



Toronto Traveller - Located at Sheppard and Yonge on the subway line

Sheppard Centre Assisted Self Care Dialysis Unit, 2 Sheppard Ave East, Suite 420, 4th Floor,
Toronto, ON, Canada. M2N5Y7 Phone: 416 979 4442 Fax: 416 223 3321

Email: ipp@uhn.ca

Brampton/Mississauga Traveller – located close to 403, 401

Sussex Centre Assisted Self Care Dialysis Unit, 90 Burnhamthorpe Road West, Suite 208 West
Tower, Mississauga, ON, Canada. L6B 3C8 Phone: 416 979 4443 Fax: 905 272 4534

Email: ipp@uhn.ca

GENERAL INFORMATION:

Our Dialysis Units

Conveniently located at on Highway 410 and Burnhamthorpe Road West AND at Yonge and Sheppard just off the Yonge Subway Line.

We are open 7:00 AM to 7:00 PM daily

Our units are staffed with experienced dialysis nurses

Typical treatment time is 4 hours or less

Your dialysis schedule will be according to our availability, your requirements and may be subject to change dependent on capacity and staff availability

WE DO NOT ACCEPT PATIENTS HEPATITIS B ANTIGEN POSITIVE, MRSA, VRE AND CPO

MEDICATIONS:

Medications are **NOT PROVIDED**. Please bring your daily requirement of medication with you.

Post dialysis intravenous infusion of medication will not be administered with the exception of EPO and Calcijex.

EPO AND CALCIJEX WILL NOT BE PROVIDED

PLEASE BRING THE REQUIRED DAILY DOSE TO THE CLINIC TO BE ADMINISTERED

FOOD

You are welcome to bring your own food and drink.

OUR UNITS

Visitors are not permitted.

There is a TV available to watch. We are in a non-smoking building.

LABS

We will take chemistries on the first dialysis appointment if necessary and on a case by case basis dependent on your length of stay.

The cost of the blood tests is in addition to the dialysis fees and is a flat fee of \$300 per complete blood draw.

FEE SCHEDULE

The cost per treatment is CA \$ 650.00 (CANADIAN dollars) for four hours or less. It is \$675.00 for five hours and is effective January 1, 2023.

FULL PAYMENT MUST BE RECEIVED IN FULL PRIOR TO YOUR DIALYSIS APPOINTMENT

CANCELLATION POLICY

A complete refund will be completed if cancellation is within 48 hours prior to your appointment.

If cancellation is received less than 48 hours before the scheduled dialysis appointment we will refund you less \$100 administration fee.

IF YOU DO NOT CONFIRM YOUR TREATMENT 48 HOURS BEFORE YOUR SCHEDULED TREATMENT NO REFUND WILL BE ISSUED.

We accept VISA, MASTERCARD, AMEX, DEBIT AND WIRE TRANSFER

Health insurance may cover and reimburse some of the costs to you. We recommend that you check with your insurance provider regarding payments for dialysis and the required documentation.

Blood tests may be taken but are not included in the above costs. Each complete blood draw is \$300.00.

Receipt of service will be issued after completion of treatment. This receipt can be used to obtain a refund from the insurance provider and will be provided to you via email.

Any unforeseen medical issues will be your financial responsibility.

1. I have been fully informed by my referring physician (nephrologist) of the surgical and medical procedures and the problems and risks involved with haemodialysis.
2. I hereby authorize and direct Dr. Charmaine Lok/Dr. Asad A. Merchant, or associates of their choice to perform upon me haemodialysis and/or any other therapeutic procedures that their judgement may dictate to be advisable for my health and well being.
3. This consent is for repeated haemodialysis treatment, and as such will be deemed effective for all treatments received by me unless this consent is expressly revoked by me.
4. I further understand that by granting my consent for dialysis I agree to hold and save UHN, its staff and associates from any liability for any complications arising from the dialysis treatment or medical conditions that may occur between dialysis.

5. I also acknowledge that my treatment schedule may be altered from time to time and that no guarantee of a schedule has been made to me.
6. I agree to pay the full amount for each treatment as set out in the forms given to me as well as any additional tests that may be administered to ensure my wellbeing.

I acknowledge that I have read the above consent and all other information regarding my dialysis treatment at UHN and agree to comply with the policies and procedures at UHN

PATIENT SIGNATURE: _____

WITNESS: _____

DATE: _____

SIGNATURE _____