

Questions? Call Financial Services at: 905-632-3737 x 4833	OHIP PATIENT	UNINSURED RESIDENTS	NON-RESIDENTS OF CANADA (VISITORS)
Inpatient Daily Charges:	OH	UR	OC
Acute Care Daily Rate - Standard Ward	-	\$1,848	\$2,904
- Newborn	-	\$533	\$921
Rehabilitation Daily Rate - Standard Ward	-	\$413	\$674
Chronic			
Uninsured Daily Inpatient Room Rate - Standard Ward only. Procedure Rate is Extra (see schedule)	\$433	\$1,848	\$2,904
Preferred Accommodation (daily rates):			
(a) Acute or Rehab. Semi-Private	\$250	\$250	\$250
Private	\$290	\$290	\$290
Outpatient Visit Charges:			
Day Surgery (DS) Visit	n/a	\$1,415	\$2,662
Emergency Room Visit	-	\$351	\$625
Out-Patient Clinic Visit	-	\$351	\$625
Out-Patient Follow-up Visit with specific treatment	-	\$351	\$625
Hand Clinic (incl Physio/Occupational Therapy)	-	\$351	\$625
Chemotherapy Visit (excluding drugs)	-	\$1,690	\$2,955
Diagnostic Services (Radiology, ECG etc.)	-	\$351	\$625
Computer Axial Tomography (CT)	-	\$895	\$1,563
MRI	-	\$888	\$1,597
Laboratory Visit	-	\$153	\$313
Outpatient Uninsured Service and/or Cosmetic Procedure Rate	see respective Uninsured Procedure Rates page		
Ambulance (Ministry of Health) - Essential (\$195 covered by OHIP)	\$45	\$240	\$240
- Non-Essential	\$240	\$240	\$240
Patient Transport (Private) - to patient residence (call for quote)	min \$140	min \$140	min \$140

For all Uninsured Procedures (not covered by OHIP or a non-resident), always refer to the Uninsured Procedure Rates page or contact Finance at ext. 4833 for assistance.

IN-PATIENT: The rate of \$_____ includes recovery and In-Patient time, however excludes Medical Equipment, Rentals and Physician Charges. Note: for Uninsured and Out of Country (OC) visitors CT and MRI's charges are extra.

Delisted / Uninsured Services are procedures that are no longer covered by OHIP. For valid OHIP patients some procedures may be covered based on circumstance and Ministry pre-approval defined by your surgeon. Cost of any uninsured procedure is the responsibility of the patient. Non-Residents and Uninsured Residents are also responsible for a Hospital Visit Fee in addition to any delisted procedure charge below.

Primary Rate is the Higher of the two uninsured procedures being performed on the same service date.

Rate includes HST (13%); Excludes Uninsured Daily Inpatient Room Rate; Excludes Physician Fee

