

Ministry of Health and Long-Term Care

REPORT: OHIP PAYMENT SUMMARY REPORT
GROUP: BROOKLIN MEDICAL CENTRE FHO
GROUP #: 0BAXC

FOR PERIOD (YYYY-MM-DD):
PAYMENT TO:
REMITTANCE ADVICE:

2025-10-01 TO 2025-10-31
GROUP
 November 2025

| TOTAL PAYMENT (A+B) | | 281,239.23 | 2025-11-14 |
|-----------------------------|--|---|---------------------|
| GROUP PAYMENTS | | CURRENT MONTH | YEAR TO DATE |
| | ACCESS BONUS PAYMENT | 5,987.67 | 48,114.80 |
| | LTC ACCESS BONUS PAYMENT | 1.36 | 855.28 |
| | GROUP MANAGEMENT LEADERSHIP PAYMENT | 915.39 | 6,351.11 |
| | OFFICE PRACTICE ADMINISTRATION PAYMENT | 1,458.33 | 10,208.31 |
| EXCEPTION PAYMENTS | | CURRENT MONTH | YEAR TO DATE |
| | HCP RELATIVITY PAYMENT | 29,206.65 | 186,378.22 |
| | RMB RELATIVITY PAYMENT | 9.23 | 21.93 |
| | WSIB RELATIVITY PAYMENT | 37.02 | 133.15 |
| | YEAR 1(2024-2025)COMPENSATION INCREASE | 0.00 | 8,159.75 |
| BROOKLIN MEDICAL CENTRE FHO | BAXC | GROUP + EXCEPTION PAYMENTS TOTAL (A) | 37,615.65 |
| | | | 260,222.55 |

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2025-10-01 TO 2025-10-31
GROUP
November 2025

| GROUP PAYMENTS TO PROVIDER | | CURRENT MONTH | YEAR TO DATE |
|----------------------------|--|----------------------------------|------------------|
| LIBBY, THOMAS | 010255 | | |
| | NETWORK BASE RATE PAYMENT | 0.00 | 38,370.25 |
| | BASE RATE PAYMENT RECONCILIATION ADJMT | 0.00 | -319.67 |
| | BASE RATE ACUITY ADJUSTMENT | 0.00 | 791.89 |
| | COMP CARE CAPITATION | 0.00 | 7,799.02 |
| | COMP CARE RECONCILIATION | 0.00 | -81.59 |
| | BLENDED FEE-FOR-SERVICE PREMIUM | 0.00 | 1,531.54 |
| | BLENDED FEE-FOR-SERVICE PREMIUM | 0.00 | 103.50 |
| | TOTAL CLAIMS PAYABLE | 0.00 | 622.08 |
| | AGE PREMIUM PAYMENT | 0.00 | 4.83 |
| LIBBY, THOMAS | 010255 | GROUP PAYMENTS TO PROVIDER TOTAL | 0.00 |
| | | | 48,821.85 |

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 PAYMENT TO: GROUP
 REMITTANCE ADVICE: November 2025

| GROUP PAYMENTS TO PROVIDER | | | | |
|----------------------------|--------|--|---------------|--------------|
| MCALLISTER, CAROLINE | 017645 | | CURRENT MONTH | YEAR TO DATE |
| | | NETWORK BASE RATE PAYMENT | 23,894.13 | 126,188.25 |
| | | BASE RATE PAYMENT RECONCILIATION ADJMT | 49.41 | -192.96 |
| | | BASE RATE ACUITY PAYMENT | 513.16 | 1,520.92 |
| | | BASE RATE ACUITY ADJUSTMENT | 0.93 | 1,231.11 |
| | | COMP CARE CAPITATION | 4,925.45 | 26,022.96 |
| | | COMP CARE RECONCILIATION | 10.46 | -45.16 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 2,573.40 | 12,173.32 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 135.19 | 631.91 |
| | | PREVENTIVE CARE BONUS | 0.00 | 3,885.20 |
| | | TOTAL CLAIMS PAYABLE | 6,359.66 | 35,328.78 |
| | | AGE PREMIUM PAYMENT | 39.83 | 426.08 |
| MCALLISTER, CAROLINE | 017645 | GROUP PAYMENTS TO PROVIDER TOTAL | 38,501.62 | 207,170.41 |

