

BLOCK FEE ENROLLMENT FORM

Please fill out the form below, and mail back to us. 2 Elgin Park Dr. Unit B, Uxbridge, ON L9P 0B1
 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, 2019 to December 31st, 2019

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