



Responsibility of Payment for Uninsured Patients

Affix Patient Label Here

DISCLAIMER:

This form provides an overview of hospital room and procedure rates for uninsured residents of Ontario, Canada, and non-residents of Canada. All rates are subject to change without notice.

Per Diem: Per day based on the calendar day. Example-an admission anytime on one calendar day must leave prior to 24:00 the next calendar day in order to pay for one day only.

Physician Fees with the exception of Emergency & Diagnostic Imaging visits, are not included below. These will be billed/collected separately by the Physician providing the care.

Service/Care	Non-Resident of Canada	Un-Insured Resident of Province/Canada
Per Diem Room Rates		
Acute Ward	\$3,400.00	\$2,020.00
Newborn- Sharing room with Mother	\$2,725.00	\$2,020.00
Critical Intensive Care Unit (CICU)/ Neonatal Intensive Care Unit (NICU)	\$4,600.00	\$2,020.00
Mental Health	\$3,400.00	\$2,020.00
Rehab	\$3,400.00	\$2,020.00
Chronic	\$3,400.00	\$2,020.00
Palliative	\$3,400.00	\$2,020.00
Preferred Accommodation Per Diem Rates		
All Semi-Private	\$275.00	\$275.00
All Private	\$310.00	\$310.00
Surgical Services		
Patient Surgery- Low	\$2,408.00	\$1,204.00
Patient Surgery Medium & Cesarean Section	\$9,700.00	\$4,850.00
Patient Surgery- High	\$30,248.00	\$15,124.00
Outpatient Charges/Uninsured Services		
Outpatient Visit/Emergency/Ambulatory	\$450.00	\$414.00
Emergency Physician Initial Fee	\$200.00	\$200.00
Ambulance Charge (Uninsured patient)	\$240.00	\$240.00
Diagnostic Imaging Procedures- Technical	\$394.00	\$197.00
Diagnostic Imaging Procedures- Professional	OHIP Fee x 2.9	OHIP Fee x 2.9
Computerized Tomography (CT)	\$913.00	\$913.00
Magnetic Resonance Imaging (MRI)	\$888.00	\$888.00
Chemotherapy	TBD	TBD
Blood/Urine Test	\$27.00	\$27.00

RESPONSIBILITY OF PAYMENT

I understand that I am responsible for payment of all charges incurred for the care and/or treatment I receive while at St. Thomas Elgin General Hospital, and I assume full responsibility for all associated financial obligations. I also authorize St. Thomas Elgin General Hospital to release my medical records related to the care provided to me to any third party for billing and payment purposes.

Print Name of Patient or as per Below: _____ Date: _____

Signature of Patient or as per Below: _____

Relationship to Patient: Self Spouse Parent/Guardian POA/SDM

Registration Account Number: _____ Witness to Signature/Issuing Registration Clerk: _____

Questions or Concerns, please contact Financial Services at 519-631-2020, ext. 2180
accountsreceivable@stegh.on.ca
Monday to Friday 8:00 AM - 4:00 PM, except holidays



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