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| GROUP PAYMENTS TO PROVIDER | | | | |
|----------------------------|--------|--|---------------|--------------|
| BHATIA, JASPREET | 017719 | | CURRENT MONTH | YEAR TO DATE |
| | | NETWORK BASE RATE PAYMENT | 18,933.14 | 130,328.30 |
| | | BASE RATE PAYMENT RECONCILIATION ADJMT | -17.34 | -232.61 |
| | | BASE RATE ACUITY PAYMENT | 434.46 | 1,289.18 |
| | | BASE RATE ACUITY ADJUSTMENT | -0.45 | 1,705.45 |
| | | COMP CARE CAPITATION | 3,984.79 | 27,439.02 |
| | | COMP CARE RECONCILIATION | -3.66 | -48.88 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 1,517.02 | 9,394.38 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 30.72 | 181.58 |
| | | PREVENTIVE CARE BONUS | 0.00 | 3,300.00 |
| | | TOTAL CLAIMS PAYABLE | 3,153.82 | 14,022.96 |
| | | AGE PREMIUM PAYMENT | 1.17 | 23.93 |
| BHATIA, JASPREET | 017719 | GROUP PAYMENTS TO PROVIDER TOTAL | 28,033.67 | 187,403.31 |

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| GROUP PAYMENTS TO PROVIDER | | | | |
|----------------------------|--------|--|---------------|--------------|
| FIROUZABADI-DASHTI, ROYA | 022227 | | CURRENT MONTH | YEAR TO DATE |
| | | NETWORK BASE RATE PAYMENT | 27,166.20 | 188,544.99 |
| | | BASE RATE PAYMENT RECONCILIATION ADJMT | -204.28 | -426.98 |
| | | BASE RATE ACUTY PAYMENT | 603.34 | 1,799.07 |
| | | BASE RATE ACUTY ADJUSTMENT | -2.45 | 2,389.88 |
| | | COMP CARE CAPITATION | 5,714.16 | 39,692.30 |
| | | COMP CARE RECONCILIATION | -44.25 | -91.38 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 1,779.94 | 12,519.81 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 36.30 | 297.80 |
| | | PREVENTIVE CARE BONUS | 0.00 | 4,400.00 |
| | | TOTAL CLAIMS PAYABLE | 4,205.71 | 21,963.92 |
| | | AGE PREMIUM PAYMENT | 5.69 | 35.75 |
| FIROUZABADI-DASHTI, ROYA | 022227 | GROUP PAYMENTS TO PROVIDER TOTAL | 39,260.36 | 271,125.16 |

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 PAYMENT TO: GROUP
 REMITTANCE ADVICE: November 2025

| GROUP PAYMENTS TO PROVIDER | | | | |
|----------------------------|--------|--|---------------|--------------|
| LAM, KEVIN | 031538 | | CURRENT MONTH | YEAR TO DATE |
| | | NETWORK BASE RATE PAYMENT | 16,351.06 | 112,672.56 |
| | | BASE RATE PAYMENT RECONCILIATION ADJMT | -10.92 | -317.54 |
| | | BASE RATE ACUITY PAYMENT | 378.80 | 1,122.92 |
| | | BASE RATE ACUITY ADJUSTMENT | -0.11 | 1,492.07 |
| | | COMP CARE CAPITATION | 3,384.08 | 23,335.04 |
| | | COMP CARE RECONCILIATION | -2.31 | -59.11 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 2,271.13 | 16,600.27 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 58.53 | 382.94 |
| | | PREVENTIVE CARE BONUS | 0.00 | 3,300.00 |
| | | TOTAL CLAIMS PAYABLE | 2,145.51 | 15,591.50 |
| | | AGE PREMIUM PAYMENT | 11.38 | 46.28 |
| LAM, KEVIN | 031538 | GROUP PAYMENTS TO PROVIDER TOTAL | 24,587.15 | 174,166.93 |

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| GROUP PAYMENTS TO PROVIDER | | | | |
|----------------------------|--------|--|---------------|--------------|
| RAGUNATHAN, SUBHANI | 031640 | | CURRENT MONTH | YEAR TO DATE |
| | | NETWORK BASE RATE PAYMENT | 15,522.09 | 107,280.09 |
| | | BASE RATE PAYMENT RECONCILIATION ADJMT | -16.21 | -421.25 |
| | | BASE RATE ACUITY PAYMENT | 367.16 | 1,090.32 |
| | | BASE RATE ACUITY ADJUSTMENT | -0.61 | 1,438.71 |
| | | COMP CARE CAPITATION | 3,283.91 | 22,697.00 |
| | | COMP CARE RECONCILIATION | -3.53 | -89.38 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 2,003.21 | 7,923.65 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 31.30 | 144.37 |
| | | PREVENTIVE CARE BONUS | 0.00 | 3,300.00 |
| | | TOTAL CLAIMS PAYABLE | 1,367.09 | 7,155.17 |
| | | AGE PREMIUM PAYMENT | 11.38 | 39.83 |
| RAGUNATHAN, SUBHANI | 031640 | GROUP PAYMENTS TO PROVIDER TOTAL | 22,565.79 | 150,558.51 |

