



Private Pay Procedure

For patients that do not have a PHN Care Card in BC or Canada.

Thank you for inquiring about seeing a pediatrician at The Kids Clinic, Vancouver.

As you will be paying privately to see one of our physicians, please refer to the information below.

We accept Credit Card and eTransfer as methods of payment.

A deposit of \$100 is required 1 week prior to your scheduled appointment. Additional fees will apply once your appointment has completed. Fees are dependent on the amount of time spent with the physician. The final amount is at the physicians' discretion. The fee guide is published by the Doctors of BC organization, please refer to the fee guide below for some examples.

Initial Appointment Ranges*

General Consultation \$828.00

>53 minutes \$1135.59

>68 minutes \$1397.77

Follow up appointment Ranges*

Subsequent Follow Up \$291.62 - \$794.30

>12 minutes \$304.00

>23 minutes \$558.44

>38 minutes \$794.30

Telehealth Consultation Ranges*

Initial Virtual \$828.00 - \$1331.00

Virtual Follow Up \$304.00 - \$757.00

*All fees are dependent on the length of time spent with the physician.

*All fees are in Canadian currency.

Checklist

- Booked Initial Appointment with The Kids Clinic
- Initial Deposit Paid
- Additional Documents sent to our clinic (report cards, images, screens, other consultations)

Consent Form

I, _____, parent/guardian of _____,
consent to the fees and policies stated by The Kids Clinic Vancouver.

I will pay the non-refundable deposit fee of \$100.00. I understand this amount needs to be paid no later than 7 calendar days before my scheduled appointment. I understand that failure to do so will forfeit my scheduled appointment and my appointment will be canceled. I am aware that there will be additional fees to the non-refundable deposit fee of \$100.00. These fees depend on the length of time and services provided by the physician. The final amount is at the physicians' discretion. Please notify an MOA or the physician if you require financial assistance. All extra fees will be presented to me at the end of my appointment. Failure to be able to provide funds for the additional fees will result in refusal of a follow up appointment at The Kids Clinic Vancouver.

I understand that there is a cancellation policy of 48-72 hours notice. Additionally, in the event of a no show/no call, my non-refundable deposit of \$100.00 will be forfeited. I understand I will be required to pay a repeat non-refundable deposit of \$100.00 to book another appointment.

I have been informed of The Kids Clinic COVID protocol and will follow what has been instructed while at The Kids Clinic office.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

For Office Use

MOA Present:

Booked Physician:

Date of Appointment:

Deposit Collected Date:
