

The following services are semi-covered or covered by the annual plan:

Uninsured Services	Annual Fee Plan Paid	No Annual Fee Plan
Telephone Prescription	\$0	\$10
Prescription Renewal Request	Single \$0 Family \$0	Single Annual Fee \$35 Family Annual Fee \$60
Missed Appointment – 2/patient/12 month period	\$0	Up to \$75 each
Sick/Off Work Note	\$0	\$25
Physio/Massage/Orthotic Note	\$0	\$25
Immunization Record Replacement	\$0	\$20
Chart Summary Transfer	Single \$0 Family \$0	Single \$50 Family \$100
Driver's MOT Exam & Form	\$100	\$155
Physicals for 3 rd Parties/Forms	\$100	\$160