

Keeping You Informed...

The Credit Valley Hospital wishes to advise patients of Ministry of Health and Long-Term Care services that are not covered by the Ontario Health Insurance Plan (OHIP).

We feel it is important that patients are aware of their financial responsibilities when they come to The Credit Valley Hospital.

This brochure outlines which services are not covered and the cost for the hospital component of each service.

Also included in this brochure are some common questions and answers to help you become more informed about hospital and physician services that are not covered by the Government of Ontario.

If you have any further questions or require additional information, please do not hesitate to contact the patient accounts coordinator at 905.813.3980.

This information is also available on our website at www.cvh.on.ca

Overview of Delisted Procedures: Services Not Covered by the Ontario Health Insurance Plan

Reversal of Male Sterilization

(Reversal of Vasectomy) \$1850

Reversal of Female Sterilization

With Laparoscopy \$2000
Without Laparoscopy \$1300

Circumcision

Newborn \$ 150
Other \$ 900

Repair of Deformed Earlobes

\$ 100

Removal of Papilloma and Spider Naevus

(Skin Lesions - Cosmetic) \$ 100
Additional removal \$ 20

Diagnostic and Therapeutic Procedures

Varicose Vein Injections \$ 100
Simple Sclerotherapy for Varicose Veins \$ 100

Plastic Surgery of the Abdomen (Abdominoplasty)

Major \$1800
Intermediate \$ 950
Minor \$ 600

Breast Implant

(Mammary Augmentation)
Bilateral \$1100
Unilateral \$ 500

Plastic Surgery of Eyelids

(Blepharoplasty)
Upper and lower \$1175
Upper or lower \$ 750

Excision of Skin to Eliminate Wrinkles (Rhytidectomy)

Major \$3200
Minor \$1500

Liposuction (Bilateral Thighs)

Major \$1200
Intermediate \$ 950
Minor \$ 650

Plastic Surgery of the Ear Per Ear

(Otoplasty - adult over 16 years) \$1100

Excision of Tissue from Abdominal Wall (Lipectomy)

\$ 800

Excision Tattoo

With Local Anaesthetic \$ 100
With General Anaesthetic \$ 750

Plastic Surgery of the Nose

(Rhinoplasty)
Major \$1350
Minor \$1150

Incision/lesion/biopsy/eyelid/xanthomath

(in Ambulatory Care) \$ 100

Simple/subcutaneous Mastectomy (Male)

1 hour \$ 950
1½ hours \$1400

Uvulectomy

(partial or complete) \$1110

Insertion of testicular prosthesis

Each Implant \$ 300

Please note that separate arrangements will be required for the payment of services to be provided by the physician/anaesthetist.

These fees are *not* collected by the hospital.

Frequently Asked Questions

Question: Why do patients have to pay for some services offered by the hospital?

Answer: Certain services are not covered by the Ontario Health Insurance Plan (OHIP). Effective April 1, 1994, the Government of Ontario removed certain services from the list of items funded by OHIP.

Question: What does the fee cover?

Answer: The fee covers the cost of the use of the equipment, medical/surgical supplies, drugs, staff time and other supplies and expenses incurred during the procedure.

Question: Why do doctors charge a separate fee?

Answer: The doctor is not an employee of the hospital and the Government of Ontario does not pay the doctor to perform this service. The doctor must charge the patient for his/her time to perform the procedure. In some cases, a local or general anaesthetic will be given by the anaesthetist, who will also charge a separate fee in addition to your doctor's fee and the hospital fee.

These fees are *not* collected by the hospital.

Question: What should a patient expect when they come to The Credit Valley Hospital for one of these delisted procedures?:

Answer: The patient should expect to pay for some or all of the following:

- a hospital procedure
- a doctor service fee for the procedure
- a doctor service fee for the administration of a local or general anaesthetic a fee for any additional diagnostic or therapeutic procedures that may be required
- an overnight stay (*see next question*)

Question: What is the cost for a room if the patient is required to stay in the hospital for a delisted procedure?:

Answer: The patient should expect to pay the inpatient/ward rate of \$1000/day.

Question: How can the patient pay the hospital for the service/procedure?

Answer: All services/procedures must be pre-paid at least one week prior to the scheduled date of surgery. Failure to pre-pay may result in the surgery being cancelled.

At the time of pre-registration, the patient will be asked to provide a hospital receipt indicating that he/she has pre-paid for the hospital procedure. The patient may pre-pay the hospital procedure using cash, cheque, credit card (American Express, MasterCard or Visa), or debit card. The cashier is available to make payments between 8:30 am and 4:30 pm, Monday to Friday.

Please contact your doctor to make arrangements for the payment of services to be provided by the physician/anaesthetist. These fees are *not* collected by the hospital.

Question: What happens when a delisted procedure is done on the same day as one covered by OHIP?

Answer: If you are considering more than one procedure or a delisted procedure in combination with OHIP insured procedure, please contact the patient accounts office to obtain an adjusted/combined rate.

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Delisted Procedures

A guide to the Ministry of Health and Long-Term Care services which are not covered by the Ontario Health Insurance Plan (OHIP).



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