

## BLOCK FEE ENROLLMENT FORM

Please fill out the form below, and mail back to us 4 Campbell DR. Building B, 2<sup>nd</sup> floor , Uxbridge, ON L9P 1S4  
You may also fax it back to **905-852-3531** or email it to [info@uxbridgehealth.ca](mailto:info@uxbridgehealth.ca)

Patient Name	Name of your Family Doctor	Patient name	Name of your Family Doctor

☐ I enclose annual fee

☐ Credit Card

☐ Cheque enclosed

**Coverage is from January 1<sup>st</sup> to December 31<sup>st</sup>, 2022**

Please accept my payment for the Annual Coverage Program.

*\*Please note that it is your right to rescind the decision to pay annual fees within a week of your original decision (in which case you will be required to pay for services as provided).*

### DEADLINE FOR PAYMENT: ASAP

I am requesting coverage as a:

<input type="checkbox"/> Individual	\$120.00
<input type="checkbox"/> Couple	\$190.00
<input type="checkbox"/> Senior (age 65 and over)	\$ 90.00
<input type="checkbox"/> Senior Couple	\$150.00
<input type="checkbox"/> Family*	\$225.00

\*(includes children to age 18 and/or full time students) No Exceptions

Cheques should be made payable to : ***Uxbridge Health Centre***

### Credit Card Details:

Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_ Visa ☐ Mastercard ☐

Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**You may also pay online [www.uxbridgehealth.ca](http://www.uxbridgehealth.ca)**