

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, 2024

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