



**DUNCAN FAMILY
DOCTORS**

**NORTH YORK
FAMILY HEALTH TEAM**

DR. HARVEY BLANKENSTEIN HST# 849681754RT0001

DR. MARIA MURACA HST#844954537RT0001

Patients first name: _____ Patients last name: _____

Date of Birth ____/____/____ Telephone # _____

PLAN OPTIONS: FEE

- **INDIVIDUAL \$140.00 + HST = \$158.20**
- **2 FAMILY MEMBERS \$200.00 + HST = \$226.00**

ADDITIONAL FAMILY MEMBERS ARE \$30.00 EACH.

THESE MEMBERS MUST BE UNDER THE AGE OF 18

- **3 FAMILY MEMBERS \$250.00 + HST = \$282.50**
- **4 FAMILY MEMBERS \$280.00 + HST = \$316.40**

PLAN MEMBER NAMES:

1. _____

2. _____

(Under age 18) 3. _____

(Under age 18) 4. _____

YOU CAN NOW PAY YOUR FEES ONLINE: duncanfamilydocs.com

Cheques should be made out directly to your doctor

Please do not send cash in the mail.

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