

Bowmont Medical Clinic

6535 Bowness Rd. N.W.
Calgary, Alberta T3B 0E8
Phone: 403-247-9797
Fax: 403-247-0014
Website: bowmont.ca

Uninsured Services Package

Name: _____

Phone Number: _____

I would like a (please select one):

Individual package (\$125.00)

Family Package (\$200.00)

Family Members included in my Family Package are:

Credit Card Number: _____
(Visa or Mastercard)

Expiry date: _____

Signature: _____

Payment for the package covers the uninsured service in the package for one calendar year from the date of enrolment.

If you do not wish to purchase one of our packages then you do not need to complete the above information and you will pay for each uninsured service as they occur.