



MyCare Plus Medical Centre  
www.WESNHealth.com

Phone 905-273-4000 Fax 1-888-890-9293  
E-mail: [MyCarePlus@wesnhealth.com](mailto:MyCarePlus@wesnhealth.com)

#### Uninsured Services Fees

| #   | SERVICE                                                                                                                                                                                                                                                                                      | COST                                                     |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| W01 | Physician Visits for Uninsured (Non-OHIP, Expired OHIP, or Invalid OHIP)                                                                                                                                                                                                                     | \$100                                                    |
| W02 | Regular Sick Note or Doctor's Note                                                                                                                                                                                                                                                           | \$30                                                     |
| W03 | Medical form (Student)                                                                                                                                                                                                                                                                       | \$40                                                     |
| W04 | Medical form (Work) 1-2 pages                                                                                                                                                                                                                                                                | \$40                                                     |
| W05 | Medical form (Work) 3-5 pages<br>\$20 for each additional page                                                                                                                                                                                                                               | \$90                                                     |
| W06 | FAF form                                                                                                                                                                                                                                                                                     | \$80                                                     |
| W07 | TTC Driver                                                                                                                                                                                                                                                                                   | \$30                                                     |
| W08 | Ear wax removal (Ear cleaning) Unilateral (one ear)                                                                                                                                                                                                                                          | \$40                                                     |
| W09 | Ear wax removal (Ear cleaning) Bilateral (Two ears)                                                                                                                                                                                                                                          | \$80                                                     |
| W10 | Rx for Orthotics, Stocking or Massage                                                                                                                                                                                                                                                        | \$30                                                     |
| W11 | TB test Step 1 only                                                                                                                                                                                                                                                                          | \$50                                                     |
| W12 | TB test Step 1 & 2                                                                                                                                                                                                                                                                           | \$80                                                     |
| W13 | Medical Record Fees: copy and transmission (First 20 pages) \$0.30/page thereafter                                                                                                                                                                                                           | \$50                                                     |
| W14 | <b>Student/Work Medical Form,</b><br>for purposes of employment, Pre-School, post-secondary, fitness clubs, Hospital or nursing home.<br><b>includes:</b><br>Doctor visit, Form filling, Blood work/Immunity requisition, vaccination update (not including vaccines), and TB test Step 1&2. | \$220<br><br>(If no TB test is required then only \$140) |
| W15 | Driver medical examination (Visit "General Assessment", form filling & urine analysis)                                                                                                                                                                                                       | \$180                                                    |
| W16 | School Immunization                                                                                                                                                                                                                                                                          | \$120                                                    |
| W17 | Insurance Certificate OCF- 3 Disability Certificate                                                                                                                                                                                                                                          | \$160                                                    |
| W18 | Insurance Certificate OCF-18 Treatment Plan                                                                                                                                                                                                                                                  | \$160                                                    |
| W19 | Attending Physician's Statement                                                                                                                                                                                                                                                              | \$250                                                    |
| W20 | Insurance Medical Examination (assessment and report)                                                                                                                                                                                                                                        | \$250                                                    |
| W21 | CRA Disability Tax Credit Certificate (form T2201)                                                                                                                                                                                                                                           | \$180                                                    |
| W22 | Canada Pension Plan (CPP) Disability Medical Report Form                                                                                                                                                                                                                                     | \$90                                                     |
| W23 | Canada Pension Plan (CPP) Narrative Medical Report                                                                                                                                                                                                                                           | \$150                                                    |

Clinic location: 2444 Hurontario Street, Unit 101, Mississauga, L5B 2V1



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|-----|--------------------------------------------------------------------------------------------------------------|---------------------|
| W24 | Certification of incompetence (financial) including assessment to determine incompetence                     | \$350               |
| W25 | Civil aviation medical examination report 26-0010E (001004)                                                  | \$300               |
| W26 | COVID-19 Recovery Certificate                                                                                | \$80                |
| W27 | Skin lesion (e.g. Warts) removal or treatment Using medical blades (NON-OHIP)                                | \$25/each lesion    |
| W28 | Skin lesion (e.g. Warts) removal or treatment Using medical Liquid Nitrogen (NON-OHIP)                       | \$35/each lesion    |
| W29 | Fiberglass cast for fracture                                                                                 | \$130               |
| W30 | Dressing (NON-OHIP)                                                                                          | \$20                |
| W31 | Pregnancy test                                                                                               | \$10                |
| W32 | Wound Suture + Dressing (NON-OHIP)                                                                           | \$30 for 3 stitches |
| W33 | Only Dressing – Small wound (NON-OHIP)                                                                       | \$25                |
| W34 | Only Dressing – Big wound (NON-OHIP)                                                                         | \$50                |
| W35 | Medication for Intraarticular injection (for OHIP)                                                           | \$50                |
| W36 | Intraarticular injection + Medication (Non-OHIP)                                                             | \$90                |
| W37 | Foreign body removal + Dressing (Non-OHIP)                                                                   | \$75                |
| W38 | Medical certificate for employment insurance sickness benefits                                               | \$45                |
| W39 | Blood Pressure monitor for 24 hours                                                                          | \$80                |
| W40 | Deposit of Blood pressure monitor for 24H (for Full refund when returning the device)                        | \$200               |
| W41 | Children's Aid Society (CAS) application for prospective foster parent                                       | \$180               |
| W42 | Blood work (Lab)                                                                                             | -                   |
| W43 | Travel Document filling                                                                                      | \$50                |
| W44 | One Cyst / Tag / Lipoma / Nail / wart or Lesion Removal - for Cosmetic Purposes                              | \$150               |
| W45 | No Show Fee                                                                                                  | \$50                |
| W46 | Medical Records copy and transmission to Lawyer or Insurance office                                          | \$90                |
| W47 | Physician visit related to Travel (Not covered by OHIP)                                                      | \$75                |
| W48 | Certified True Copy – one paper                                                                              | \$25                |
| D19 | PRP (Platelet-Rich Plasma) Treatment                                                                         | \$400               |
| W50 | Initial Nutrition Assessment Session (60 Minutes) with Registered Dietitian (Noura Sheikhalzoor - RD #12246) | \$150               |

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|     |                                                                                                     |         |
|-----|-----------------------------------------------------------------------------------------------------|---------|
| W51 | Follow up Nutrition Session (60 Minutes) with Registered Dietitian (Noura Sheikhalzoor - RD #12246) | \$150   |
| W52 | Diet Allowance (Non-OHIP)                                                                           | \$25    |
| W55 | EVLTL (Endovascular Laser Treatment) - One Leg                                                      | \$5,000 |
|     | FOAM Sclerotherapy – One leg                                                                        | \$1,000 |
|     | Sclerotherapy Treatment–Regular & Cosmetic per session                                              | \$150   |
| W56 | Medical Form for work or School                                                                     | \$40    |
| W60 | Iron infusion procedure fees                                                                        | \$400   |
| W61 | Bioderma Atoderm Intensive Baum Moisturizer                                                         | \$36    |
| W62 | Isokit                                                                                              | \$37    |
| W63 | Photoderm                                                                                           | \$31    |
| W64 | Atoderm cleansing oil                                                                               | \$31    |
| W65 | Atokit Daily Protocol                                                                               | \$37    |
| W67 | Atoderm cleansing oil                                                                               | \$31    |
| W68 | STIPROXAL Shampoo                                                                                   | \$30    |
| W70 | IUD Insertion (Non-OHIP )                                                                           | \$200   |
| W71 | IUD Removal (Non-OHIP )                                                                             | \$100   |

E-Transfer: **Billing@wesnhealth.com**