SouthlakeHealth
Leading Edge Care. Close to Home.

596 Davis Drive
Newmarket, ON L3Y 2P9

Phone: 905-895-4521
Website: southlake.ca

Health Record #: _____ Complete or place barcoded patient label here
Patient Name: *(Print first, last)* _____
DOB: dd / mm / yy Age: _____ ❑ Female ❑ Male
OHIP #: _____ Version Code: _____
Account #: _____ Date of Admission: dd / mm / yy

Out of Country Patients & Uninsured Residents

Financial Services ext. 2361
patientaccounts@southlake.ca

DEMOGRAPHICS	
	Patient Name: *(print last, first)*
	Local Address: Street Number + Name Suite# / Apt# / PO Box #
	City Province Postal Code
	Local Contact Phone # ( ) **Email:*** *(required)*

REQUIRED: GUARANTOR FORM TO BE COMPLETED & SIGNED BY CANADIAN RESIDENT

HOSPITAL CHARGES	
Emergency Room Visit*	$550.00
Ambulance	$240.00
Medical Supplies (i.e. crutches, casts, etc.)	extra cost
***Additional charges for any/all Diagnostic Image Testing will be billed to your account upon discharge. Diagnostic Image tests include but are not subject to: ECG's, X-rays, Ultrasounds, etc.**	
ECG	$50.00
XRAY (per body part)	from $100.00+
ULTRASOUND (per body part)	from $250.00+
CT SCAN (per body part)	$1826.00
MRI (per body part)	$1776.00
Out-Patient Clinic Visit* (excludes ED)	$550.00

ADMITTED PATIENTS	
Hospital Room Accommodation Rates	
Ward Room / per day	$2,404.00
Semi Private Room / per day	$2,684.00
Private Room /per day	$2,744.00
Intensive Care Unit (ICU) /per day	$6,772.00

Hospital policy is $12,000.00 deposit & have a guarantor form signed.
If applicable, deposit will be reimbursed to you after Southlake Health receives full payment from your insurance.
Contact your insurance provider to open a case and obtain a claim number.
E-mail insurance information & claim# to **patientaccounts@southlake.ca (ext. 2361)**

Finance will reach out to you regarding deposit, Guarantor Form and any questions you have.

Southlake Health is able to bill most insurance companies but requires your assistance.
All account balances are required to be paid in full by the patient.

Southlake Health does not bill Out-Patient visits to insurance, Account balances are to be paid in full: receipts will be sent to you.
For medical records contact Health Records at **ROIHealthRecordsMIG@southlake.ca (ext. 2315)**

***I UNDERSTAND AND AGREE TO PAY FOR ALL HOSPITAL SERVICES & CHARGES INCURRED DURING MY CARE AT SOUTHLAKE HEALTH.**

Patient Name: *(print last, first)*	Relationship to Patient: ❑ SELF ❑ other
	If other, please provide relationship:
Signature	Date: dd / mm / yy

***all prices are subject to change without notice**

***PHYSICIANS BILL SEPARATELY**

SL2755_03 (09/26) "Financial Services" Review (09/29)

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Guarantor Responsibility Form

(Must be completed and signed by Canadian Resident)

Patient Name *(print last, first):*
Date of Birth: dd/mm/yy
MRN#:

Guarantee:

1. I agree to pay for all hospital services for the above-mentioned patient accumulated during the hospital visit/stay. This includes but are not subject to facility fees, diagnostic imaging testing, medical supplies, and accommodations. **I understand physicians bills are separate.**

2. I agree and hereby authorize Southlake Health to charge my credit card a deposit for the following:

		Deposit
$ 550.00	Emergency Department Facility Fee	❍
$ 240.00	Ambulance Fee (if applicable)	❍
$ 550.00	Out-Patient Clinic Visit (excludes ED)	❍
$ 12,000.00	Hospital DEPOSIT for Admitted Patients	❍

3. My signature below indicates that I have read and understand all of the clauses and agree to be bound by the terms and conditions of this Guarantee.

Guarantor Name *(print last, first)*: _____

Guarantor Date of Birth: _____

Guarantor Address: _____

_____ Postal Code: _____

Guarantor Phone: _____ Cell: _____

Guarantor Email: _____

Guarantor Signature: _____

Relationship to Patient: _____

***all prices are subject to change without notice**

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