Ontario Ministry of Health

Authorization for Group Payment

Purpose

This form will authorize the Ministry of Health (the ministry) to make payment directly to the Group identified below. If you are joining more than one group, complete and sign an Authorization for Group Payment form ***for each group*** where you will be providing services on behalf of the Group.

Section 1 - Group Information

Group Name

Group Billing Number	Effective Date *(for services rendered on or after) (yyyy/mm/dd)*	End Date *(if known) (yyyy/mm/dd)*

Group Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code	Telephone Number

Section 2 - Health Care Professional Information and Authorization

Last Name	First Name

OHIP Billing Number	Current Registration Number *(issued by governing body)*

I hereby authorize the ministry to make payment to the Group named above for services provided by me on behalf of the Group. I understand that only services provided by me personally or delegated by me in accordance with the Schedule of Benefits will be billed under my OHIP billing number, and that payment will be made to the Group and the monthly Group RA will be issued directly to the Group.

Physician Signature	Date

For more information on completing this form, contact the ministry's Service Support Centre by email: SSContactCentre.MOH@ontario.ca or by calling 1-800-262-6524.

Submit this authorization form through ***one*** of the following options:

Email: ProviderRegistration.MOH@ontario.ca

Fax: 613-545-5848

Mail: Ministry of Health
Claims Services Branch
Provider Registry Unit
PO Box 68
Kingston ON K7L 5K1

The ministry's collection of the personal information on this form is authorized under the *Health Insurance Act,* R.S.O. 1990, c. H.6, section 4.1, and Ontario Regulation 57/97. The information will be used to authorize the ministry to make payment to the named group and to verify and monitor your eligibility for payment. It will also be used for health systems planning and coordination purposes. For information about this collection, contact the Director, Health Data Branch, Health System Information Management and Investment Division, Ministry of Health, 5700 Yonge Street, 4th Floor, Toronto ON M2M 4K5, by telephone: 1-866-803-0104 toll free and in Kingston, 613-548-4049 or by email: IMsupport@ontario.ca.

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