

GEORGETOWN MEDICAL ASSOCIATES

199 Princess Anne Drive, Georgetown, ON, L7G0E3

PS365 ANNUAL FEE PLAN REGISTRATION FORM – CHEQUE PAYMENT ONLY

Complete and return this form with your cheque payment. Contact PatientSERV, our plan administrator, at **1-800-385-3210** if you have questions or require assistance.

1

Tell Us Who You're Registering

Include everyone in your household you want to register that is a patient at the clinic.

First Name Last Name Health Card Number

Phone Number Email Address

Your Family Members

First Name Last Name Health Card Number Email Address

First Name Last Name Health Card Number Email Address

First Name Last Name Health Card Number Email Address

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

2

Choose a plan

See the Uninsured Services Fee Guide for a list of our current fees.

PS365 Annual Fee Plan

Includes 12 months of coverage from the date you register.

☐ Individual - \$100.00

☐ Couple - \$160.00

☐ Family - \$200.00

☐ Senior - \$80.00

☐ Senior Couple - \$120.00

3

Method of Payment

☐ Cheque

Please make your cheque payable to PatientSERV.

4

Sign here

By signing below, you confirm that you have read the information we have given you about uninsured services and you agree to the terms of the payment plan you've chosen (*PS365 Annual Plan*).

Signature

Date

5

Send us your completed form

Mail to:
PatientSERV
3280 Bloor Street West, Suite 1140
Toronto, ON M8X 2X3