Ontario

Ministry of Health

Health Care Provider Claim
Diagnostic and Treatment Services for Uninsured Persons

Provider Instructions and Information for TB-UP Program

Services provided under the Tuberculosis Diagnostic and Treatment Services for the Uninsured Person Program is available only to eligible individuals who are registered for TB-UP at a Public Health Unit. The TB-UP Registration Number on this form confirms registration and is required prior to submitting the claim form. If clarification is required, contact the local Public Health Unit. Under this program, service providers can claim reimbursement only for services that are provided for the diagnosis or treatment of active or latent TB or assessment of suspect TB infection to clients who do not have health insurance. If the TB-UP eligibility expiry date has passed, if the service is provided outside the province of Ontario or if additional claim forms are needed, please contact the Public Health Unit named on the claim form prior to submitting the claim.

Forms Completion and Submission

1. Remove this instruction page.
2. Insert TB-UP in the "Program Identification Code" field at the top of the form.
3. Ensure that Part A is completed by or with assistance from the Public Health Unit. If information is missing, please contact the Public Health Unit. Part B is to be completed by a Service Provider.
4. Forward for payment to:
   Ministry of Health
   347 Preston St, 4th Floor
   Ottawa ON K1S 3J4
   (Note: There is no electronic submission option for claims submitted under the TB-UP program.)
5. Retain for your files for cheque identification and reconciliation.
6. Questions relating to the TB-UP program, policy or procedures are to be directed to the local Public Health Unit.
7. Questions regarding the payment of claims are to be directed to the Ministry of Health via email to IDPP@Ontario.ca.

Terms and Conditions

1. Services provided under the Tuberculosis Diagnostic and Treatment Services for Uninsured Person Program are not OHIP "insured" services under the *Health Insurance Act* ("HIA"). The resulting payments are independent of OHIP and are not included in the total amounts payable for insured services for the purposes of calculating thresholds under the HIA. However, the provisions of the General Preamble in the Schedule of Benefits under the HIA respecting the common elements of insured services apply to the uninsured TB-UP services with all necessary modifications in the same manner as if the TB-UP services were insured.
2. Payments for services rendered under the TB-UP program are based on the fee codes and the amounts payable in the OHIP Schedule of Benefits. TB-UP will use similar service codes and fees. Payments will be made in accordance with the amounts in the OHIP Schedule of Benefits in effect at the time the service was rendered. It is a condition of payment that the service provider was lawfully entitled to render the service at the time and place the service was rendered.
3. The TB-UP program is authorized pursuant to the provisions of sections 2 (purpose), 4 (duty of boards of health), 5.2 (control of disease), 5.4.1 (collection and analysis of data), 7 (guidelines for provision of mandated programs) and 25, 26, 29 and 31 (reporting of disease) under the *Health Protection and Promotion Act* and section 6 (duties and functions of the Minister) under the *Ministry of Health and Long-Term Care Act.*

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4. The service provider agrees that payment of a claim for a service under the TB-UP program constitutes payment in full for that service and that no other account for any amount shall be submitted by the service provider or on behalf of the service provider to any person and no benefit shall be accepted by the service provider or by any other person or entity on behalf of the service provider in respect of the service for which payment has been made under the TB-UP program.
5. The service provider agrees that such records as may be necessary will be maintained: to establish whether a TB-UP service has been provided and to demonstrate that the TB-UP service claimed was the service provided and was medically or therapeutically necessary. All relevant information should be accessible for disclosure by the TB-UP service provider. In the absence of such records, payment of the claim may be refused or be considered a possible debt owing to the ministry if payment has already been made.
6. All claims must be submitted within six months of the date of service including original claims and resubmitted claims regardless of payment inquiries. Payment for claims submitted more than six months following the date of service will be refused unless the TB-UP program manager is satisfied that there are extenuating circumstances.
7. A claim submission for payment may only be made by service providers who are not eligible for compensation for providing the service from the patient's insurer or from a publicly funded health resource other than under the TB-UP Program.
8. Any overpayment to a service provider is agreed to be a debt owing to the Crown in right of Ontario and may be recovered by any remedy or procedure available to the Crown by law. Overpayments to a service provider made under the TB-UP Program may be set off against any money payable to the service provider under the TB-UP Program.
9. The MOH will use its best efforts to ensure that claims will be paid within 8 weeks of receipt.
10. To receive prompt payment, please follow the procedures listed above. Incomplete claims, or claims for services not approved under TB-UP, will be returned to the provider with a covering letter indicating the reason.

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Part A: Completed by or with assistance from the Public Health Unit

See attached page for Terms and Conditions of payment and instructions.

Program Identification (ID) Code	Referring Health Unit

Disease Under Investigation / Treatment (Obtained from Referring Physician/Facility)

Name of Contact Person

Last Name	First Name	Telephone Number ext.

Patient Name

Last Name	First Name	Middle Initial

Gender ☐ Female ☐ Male	Date of birth (yyyy/mm/dd)	Registration Number	Eligibility Expiry Date (yyyy/mm/dd)

Provider Name

Provider Number	Last Name	First Name

Provider Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Part B: Completed by the Service Provider

List of the Fee Code for each service rendered (The Fee Code and amount for this uninsured service is similar to the fee code and amount listed in the OHIP Schedule of Benefits for the corresponding service code and is prefaced by the Program ID Code)

Program ID - Service Code	Fee Submitted	Service Date	Program ID - Service Code	Fee Submitted	Service Date	Program ID - Service Code	Fee Submitted	Service Date

I confirm that the services rendered (as listed above) were solely for the diagnosis and treatment of the disease specified under program identification. I agree to all the Terms and Conditions (listed on the attached page) for this program.

Collection of the personal information on this form is for determination of eligibility and registration in the above noted program, its provision and administration of TB-UP program health services, TB-UP program administration and health program evaluation and planning. the *Ministry of Health and Long-Term Care Act*. section 6. and the *Health Protection and Promotion Act*. sections 2. 4. 5.2, 5.4.1. and 25. 26. 29 and 31. For information about collection practices contact the Office of the Chief Medical Officer of Health, Public Health, 393 University Avenue, 21st Floor, Toronto ON M7A 2S1 or by email to IDPP@ontario.ca

Signature	Signature Date (yyyy/mm/dd)

Part C: Ministry Use Only

Invoice Number	Total Amount Approved	Approved By	Date Processed (yyyy/mm/dd)

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