



GREAT LAKES CLINIC BLOCK FEE ENROLLMENT FORM

Please fill out the form and mail it at unit 6, 710 second line E, Sault Ste. Marie, OR drop off at the front desk.

Patient Name	Name of your Family Doctor	Patient name	Name of your Family Doctor

I enclose annual fee

Credit Card

Cheque enclosed

Coverage is from June 1st 2024 till May 31st 2025.

Please accept my payment for the Annual Coverage Program.

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

I am requesting coverage as a:

- 1 Individual \$115.00
- 2 Couple \$175.00
- 3 Senior (age 65 and over) \$ 90.00
- 4 Senior Couple \$150.00
- 5 Family \$195.00

*(includes children to age 18 and/or full time students) No Exceptions

Cheques should be made payable to: **Great Lakes Family Health Organization**