

North Bay Regional Health Centre

Clinic Fee Schedule

Form to be completed by physician performing procedure

Procedure: _____

Covered by OHIP:

Not covered by OHIP:

FEE SCHEDULE

\$150.00 fee for procedure lasting
30 minutes or less

\$288.00 fee for procedure lasting
more than 30 minutes

Date: _____

Physician Signature: _____

Physician Print Name: _____