

None OHIP Fees (Third Party)		Effective Nov 3, 2025
FORM TYPE	OMA SUGGESTED FEE	CFHT FEE
Newborn Circumcision		\$150+\$132
MTO Medical - Employment	\$339/80 Area \$100-200	\$150
MTO Additional Form	Hourly (\$255)	\$50
MTO Return of License	Hourly	\$80
Physician Note – Work Absence	\$25.25	\$20
Physician Note – Return to work	\$25.25	\$20
Physician Script no visit (ie. Massage)	\$10-20	\$20
Short Term Disability Form	Minimum \$50	\$40
Long Term Disability Form	\$122	\$80
FAF Work Duties Form	\$50 minimum	\$40
Disability Tax Credit Form	\$150 minimum	\$80
School/Employment Vaccination Form	\$36/\$47	\$40
CPP Medical Report	\$200 minimum Government Pay \$85	Bill Patient \$40 Bill Government \$85
CPP Medical Narrative	\$200 minimum Government Pay \$150	Bill Government
CPP Disability Reassessment of Medical Condition	Hourly Government: \$25	Bill Government
CPP Disability for Terminal Condition	Government \$85	Bill Government
Insurance Attending Physician Statement	\$160	\$125
Insurance Medical	Hourly	\$200
Insurance Chart Transfer	\$30x20/0.25	\$30/0.25
Lawyer Attending Physician Statement	Hourly	\$125
Lawyer Chart Transfer	\$50	\$50
Chart Transfer	Paper \$30x20/0.25 Electronic -\$30	Paper \$30 <100, \$40 100-200, \$50>200 Electronic \$35 Family Fee
Insurance Disability Certificate OCF3	\$256	\$175
Insurance Treatment Plan OCF 18	\$272	\$200
Employment Medical	Hourly	\$150
Medical Certificate for EI Medical	\$50	\$40
Medical Certificate EI Compassionate	\$72	\$40
Statement of Death for Insurance	Hourly	\$60
Travel Insurance Cancellation Form	\$150 minimum	\$80
CAS Assessment for Foster Care	\$246	\$150
Travel Vaccine Consult-Ind	Hourly	\$60
Travel Vaccine Consult-Family	Hourly	\$100

Affix Patient Label Here:

FORM INTAKE (Excludes: Blister Pack, Hearing Aids, NHP College & LTC Forms)

Date received: _____

Majority of forms require a fee for completion

Patient to complete:

Have you spoken to your provider about this form/issue

-If no you MUST book an appointment

Patient signature on form? Some forms no location for signature

On form: Name, Date of Birth, Address, Phone number, Email address?

Date last worked _____

Are you seeing other professionals e.g.: Chiro / Massage, Counselor, Specialist...

Are you back to work? Yes/No If Yes, date of return to work _____

****Provider can take up to 1 month to complete form****

NOTE: If you require a form before 4 weeks, please provide a date and explain.

Patient's note to physician: Please describe your concern & what you require.

Admin: Scan to EMR Message to Provider Completed form scanned to EMR

Provider to complete: Canada Post Fax Patient Pick Up Courier E-mail

Physician Fee: See the separate None OHIP Fee Form (Third Party) dated Nov 3, 2025