



The Hamilton Academy of Medicine

OMA 2005 Guide to Third Party & Other Uninsured Services

Establishing An Hourly Rate

The following example illustrates one way to determine an hourly rate:

ROW	ITEM	CALCULATION
A	Annual gross OHIP billings: (Please note that when using OHIP income, this should be income before thresholds are applied)	\$200,000
B	Converted gross OHIP billings: (\$200,000 x 1.81)	\$362,000
C	Other annual income: (eg. Third party billings OMA recommended rates)	\$20,000
D (B+C)	Total annual gross earnings: (\$362,000 + \$20,000)	\$382,000
E	Working days per year: (52 weeks x 5 days/week less 30 days vacation & holidays)	230 working days
F	Income generating hours: (9 hours in practice less 2 hours (paid clinical time) unpaid non-clinical activity per working day)	7 paid hours/day
G (ExF)	Annual paid hours: (230 days x 7 hours/day)	1,610 paid hours
H (D/G)	HOURLY RATE: (\$382,000/1,610 hours)	\$237.27/hour

Important Note: Any hourly rate calculated using a physician's earnings is primarily based on earnings derived from the provision of insured services (gross OHIP billings). At the time of publication of this Guide, *OMA recommended rates were approximately 81% higher than OHIP rates. As such, the hourly rate calculated should reflect the uninsured nature of the particular services provided.* Further, the particular expertise of the physician providing the uninsured report/service should be taken into consideration.

Example #1 of Invoice for Insurance Report

Dr. M. Physician
Any Street
Hamilton, ON

October 1, 2005

Any Insurance
00 Main Street East
Hamilton, ON

**Re: Invoice for Insurance Report
Mrs. M. Post
D.O.B. – 10 December 1965**

Dear Sir/Madam:

This is my invoice for the insurance report requested:

<u>TIME</u>	<u>SERVICE PROVIDED</u>	<u>RATE</u>	<u>TOTAL</u>
	Intermediate Assessment (A007)	\$52.00	\$52.00
½ hour	Read and Review Patient Chart	\$250.00 /hr	\$125.00
	Disability Certificate Form Completion OCF-3	\$100.00	\$100.00
		TOTAL	\$277.00

Regards,

M. Physician, MD, CCFP, FCFP

Example #2 of Invoice for Medical Legal Report

Dr. M. Physician
Any Street
Hamilton, ON

October 1, 2005

Mr. Lawyer
Barristers, Solicitors & Notaries
00 Main Street East
Hamilton, ON

**Re: Invoice for Medical Legal Report
Mr. O.M. Review
D.O.B. – 17 Nov 1968**

Dear Sir/Madam:

This is my invoice for the medical legal report request:

<u>TIME</u>	<u>SERVICE PROVIDED</u>	<u>RATE</u>	<u>TOTAL</u>
2 hours	Chart Review (100 page chart)	\$250.00 / hr	\$500.00
5 hours	Prepare, write and review 8 page report	\$250.00 / hr	\$1250.00
TOTAL			\$1750.00

Regards,

M. Physician, MD, CCFP, FCFP