If you wish to opt-in to the annual fee and prefer to mail in your payment please fill out the form below and mail your payment to:

Trafalgar Medical Clinic
200-1235 Trafalgar Road,
Oakville, ON, L6H 3P1

[ ] **Option A** – I enclose annual fee Cheque [ ] Credit Card [ ]

Credit Card Details:

Name on the Card_____ Expire Date_____

Card #_____ CVN# _____

Signature: _____

Cheques should be made payable to: **TRAFALGAR MEDICAL CLINIC**

Coverage is from: October 1, 2024 – September 30, 2025

*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

Please accept my payment for the Annual Coverage Program.

I am requesting coverage as a:	[ ] Individual	$150.00
	[ ] Couple	$225.00
	[ ] Family*	$250.00
	[ ] Senior (65+)	$125.00
	[ ] Senior Couple	$175.00

*** (including 3 children under 21 and residing at the same address)**

Patient Name	Primary Health Care Provider	Patient Name	Primary Health Care Provider

I wish to have my email on file and enclose my email address below:

Email:_____

[ ] **Option B** – I wish to pay for individual services when rendered

If you choose to pay fee for service each time you require an uninsured service, there is no need to return the form.

Please accept our apologies if you have received this letter in error or if you are no longer a patient of Trafalgar Medical Clinic. If you have recently moved or changed your contact information or updated your health card, please let our staff know. If you consent to receiving communication from our office via email, please update your email on the last page of this letter.

Yours Sincerely,
The Doctors at Trafalgar Medical Clinic