Operating Room (OR): Cosmetic/Delisted/Uninsured	Primary Rate	Secondary Rate
Abdominoplasty (tummy tuck)	\$3,320	\$1,660
Brachioplasty	\$801	\$401
Breast, augmentation/capsulectomy - unilateral (excl cost of implant)	\$2,128	\$1,064
Breast, augmentation/capsulectomy - bilateral (excl cost of implant)	\$2,646	\$1,323
Breast, free flap	\$4,472	\$2,236
Breast, Mastopexy (breast lift)	\$2,635	\$1,318
Breast, mound revision- bilateral	\$1,502	\$751
Breast, mound revision- unilateral	\$817	\$408
Breast, myocutaneous flap	\$2,837	\$1,419
Breast, Nipple or areolar procedures	\$817	\$408
Breast, Reduction Bilateral (N/C if OHIP)	\$2,861	\$1,431
Breast, Reduction Unilateral (N/C if OHIP)	\$2,229	\$1,115
Breast, Tissue Expander - Insertion (excl implant device)	\$1,669	\$835
Breast, Tissue Expander - removal	\$917	\$459
Circumcision (all other)	\$817	\$409
Circumcision- newborn	\$229	\$114
Cord Blood Retrieval Hospital Fee (maternity): storage is separate	\$111	NA
Cyst/Mole Removal without pathology	\$685	\$342
Dental - mandibular advancement or setback	\$1,693	\$846
Dental - multiple extractions (wisdom teeth and/or other)	\$1,872	\$936
Dental - Restoration	\$1,151	\$575
Digit - accessory digit, excision	\$1,013	\$506
Ear - Microtia reconstruction- 3 hours	\$2,200	\$1,100
Ear - Microtia reconstruction- 4 hours	\$2,885	\$1,442
Ear - Otoplasty (surgical correction of prominent ear)- bilateral	\$1,502	\$751
Ear - Otoplasty (surgical correction of prominent ear)- unilateral	\$817	\$408
Earlobe: split without pathology	out patient unit	out patient unit
Earlobe: torn (15 mins in OPPU) - without pathology	out patient unit	out patient unit
Eye - Blepharoplasty - Extensive with skin graft	\$2,861	\$1,431
Eye - Blepharoplasty - upper and lower (4 lids)	\$2,265	\$1,132
Eye - Blepharoplasty - upper or lower lid	\$1,788	\$894
Eye - Canthotomy	\$1,478	\$739
Eye - Other Repair (ocular muscle/tendon transfer)	\$1,311	\$656
Face - Augmentation Genioplasty (chin implant)	\$817	\$408
Face - Dermabrasion- full face	\$1,997	\$998
Face - Dermabrasion- partial face	\$1,597	\$799
Face - Facelift- 4 hours	\$2,885	\$1,442

Operating Room (OR): Cosmetic/Delisted/Uninsured	Primary Rate	Secondary Rate
Face - Facelift- 5 hours	\$3,577	\$1,788
Face - Facial bones, cheek implant- bilateral	\$1,502	\$751
Face - Facial bones, cheek implant-unilateral	\$817	\$408
Face - Rhinoplasty (chin)	\$1,752	\$876
Ganglion, Excision	\$465	\$232
Lesion Excision without pathology (One hour or less)	\$817	\$408
Lesion Excision without pathology (Two hours)	\$1,502	\$751
Lift - Arm lift- bilateral	\$1,502	\$751
Lift - Arm lift- unilateral	\$817	\$408
Lift - Brow Lift	\$1,848	\$924
Lift - Buttock lift- bilateral	\$2,200	\$1,100
Lift - Buttock lift- unilateral	\$1,097	\$548
Lift - Excess Skin - Excision: Chest Wall- bilateral	\$1,502	\$751
Lift - Excess Skin - Excision: Chest wall- unilateral	\$817	\$408
Lift - Excess Skin - Eyelid without pathology	\$1,380	\$690
Lift - Excess Skin - Skin redundancy: Body Sculpting size reduction	\$1,848	\$924
Lift - Thigh lift - bilateral (3 hr)	\$3,220	\$1,610
Liposuction - (minor) - one hour or less	\$817	\$408
Liposuction- (major) - approx 2 hours	\$1,502	\$751
Panniculectomy	\$2,522	\$1,261
Rhinoplasty	\$1,752	\$876
Rhinoplasty revision	\$1,311	\$656
Septorhinoplasty	\$656	\$328
Scar procedures- 1 hour or less	\$817	\$408
Scar procedures - 2 hours	\$1,502	\$751
Skin Tag Removal (minor procedure)	out patient unit	out patient unit
Sterilization reversal - female	\$2,325	\$1,162
Sterilization reversal - male	\$2,617	\$1,308
Tattoo removal- surgical (2 hrs or more)	\$1,502	\$751
Varicose Veins-simple: Injection (including compression - Out-patient)	\$283	\$142
Wart removal	out patient unit	out patient unit

Out Patient Procedure UNIT Rates (OPPU) - Day Surgery:

