

BLOCK FEE ENROLLMENT FORM

Please fill out the form below, and mail back to us 4-B Campbell Dr., 2nd floor , Uxbridge, ON L9P 1R5
 You may also fax it back to **905-852-3531** or email it to 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 1st to December 31st, 2025

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).*

I am requesting coverage as a:

<input type="checkbox"/> Individual	\$125.00
<input type="checkbox"/> Couple	\$200.00
<input type="checkbox"/> Senior (age 65 and over)	\$ 95.00
<input type="checkbox"/> Senior Couple	\$160.00
<input type="checkbox"/> Family*	\$240.00

*(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/uninsured services](http://www.uxbridgehealth.ca/uninsured_services)

Or: E-transfer: admin@uxbridgehealth.ca

If paying online or by e-transfer, please indicate who the payment covers