



## Patient Registration Form

To enroll yourself and your family in the Annual Plan or to Pay-As-You-Go:



Complete and return this form.



Or register your account online at [www.Queenswaymedical.com/register](http://www.Queenswaymedical.com/register). You'll need your Health Card number to complete registration.

Contact MDs @ Queensway, at **416-238 6773** if you have questions or need help.



### 1 Tell us who you're registering

Include everyone in your household you want to register that is a patient at the clinic.

Please include email addresses so we can send you receipts and news from our practice.

#### You

First name	Last name	Health card number
Phone number	Email address – important	

#### Your family members

First name	Last name	Health card number	Email address
First name	Last name	Health card number	Email address
First name	Last name	Health card number	Email address

For additional family members, use another page or back of registration form.

### 2 Choose a plan

See the *uninsured services fee guide* for a list of our current fees.

#### Annual\*

Includes 12 months of coverage from the date you register.

<input type="checkbox"/> Individual	\$115
<input type="checkbox"/> Couple	\$175
<input type="checkbox"/> Family	\$195

\*Please speak with clinic if requiring an Income Assist Plan

OR

#### Pay-as-you-Go

We'll bill your credit card whenever you receive an uninsured service.

☐ Pay as you go

### 3 Tell us how you'd like to pay

☐ Credit card (Annual or Pay-As-You-Go) OR ☐ Cheque (Annual only)

☐ Visa ☐ MasterCard Debit ☐ MasterCard

☐ Visa Debit

Please make your cheque payable to:

"MDs at Queensway Medical"

Credit Card Number

Name on Card  Expiry (mm/yyyy)

### 4 Sign here

By signing below, you confirm that you've read the information we've given you about uninsured services and you agree to the terms of the payment plan you've chosen (*Annual or Pay-As-You-Go*).

Signature

Date

### 5 Send us your completed form

Mail to:

MDs @ Queensway Medical Clinic  
1066 The Queensway Toronto, ON  
M8Z 1P7

OR

Fax 647-417-7088