

PrimeCare Medical Clinic

508 - 15 Avenue S.W. Calgary, AB T2R 0R2 (403) 398-5449 T (403) 398-5449

September 1, 2012

Dear Patient,

We would like to take this opportunity to send greetings to you and your family. Hopefully 2012 has been a good year for you. We look forward to doing our best to serve your medical needs. We continue to be partnered with the Calgary West Central Primary Care Network. Through this network we are able to offer broader services such as:

- diabetes counseling, smoking cessation assistance, dietary counseling and more.
- · we have a clinical nurse on site to offer extended services
- we have a behavioral health consultant / psychologist on site

These services are of no cost to you.

Uninsured Services Plan 2012 - 2013:

Thank you for taking the time to read and attend to this document. It has been the policy of this clinic to charge for uninsured services in accordance with the guidelines recommended by the Alberta Medical Association. In previous years, this clinic implemented an uninsured services plan that would cover most of the uninsured services. You can continue to pay for individual uninsured services on a "Pay-Per-Service" basis, but we recommend that you consider the uninsured services plan. If you sign up, you will be covered for a twelve month period, from October 15, 2012 and end on October 14, 2013. Also please be advised that you do retain the option of being billed separately for uninsured services instead of paying the annual administrative fee.

Our decision to continue the annual uninsured services plan is based on many factors including the following:

- As you may know, while most medical services are covered by the Alberta Health Care Insurance Plan (AHCIP), some services are not. Examples of these uninsured services can include telephone consultations, insurance forms, sick notes and medical supplies (such as needles, syringes, dressings and splints).
- · Escalating costs of family practice equipment and supply costs, clerical time and resources .
- Significant expense in implementing and maintaining computerized charts, including hardware and software maintenance.

Again, thank you for your attention in this matter. We hope that your experience with this family practice is pleasant and beneficial.

Sincerely yours,

Dr. K. Hartwig

Dr. M. Solomon

Dr. M. Grover

\*This letter is intended for all of our active patients. If you have received this in error, please disregard this letter and accept our apologies.



## PATIENT REGISTRATION FORM

Please complete this form and mail it back by October 10, 2013. Dates of coverage: October 15, 2011 to October 14, 2014.

1. Name(s)	Δ	ATTENDING DOCTOR (Select patient's doctor - one only)					
				<u>y</u> <u>Dr.Hartwig</u>		• •	
1	x	1	¤	¤	¤	¤	
2	r	z	¤	¤	¤	¤	
3	r	X	¤	¤	¤	¤	
4	r	z	¤	¤	¤	¤	
2. Home phone:				-			
3. Email Address							
4. Select the coverage	plan of your choice:						
Individual \$1	20						
Family \$200	<b>)</b> ( <b>Families</b> are define	ed as <b>two</b>	parents an	d all <b>depende</b> i	<b>nt</b> children)		
5. Choose one of the fo	ollowing payment optic	ons:					
a. Credit Card	Please check one:	Vi	sa ¤	Mas	ercard ¤		
Name on card:							
Card Number:			Ex	xpiry (Month/Ye	ear):/		
b. Mail this form back	with a cheque made ou	t to:	F	or Office Use C	Only:		
PRIMECARE MEDICA 508 15 Ave SW, Calga							