

**Steven G. Kahane, B.Sc., MD, CCFP, FCFP
Medicine Professional Corporation**

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**COVERAGE FOR UNINSURED SERVICES
SEPTEMBER 1, 2020 - AUGUST 31, 2021**

Patient Name	Health Card Number	Version Code	Email Address

The "version code" is an essential part of your health card number. If you have a version code, it will be the letters to the right of your health card number. Please be sure to notify us whenever you receive a new health card.

[] **Option A** – I enclose Annual Fee Visa / MasterCard Cheque

Online payment via <https://www.lesliemedical.com/kahane.html>

Coverage is from: September 1st, 2020 – August 31st, 2021

Please accept my payment for the Annual Coverage Program.

I am requesting coverage as a:

<input type="checkbox"/> Individual	\$ 135.00
<input type="checkbox"/> Couple	\$ 250.00
<input type="checkbox"/> Family (includes children to age 18 and full-time students)	\$ 260.00

*Cheques should be made payable to: **Steven Kahane Medicine PC***

Credit Card Details

Name on Card _____

Card # _____ Expiry ____ /

Mth Year

Signature _____

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