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| GROUP PAYMENTS TO PROVIDER | | | | |
|----------------------------|--------|--|---------------|--------------|
| DINESH, LAVANYA | 046282 | | CURRENT MONTH | YEAR TO DATE |
| | | NETWORK BASE RATE PAYMENT | 18,548.84 | 129,271.35 |
| | | BASE RATE PAYMENT RECONCILIATION ADJMT | -435.73 | -586.87 |
| | | BASE RATE ACUITY PAYMENT | 385.36 | 1,150.71 |
| | | BASE RATE ACUITY ADJUSTMENT | -7.64 | 1,523.68 |
| | | COMP CARE CAPITATION | 3,875.57 | 27,001.04 |
| | | COMP CARE RECONCILIATION | -84.86 | -115.48 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 1,361.69 | 9,469.43 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 52.68 | 399.20 |
| | | PREVENTIVE CARE BONUS | 0.00 | 2,420.00 |
| | | TOTAL CLAIMS PAYABLE | 4,587.17 | 30,652.46 |
| | | AGE PREMIUM PAYMENT | 5.69 | 139.53 |
| DINESH, LAVANYA | 046282 | GROUP PAYMENTS TO PROVIDER TOTAL | 28,288.77 | 201,325.05 |

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| GROUP PAYMENTS TO PROVIDER | | | | |
|----------------------------|--------|--|---------------|--------------|
| DEMARCO, DYLAN | 047348 | | CURRENT MONTH | YEAR TO DATE |
| | | NETWORK BASE RATE PAYMENT | 16,499.43 | 113,451.00 |
| | | BASE RATE PAYMENT RECONCILIATION ADJMT | -50.19 | -211.93 |
| | | BASE RATE ACUITY PAYMENT | 349.32 | 1,036.58 |
| | | BASE RATE ACUITY ADJUSTMENT | -0.96 | 1,369.66 |
| | | COMP CARE CAPITATION | 3,470.80 | 22,849.49 |
| | | COMP CARE RECONCILIATION | -10.32 | -36.09 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 1,950.60 | 11,658.99 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 73.94 | 367.76 |
| | | PREVENTIVE CARE BONUS | 0.00 | 2,200.00 |
| | | TOTAL CLAIMS PAYABLE | 2,593.61 | 13,335.20 |
| | | AGE PREMIUM PAYMENT | 23.93 | 52.28 |
| DEMARCO, DYLAN | 047348 | GROUP PAYMENTS TO PROVIDER TOTAL | 24,900.16 | 166,072.94 |

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PAYMENT TO: GROUP
REMITTANCE ADVICE: November 2025

| GROUP PAYMENTS TO PROVIDER | | | |
|----------------------------|----------|--------------------------------------|------------------|
| GROUP | PAYER ID | CURRENT MONTH | YEAR TO DATE |
| OJIBARA, SALMON | 054362 | NETWORK INCOME STABILIZATION PAYMENT | 17,064.44 |
| OJIBARA, SALMON | 054362 | GROUP PAYMENTS TO PROVIDER TOTAL | 17,064.44 |

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GROUP
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| GROUP PAYMENTS TO PROVIDER | | | | |
|----------------------------|--------|--|---------------|--------------|
| LAROCHE, PAUL | 180638 | | CURRENT MONTH | YEAR TO DATE |
| | | NETWORK BASE RATE PAYMENT | 15,140.68 | 106,022.45 |
| | | BASE RATE PAYMENT RECONCILIATION ADJMT | -13.04 | -817.38 |
| | | BASE RATE ACUITY PAYMENT | 329.30 | 981.91 |
| | | BASE RATE ACUITY ADJUSTMENT | -0.19 | 1,315.29 |
| | | COMP CARE CAPITATION | 3,148.45 | 22,063.31 |
| | | COMP CARE RECONCILIATION | -2.73 | -168.57 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 675.82 | 6,430.46 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 14.30 | 250.05 |
| | | PREVENTIVE CARE BONUS | 0.00 | 4,400.00 |
| | | TOTAL CLAIMS PAYABLE | 815.20 | 5,362.98 |
| | | AGE PREMIUM PAYMENT | 12.14 | 51.97 |
| LAROCHE, PAUL | 180638 | GROUP PAYMENTS TO PROVIDER TOTAL | 20,119.93 | 145,892.47 |

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| GROUP PAYMENTS TO PROVIDER | | | | |
|----------------------------|--------|----------------------------------|---------------|--------------|
| CAIRNS, BRENDA | 224329 | | CURRENT MONTH | YEAR TO DATE |
| | | BLENDDED FEE-FOR-SERVICE PREMIUM | 103.18 | 1,976.06 |
| | | BLENDDED FEE-FOR-SERVICE PREMIUM | 1.10 | 85.94 |
| | | TOTAL CLAIMS PAYABLE | 197.41 | 2,707.18 |
| | | AGE PREMIUM PAYMENT | 0.00 | 11.38 |
| CAIRNS, BRENDA | 224329 | GROUP PAYMENTS TO PROVIDER TOTAL | 301.69 | 4,780.56 |

