgent care appointment.

PLEASE BRING YOUR MEDICATIONS WITH YOU TO EACH VISIT

To prevent error and to avoid drug interactions we ask patients to present to their appointment with a list of ALL their medications.

PLEASE SCHEDULE YOUR APPOINTMENT BEFORE YOUR MEDICATION HAS FINISHED

Prescription renewals over the phone will be given only to patients that sign up to the uninsured services program.

We strongly suggest booking appointment before your medication is finished to avoid any delays in refilling your prescription(s). Prescription renewals ordinarily require an office visit to re-assess the condition requiring the prescription. If you are unable to schedule an appointment to review your medication, we will charge for this service. If you are a part of our uninsured services program, this charge is covered. Please anticipate your renewals, ask for renewals at each visit and bring your health card.

PLEASE ARRIVE ON TIME

APPOINTMENT

CANCELLATION

POLICY/NO SHOW

FEES \$50 ****

If you are running late, please notify us. All patients who arrive late, will try to be accommodated, but it may not always be possible, and may be asked to reschedule. In unforeseen circumstances that your provider is running late, you will be notified. We understand that things come up and patients are unable to make their appointments.

UMEDICAL

However, no-shows and cancellations made less than 24 BUSINESS hours of their scheduled appointment will result in a cancellation fee of \$50 or as per Schedule of Fees and Uninsured Services.

SCHEDULE OF FEES & UNINSURED SERVICES

uMedical is committed to providing you with the best medical care, promptly in a friendly and professional environment. However, there are services that you may request from your physician that are not considered medically necessary by Ontario Health Insurance Plan (OHIP) and are therefore NOT paid by OHIP. While OHIP covers most of your medical needs, there are many services we provide that are not covered.

Some examples are:

- prescription renewals \$20
- work notes/insurance forms/physician statements \$10/page
- Referrals to physiotherapy/massage \$20
- Travel counseling and vaccines \$80-\$120
- Missed appointments \$50
- Communication with physician over phone : physician discretion : \$120 and above

Uninsured Services Program

Joining our annual fee plan (**\$120 for individuals, \$200 for couples**) covers you for these services for one year and allows the clinic to work more efficiently while keeping focus on quality medical care. We believe that our annual fee plan is fairly priced and have included subscription rates for couples families and individuals. We hope you consider joining this plan, which will provide benefits for you and your family. If you choose to not join this annual fee plan, you can pay for these services individually.

PATIENT ACKNOWLEDGMENT AND AGREEMENT

At uMedical, we aim to ensure you receive the best possible care in a safe, comfortable, and respectable environment. In order to maintain this philosophy we have explicitly set out the following policies, which are explained in detail in this PATIENT ORIENTATION MANUAL:

- Patient Rights & Responsibilities**
- Procedures & Policies**
- Schedule of Fees & Uninsured Services**
- Prescription refill policy**
- Appointment No Show Fee of \$50**

I, _____, have read and fully understand the intent and purpose of the Patient Orientation Manual and that all questions pertaining to this have been addressed. I am signing this agreement without reservation.

Signature: _____ Date: _____

Witness: _____ Date: _____



INDIVIDUAL:

\$120

COUPLE: \$200

Non-Insured Services	Pay-as-you-go fee	BLOCK FEE coverage
<u>Notes, Forms Certificates</u>		
Sick Note	\$20	✓
Daycare note (free of communicable disease)	\$20	✓
Disability tax credit certificate (form T2201)	\$40	✓
Employment insurance/maternity certificate	\$20	✓
Illness/return to work note	\$20	✓
Legal report (hourly)	OMA RATE	X
Private insurance form	\$30-200	X
Massage/Physiotherapy or Compression Stockings/ Orthotics Note	\$20	✓
Revenue Canada Federal Disability Tax Credit certificate	\$50	✓
Travel cancellation form	\$35	✓
Immunization Record for Work or School	\$75	✓
Other notes and forms	\$20-\$50	✓
Referral to specialist, phone request by patient	\$30	✓
<u>Diagnosis, Counselling and Treatment</u>		
Driver's medical form	\$150	✓
Telephone advice/consultation (Doctor's Discretion) up to 1 Consult of 5-10 minutes	\$50	✓
Pap test done at the request of patient; not covered by OHIP (lab fees will be billed directly by lab)	\$60	✓
<u>Prescription refills by phone or fax</u>		
TB skin test and reading	\$40	✓
Third party physical exam	\$80	✓
Travel consultation	\$50	✓
Uninsured vaccination	\$15	✓
Liquid Nitrogen Treatment (e.i. Mole Removal)	\$60-\$120	✓
Medical Supplies (up to \$25)	Variable	Up to \$25
<u>Other Services</u>		
Faxing/photocopying	\$1/page	✓
Results printout (labs, imaging, reports, etc.)	\$1/page	✓
Missed appointment (less than 24 hour notice) up to 1 missed appointment	\$50	✓
Missed periodic health visit (less than 24 hour notice)	\$100	X
Transfer of medical records	\$30 for 1-20 pages, \$1/pg thereafter	X
Uninsured Visit	\$100	X

PAYMENT CONSENT FORM CREDIT CARD AUTHORIZATION AND CONSENT FORM

I, _____ hereby authorize uMedical to charge my credit card for fees outlined in the Patient Orientation Manual (Procedures & Policies and Schedule of Fees & Uninsured Services).

Type of Card: Visa MasterCard Debit Other Credit card number

Expiration date ____/____/____ 3-digit number on the back of the card _____

Signing this, I acknowledge and authorize the automatic charges described hereon and assume full responsibility for said charges. I certify that I have read and agree to honour and abide by the terms of payment as set out by the Patient Orientation Manual (Procedures & Policies and Schedule of Fees & Uninsured Services). A \$20.00 invalid/declined credit card fee will be charged. I am fully aware and understand that any outstanding balances beyond 90 days of notice of charges may affect access to medical services.

Signature: _____ Date: _____

I, _____ **do not** wish to give my payment information to uMedical as such I will not request or have my pharmacy request prescription refills over the phone.

Signature: _____ Date: _____