

**Ministry of Health  
and Long-Term Care**

**Ministère de la Santé  
et des Soins de longue durée**



---

**Assistant Deputy Minister  
Health Services Division**

**Sous-ministre adjoint  
Division des services de santé**

**11th Floor, Hepburn Block  
80 Grosvenor Street  
Queen's Park  
Toronto ON M7A 1R3**

**Édifice Hepburn, 11<sup>e</sup> étage  
80 rue Grosvenor  
Queen's Park  
Toronto (ON) M7A 1R3**

**Telephone: (416) 327-4266  
Facsimile: (416) 314-5915**

**Téléphone (416) 327-4266  
Télécopieur (416) 314-5915**

**[www.gov.on.ca/health](http://www.gov.on.ca/health)**

Dear Physician:

The Ministry of Health and Long-Term Care is examining options for the distribution of its communications to physicians, specifically the OHIP Bulletins and Schedule of Benefits for Physician Services. The ministry is interested in knowing if physicians would prefer to receive either the OHIP Bulletins or the Schedule of Benefits for Physician Services in an electronic medium.

Please complete the enclosed survey to inform the ministry of your media preference for receiving these documents and return it to the ministry in the enclosed addressed, postage paid envelope.

Sincerely,

Dawn Ogram  
A/Assistant Deputy Minister

## Future distribution of OHIP Bulletins and the Schedule of Benefits

The Ministry of Health and Long-Term Care is surveying the support for non-paper distribution of physician communications.

Please indicate your media and delivery preference for receiving OHIP Bulletins and future updates of the Schedule of Benefits for Physician Services by checking the appropriate boxes below and return it to the ministry in the postage-paid envelope provided.

Name and billing number (optional): \_\_\_\_\_

Mailing address (optional): \_\_\_\_\_

### OHIP Bulletins:

Media and Delivery Preference	YES	NO
Paper copy via mail	<input type="checkbox"/>	<input type="checkbox"/>
Electronic copy via email	<input type="checkbox"/>	<input type="checkbox"/>
- email address for Bulletins		
Download from MOHLTC website	<input type="checkbox"/>	<input type="checkbox"/>

### Schedule of Benefits for Physician Services:

Media and Delivery Preference	YES	NO
Paper copy via mail	<input type="checkbox"/>	<input type="checkbox"/>
Electronic copy via email	<input type="checkbox"/>	<input type="checkbox"/>
- email address for Schedule		
CD-ROM Schedule via mail	<input type="checkbox"/>	<input type="checkbox"/>
Download from MOHLTC website	<input type="checkbox"/>	<input type="checkbox"/>

**Would you like to be notified by email when the Internet site has been updated?**

YES                       NO

Thank you for your time in providing us with this information.

Please return this completed survey in the enclosed postage-paid envelope.