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GROUP
 November 2025

| GROUP PAYMENTS ALL PROVIDERS | | | | |
|------------------------------|------|--|---------------|--------------|
| BROOKLIN MEDICAL CENTRE FHO | BAXC | | CURRENT MONTH | YEAR TO DATE |
| | | NETWORK BASE RATE PAYMENT | 152,055.57 | 1,052,129.24 |
| | | BASE RATE PAYMENT RECONCILIATION ADJMT | -698.30 | -3,527.19 |
| | | BASE RATE ACUITY PAYMENT | 3,360.90 | 9,991.61 |
| | | BASE RATE ACUITY ADJUSTMENT | -11.48 | 13,257.74 |
| | | COMP CARE CAPITATION | 31,787.21 | 218,899.18 |
| | | COMP CARE RECONCILIATION | -141.20 | -735.64 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 14,235.99 | 89,677.91 |
| | | BLENDED FEE-FOR-SERVICE PREMIUM | 434.06 | 2,845.05 |
| | | PREVENTIVE CARE BONUS | 0.00 | 27,205.20 |
| | | TOTAL CLAIMS PAYABLE | 25,425.18 | 146,742.23 |
| | | AGE PREMIUM PAYMENT | 111.21 | 831.86 |
| | | NETWORK INCOME STABILIZATION PAYMENT | 17,064.44 | 17,064.44 |
| BROOKLIN MEDICAL CENTRE FHO | BAXC | GROUP PAYMENTS TO PROVIDERS TOTAL (B) | 243,623.58 | 1,574,381.63 |

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PAYMENT TO: GROUP
REMITTANCE ADVICE: November 2025

| PROVIDER SUMMARY | | | | |
|------------------|--------|-------------------------|---------------|--------------|
| LIBBY, THOMAS | 010255 | SPECIAL PREMIUM PAYMENT | CURRENT MONTH | YEAR TO DATE |
| LIBBY, THOMAS | 010255 | PROVIDER SUMMARY TOTAL | 0.00 | 6,400.00 |

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| PROVIDER SUMMARY | | | |
|----------------------|-------------------------|------------------------|--------------|
| MCALLISTER, CAROLINE | 017645 | CURRENT MONTH | YEAR TO DATE |
| | SPECIAL PREMIUM PAYMENT | 0.00 | 13,434.00 |
| MCALLISTER, CAROLINE | 017645 | PROVIDER SUMMARY TOTAL | 0.00 |
| | | | 13,434.00 |

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| PROVIDER SUMMARY | | | |
|------------------|-------------------------|------------------------|--------------|
| BHATIA, JASPREET | 017719 | CURRENT MONTH | YEAR TO DATE |
| | SPECIAL PREMIUM PAYMENT | 0.00 | 2,400.00 |
| BHATIA, JASPREET | 017719 | PROVIDER SUMMARY TOTAL | 0.00 |

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| PROVIDER SUMMARY | | CURRENT MONTH | YEAR TO DATE |
|--------------------------|--------|-------------------------|-------------------|
| FIROUZABADI-DASHTI, ROYA | 022227 | SPECIAL PREMIUM PAYMENT | 2,000.00 4,400.00 |
| FIROUZABADI-DASHTI, ROYA | 022227 | PROVIDER SUMMARY TOTAL | 2,000.00 4,400.00 |

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|---------------------|--------|-------------------------|---------------|
| RAGUNATHAN, SUBHANI | 031640 | SPECIAL PREMIUM PAYMENT | 0.00 2,000.00 |
| RAGUNATHAN, SUBHANI | 031640 | PROVIDER SUMMARY TOTAL | 0.00 2,000.00 |

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|------------------|--------|-------------------------|---------------|
| DINESH, LAVANYA | 046282 | SPECIAL PREMIUM PAYMENT | 0.00 4,400.00 |
| DINESH, LAVANYA | 046282 | PROVIDER SUMMARY TOTAL | 0.00 4,400.00 |

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| SUMMARY - ALL PROVIDERS | | | |
|-----------------------------|-------------------------|-------------------------|--------------|
| BROOKLIN MEDICAL CENTRE FHO | BAXC | CURRENT MONTH | YEAR TO DATE |
| | SPECIAL PREMIUM PAYMENT | 2,000.00 | 33,034.00 |
| BROOKLIN MEDICAL CENTRE FHO | BAXC | PROVIDERS SUMMARY TOTAL | 2,000.00 |