Dr Bart Kaczmarek UNINSURED SERVICES POLICY and BLOCK FEE POLICY September 1 2025

Cost of block fee

Individual - \$200 Couple - \$300 Senior (65+) - \$150 Senior couple - \$195 Family* - \$350

The Following Uninsured (out of pocket) Services ARE COVERED by paying the Annual Fee

General Uninsured Services	Pay-As-You-Go Rate	Annual Fee Coverage	
Prescription Renewals by phone/fax	\$30.00 – per request	1	Prescription renewals may require an office visit to reassess the medical condition requiring the prescription
Illness and Return to Work Notes	\$30.00	1	
Ear Wash	\$35.00/one \$55.00/both	✓	
Note for Insurance Coverage - Massage Therapy, Orthotics, Chiropractic, Physiotherapy	\$30.00	1	
Letters on behalf of patients	\$30.00 – \$150.00	√	Depending on time and work involved
Lost Prescriptions, Notes, Referrals	\$30.00	✓	
TB Skin Testing	\$40.00 – Test \$15.00 – Reading	✓	
Medical Examination for Return to Work requested by Employer	\$75.00	/	
Medical Supplies prescriptions for dressings, etc.	\$30.00	√	
Transfer of Medical Records	\$35.00 First 20 Pages Each page after 20 \$0.25	1	If records require physicians review, it will be charged at \$45 per 15-minute review, after first 15 minutes
Photocopying	\$1.00 per page	✓	
Medical Report / Forms			
Employment Insurance / Maternity Certificate	\$50.00	✓	
Fitness Club Forms	\$50.00	✓	
Pre-employment Certificate of Fitness	\$50.00	1	
Travel Cancellation Forms	\$50.00 - \$100.00	√	Depending on time and work involved
Jury Duty Exemption Letter	\$50.00 - \$150.00	√	Depending on time and work involved
Certificate of Medical Status	\$50.00	1	
Day Care / School / Camp / Volunteer Forms	\$30.00	1	
Immunization Records Replacement	\$30.00	1	

^{*} Family includes children under age 21 living under same address

The Following Uninsured (out of pocket) Services ARE NOT COVERED by the Annual Fee

Missed First Appointment/ Physical	\$150.00	×	Without 24 hours notice
Missed Regular Appointment	\$50.00	×	Without 24 hours notice
Private Consultation/Visit	\$150/ 15 minutes	×	
Insurance/Disability Forms/Legal Reports	OMA Rate	×	Depending on time and work involved
Attending Physician Statement (APS)	\$50.00 -\$150.00	×	
Disability Tax Credit Certificate	\$300.00	1	
Third Party Physical Exam	\$250.00	×	
OCF-3 Disability Certificate	\$250.00	×	
OCF-18 Treatment Plan	\$270.00	×	
OCF-23 Treatment Confirmation	\$250.00	×	
Drivers Medical (MOT) Exam	\$200.00	×	
Children's Aid Society Forms	\$250.00	×	For prospective foster parents
Cortisone Injection Mediciation Fee	\$30.00	×	
Durolan Medication Fee	\$500.00	×	
PRP Procedure Fee	\$950.00 - \$1500.00	×	
Cosmetic Procedure Fee	Starting at \$100.00	×	
Liquid Nitrogen Treatment per each (uninsured)	\$50.00	×	