Blocked-Time Billing Matrix - Cosmetic/Delisted/Uninsured

OPPU is Based on Blocked-Time Billing (Patient preparation time + procedure time + recovery time)	Uninsured Procedure (Canadian Resident)	Out-of-Country Visitor (non-Resident)
OPPU including prep & recovery: 15 mins or less	\$109	\$218
OPPU including prep & recovery: 30 mins or less	\$218	\$436
OPPU including prep & recovery: 45 mins or less	\$327	\$655
OPPU including prep & recovery: 60 mins or less	\$436	\$873
OPPU including prep & recovery: 75 mins or less	\$546	\$1,091

All inpatient or outpatient medical devices are chargeable. Medical devices provided as a part of a patient's care are billable whether or not the device is taken home. All devices are non-refundable. Note to clerk: The below devices are to be entered into the OE Meditech system once the device has been given to the patient or a sundry billing slip must be sent to Finance.

Rates are subject to change without notice. Rates include HST and exclude Physician Charges.

Description	Patient Charge	
Abdominal Binder	\$ 54	ea
Aerochamber - adult (blue)	\$ 34	ea
Aerochamber - child (yellow) / infant paediatric (orange)	\$ 56	ea
Ankle Brace (aircast)	\$ 100	ea
Athletic Supporter	\$ 30	ea
Cane	\$ 28	ea
Cast Shoe	\$ 68	ea
Cervical Collar (soft) - 3 inch	\$ 22	ea
Cervical Collar (soft) - 4 inch	\$ 26	ea
Cervical Collar Philadelphia - extra small / small / medium / large	\$ 104	ea
Clavicle Splint (small/medium/large/extra large)	\$ 32	ea
Crutches	\$ 48	pair
Diapers or Wipes	\$ 14	pack
Elbow Splint	\$ 82	ea
Finger Splint (with bulb/without bulb)	\$ 6	ea
Foam Walker - Short (Anklizer II)	\$ 98	ea
Foam Walker (small / medium / larger / extra large)	\$ 148	ea
Foot Brace - Navigait (Small, Large/XL)	\$ 104	ea
Hip Protector	\$ 88	ea
Hospital provided medication (to go)	\$ 10	pack
Humeral Fracture Brace (small / large)	\$ 160	ea
ICE Wrap	\$ 80	ea
Incentive Spirometer	\$ 28	ea
Knee Immobilizer - large	\$ 66	ea
Knee Immobilizer - medium	\$ 62	ea
Knee Immobilizer - small	\$ 56	ea
Paediatric Wrist Splint	\$ 28	ea
Polycast-wrist/hand/thumb	\$ 104	ea
Range of Motion - Leg Brace G2 Hinge	\$ 202	ea
Range of Motion - Walker	\$ 202	ea
Shoulder Immobilizer - paediatric	\$ 14	ea
Shoulder Immobilizer - small/large	\$ 26	ea
Spenco Boot Pillow	\$ 48	pair
Surgical Boot	\$ 26	ea
T.E.D. Stockings	\$ 40	pair
Tensor	\$ 6	ea
Volar (Wrist) Splint	\$ 22	ea
Wrist Brace (small / medium / large)	\$ 44	ea
Wrist D-ring - with thumb	\$ 50	ea
Wrist D-ring - without thumb	\$ 50	ea

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FIBREGLASS CAST RATES

effective May 1st, 2017

Description	Amount for	Amount for
	Child	Adult
Wrist Cast/Scaphoid (Short Arm)	\$46	\$56
Full Arm	\$56	\$73
Knee Cast - NWB Below Knee	\$67	\$92
Knee Cast - Walking Below Knee	\$73	\$115
Leg Cast - NWB Full Leg	\$86	\$115
Leg Cast - Walking Full Leg	\$92	\$122
Club Feet	\$56	NA
Stovepipe Cast	\$73	\$97
Bodycast - Jacket	\$90	\$122

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Above charges apply to both In-Patient and Out-Patient Services

