



## **MANHATTAN FAMILY PRACTICE**

### **The Medical Examination for Canadian Immigration**

#### **Who is the medical practitioner?**

**Dr Albert Levy, Manhattan Family Practice**, is a designated Panel Physician for the Canadian Department of Citizenship and Immigration. Dr Levy has been in private practice in New York City since 1986 and is listed as a **Top Doctor** in the city and US. He is well-known for his excellent caring skills and professional knowledge. He is assisted by an experienced medical staff including Nurse Practitioners and Medical Assistants who will ensure the process is carried out efficiently and professionally.

#### **Where do I go for the medical examination?**

The office is located at **911 Park Avenue**, on the SE corner of 80<sup>th</sup> Street and Park Avenue. The nearest subways are Lexington Avenue and 77<sup>th</sup> Street or Lexington Avenue and 86<sup>th</sup>. There are several parking garages located along 80<sup>th</sup> Street. The office is on the ground floor and entrance to our office is a black door on 80<sup>th</sup> Street.

#### **How much is the Medical Exam going to cost?**

The adult medical examination currently costs **\$350\*** which includes a physical examination, Chest X-ray, urine and laboratory tests as well as administration fees. (\*Please note that from August 1<sup>st</sup> 2018, the fee for chest x-rays will be \$75 making the cost **\$375** - see separate fee schedule). Payment must be made at the time of the medical examination and can be made by cash or credit card (Most credit cards are accepted)

#### **How do I arrange an appointment?**

You may schedule an appointment by telephoning **212 288 7193**, Monday through Friday from 9am to 5pm. You can also email us at: [office@manhattanfamilypractice.com](mailto:office@manhattanfamilypractice.com) to schedule your appointment and most times same day appointments are available.

#### **What happens if I miss my appointment or find that I need to change it?**

We ask you to ensure that cancellations or changes are made with **at least 24 hours notice** as a courtesy to the doctor and to other patients so that your appointment can be given to someone else.

#### **What should be done prior to coming for appointment?**

Prior to coming to your scheduled appointment, it is required for you to launch your application online. When your application is complete, you will be assigned an "IME". Please be sure to bring the referral letter which includes this information. This is not necessary if you are being sponsored as Form 1017B is supplied.

### **What do I need to bring to the medical examination?**

- You are required to bring your **passport** or other **photographic identity**, such as driving license or Identity Card.
- Your application ID number if available
- All relevant or specialist medical reports for known medical conditions if available.

A sign-in Information form is attached on the last page of this package. You may fill this form out in advance and bring it with you to your appointment to save time.

### **What does the medical examination entail?**

Dr Levy and his excellently trained and experienced staff will make your visit as smooth as possible. First, our administrative staff will transfer all your personal information onto the Electronic Medical System and take your photo in the office to accompany your application.

The doctor will record your complete **medical history** and perform a **physical examination**, including vital signs and urine testing. All applicants 15 years of age and older are also required to have **blood (serologic) tests** for HIV and for syphilis. (Applicants under age 15 can be tested for HIV if there is reason to suspect the possibility of infection. A Chest X-ray must also be performed for those 15 years of age and older.

### **Where do I go for the Chest X-ray?**

The Chest X-ray is performed at a facility just two blocks away. You will be given full instructions by our staff at the time of your medical examination. No appointment is necessary for this. The fee of \$50 (or \$75 from August 1<sup>st</sup> 2018) for the chest x-ray is charged separately and will be collected at the facility.

### **How long will it take for the medical exam to be submitted?**

As this is submitted electronically, in most cases, the medical report will be ready within 7-10 working days after your appointment date.

## **Other Frequently Asked Questions**

### **Do I need to come in fasting for the blood test?**

No, there is no need to fast before your appointment

### **Are vaccinations required?**

No immunizations are required for this examination

### **Are you open on Saturdays?**

Yes, we do open for the medical examination on alternate Saturdays from 9am to 3pm for your convenience. However, all Chest X-rays are carried out only during weekdays.

### **Do I need to reschedule if I am menstruating?**

Yes, it would be advisable NOT to come during your menstrual cycle as urine tests need to be carried out and this could affect the result.

**Do you accept my medical insurance to cover the medical examination fees?**

Unfortunately, the medical examination conducted for an immigrant visa application is not covered by medical insurances. However, a receipt for the fees is given to you to try to submit to your insurance for possible reimbursement.

**Can I use the results of a recent medical examination at the time of my immigrant visa examination?**

Regretfully not. Only a medical examination conducted for the purpose of your immigrant visa is acceptable.

**How long will the examination take?**

Please allow at least one hour for all the administrative and medical tasks to be completed during your appointment.

**Do you have Disability Access?**

Please note that there are five steps leading to our ground floor office at 911 Park Avenue and we do offer reasonable assistance when needed to navigate these few steps. The X-ray facility has elevators to all floors.

**Thank you for choosing Manhattan Family Practice and we look forward to helping you with this important step in the visa process.**

**If you have further questions, please do not hesitate to call us on 212 288 7193**

**(See below for fee schedule and sign-in Information Sheet)**

**Canadian Immigration Examination**

**Adults:**

Physical Examination (Includes urine and laboratory tests, administrative fees)	<b>\$300.00</b>
Chest X-Ray	<b>\$ 50.00*</b> <b>(\$ 75.00 from Aug 1<sup>st</sup> 2018)</b>
<b>Total</b>	<b>\$350.00 (\$375)</b>

**Children (ages 11 and under):**

Physical Examination	<b>\$250.00</b>
(No X-ray required)	

Payment is required at time of examination and can be made by cash, debit card or credit card: VISA, MASTERCARD, AMEX, DISCOVERY, DEBIT CARDS

**ALBERT LEVY, MD**  
**MANHATTAN FAMILY PRACTICE**  
Patient Information Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: Male / Female (circle) Marital Status: Single / Married / Divorced / Widowed

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Home Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ ext: \_\_\_\_\_

Mobile Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Primary Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Relationship to patient: \_\_\_\_\_

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT**

We will not disclose your medical records to others without your consent or unless the law authorizes or compels us to do so. Our **Notice of Privacy Practices** describes in greater detail how your health information may be used and disclosed. (Copies are available at the reception.)

I understand that I am financially responsible for the payment of medical services received. I may be responsible for any balance not covered by my insurance and I hereby authorize Manhattan Family Practice to furnish any necessary medical or incidental information concerning my medical care and treatment to my insurance carriers.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

(Parent or Guardian if patient is a minor)