CATARACT LENS RATES

effective May 1st, 2017

CATARACT LENS RATES (single lens) Below rates are per lens (each) and does NOT include the Day Surgery Visit fee	RESIDENTS of CANADA (OHIP)	Uninsured Residents and Out-Of-Country Visitors
BASIC LENS: AcrySof/Soflex	no charge	\$180
Upgrade Level I: Acrysof/enVista IQ	\$90	\$180
Upgrade Level II: Acrysof/enVista Toric	\$580	\$610
Upgrade Level III: ReSTOR Multifocal	\$960	\$990
Upgrade Level IV: ReSTOR Multifocal Toric	\$1,255	\$1,285

Note: For all out-of-country & uninsured patients the Day Surgery visit fee is over & above the Lens rate

Patients are expected to Bring their Receipt of Payment on the day of Surgery

DEPOSITS

Pre-payment of patient charges is required when services to be provided by the Hospital to a patient are not insured. The deposit requested will be one half of the expected stay with a minimum deposit of one day's stay.

AUTOPSIES (HST NOT APPLICABLE)

Autopsy on deaths, which occur outside the Hospital and are deemed Non-Coroners cases, will be charged a Facility fee and Professional fee totalling **\$1,550**.

REFUSING DISCHARGE FROM HOSPITAL

After a discharge order has been written, a charge of **\$1,707.59/day** will be levied until a discharge plan is established and agreed upon. This charge does not include a levy for preferred accommodation, which is separate, but does include the alternate level of care co-payment charge.

CO-PAYMENT FEES: Applies to Complex Care (CC) patients

ALTERNATE LEVEL OF CARE (ALC): Medically Complex

A co-payment charge will be levied for:

- Complex Care patients receiving medically complex care
- Alternate level of care patients waiting for a complex care or long term care bed

The charge is currently a maximum of **\$58.35 per day** to a maximum of **\$1,774.81 per month** (effective July 1, 2015). This charge is set by the Ministry of Health and Long Term Care and updated annually.

PATIENT TRANSPORT COSTS

Minimum Charge:

\$140

Patients that have been discharged and require third party non-emergent transportation will be charged a minimum fee and, if applicable, a surcharge for distance travelled. **It is recommended for patients and/or their families to arrange for transport and payment directly with respective transport providers.** Patients and/or their families are to be notified of the charge only when the transportation is arranged by the hospital. This is an uninsured service and an administration fee applies should the hospital facilitate transport and invoicing on behalf of the patient.

NOT SUFFICIENT FUNDS (NSF) - CHEQUES

A charge of **\$20.00** will be levied in regards to NSF cheques.

INTERNET Wi-Fi ACCESS

To connect using a mobile device, select **jbhvisitor** from network list, open **browser**, check **terms & use policy**, choose **time & rate**, confirm **payment** mode, enter **access code** and **login**



The charge for internet Wi/Fi access is as follows:

Daily Access	24 hour period	\$9.95
Weekly Access	7 day period	\$28.95
Monthly Access	30 day period	\$47.95

RELEASE OF INFORMATION

Health Records

Routine Service - Personal Requests (includes all personal and legal requests):	\$30
Insurance Companies:	\$160
Lawyers Office Requests:	\$30
Demand Service (within 24 hours - additional charge):	\$200
All of the above charges are to a maximum of 20 pages, each additional page is 25 cents.	
Supervising an individual's examination of an original record: \$27 per hour (\$6.75 for each 15 mins)	per hour rate
Making and providing a paper copy of a record from microfilm or microfiche: \$0.50 per page, plus standard processing fees	\$0.50
Making and providing a record on disk: \$10, plus standard processing fees	\$10 +
Research requests for Chart retrieval (per chart):	\$5

Human Resources

Third Party requests:	\$200
Requests for confirmation position of employment from previous employees (dates employed, status, hours worked):	
Former Employees whose termination date falls on, or after January 1, 2000:	
Routine Service (within two weeks):	\$25
Demand Service (within 24 hours): \$50 additional cost	\$50
Former Employees whose termination date falls on, or before December 31, 1999:	
Routine Service (within two weeks):	\$75
Demand Service (within 24 hours): \$100 additional cost	\$100

Cheques must be provided at time of request and made **Payable to: Joseph Brant Hospital**. If unable to confirm employment, due to lack of records, no fee will be charged.

Note: rates subject to change without notice