Ontario Ministry of Health

Healthy Smiles Ontario

Emergency and Essential Services Stream (HSO-EESS) Application Form

AccertaClaim Servicorp Inc.
Healthy Smiles Ontario Contact Centre
Station P, P.O. Box 2286
Toronto ON M5S 3J8
Fax: 416-354-2354
Toll-free: 1-877-258-3392

Healthy Smiles Ontario – Emergency and Essential Services Stream (HSO-EESS) provides access to free emergency and essential services for eligible children and youth.

Children and youth may be eligible for HSO-EESS if they:

- Are 17 years of age or under;
- Live in Ontario;
- Meet the financial eligibility criteria (Section 3A); and
- Meet the clinical eligibility criteria for the Emergency and Essential Services Stream as described in the Healthy Smiles Ontario Schedule of Dental Services and Fees.

Please note: Children 17 years old and under are automatically enrolled in Healthy Smiles Ontario and eligible for dental services if they or their household receive(s) Ontario Works, Temporary Care Assistance, Ontario Disability Support Program, or Assistance for Children with Severe Disabilities.

For more information about the program, please visit www.ontario.ca/healthysmiles

If you have additional questions, please contact the ServiceOntario INFOline:

Call ServiceOntario toll-free: 1-844-296-6306
Call ServiceOntario TTY toll-free: 1-800-387-5559 or 416-327-4282 (TTY Toronto only)

For Providers:

To enroll a child or youth in the Emergency and Essential Services Stream of the Healthy Smiles Ontario Program:

1. Complete and sign the Emergency and Essential Services Stream Application Form.
2. Fax or mail this completed form to the fax number or address listed at the top of this page. Please note, providers should not submit completed HSO EESS applications directly to the Ministry of Health, as this will prevent appropriate processing for enrolment and cause unnecessary delays. The client will receive a dental card in the mail and are eligible to receive treatment for up to 6 months from their date of enrolment or up until their 18th birthday, whichever date is earlier.

   Please note: Children/youth that present outside of Accerta's regular business hours (8am-8pm Monday-Friday) can receive a limited basket of emergency services as indicated in the HSO Schedule of Dental Services and Fees before enrollment has been confirmed.

If you have additional questions please contact Accerta:
Local: 416-363-3677
Toll-free: 1-877-258-2658

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Ontario

Ministry of Health

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Client's Name: _____

To Be Completed By Dental Provider

1. Does the client meet the clinical eligibility requirements for HSO-EESS as defined in the HSO Schedule of Services and Fees? **Note:** You may submit a claim for an emergency or specific examination for performing the clinical eligibility assessment.. ..... ☐ Yes ☐ No

   If yes, please instruct the applicant to complete Sections 1, 2, and 3.

   If no, please instruct the applicant to complete Sections 1, 2, and 4 only.

2. Did the client present after-hours? (i.e. outside of Monday to Friday 8am-8pm) ..... ☐ Yes ☐ No

   If yes, you acknowledge the following conditions:

   - Prior to beginning treatment, the applicant must complete and sign the Emergency and Essential Services Stream Application Form.
   - Providers must submit the application form to Accerta on the next business day.
   - Accerta will acknowledge receipt of the HSO – EESS application form and notify you regarding the status of the child's enrolment, client identification number, and expiry date.
   - Providers must then submit claims for any emergency services performed using the client identification number provided by Accerta.

   If no, the dental provider may proceed with additional treatment once enrollment has been confirmed by Accerta.

Dental Provider Information and Declaration

Dental Provider: Please complete this section once treatment has begun and return this form to the program administrator.

Dentist Provider's Name	Dentist Provider's Unique ID #

Dental Provider's Address

Unit Number	Street Number	Street Name

City/Town	Province	Postal Code

Dentist Provider's Phone Number	Dentist Provider's Fax Number

Declaration of Dental Provider – I verify that the information provided is correct to the best of my knowledge.

X Signature of Dental Provider	Date (yyyy/mm/dd)

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Client's Name: _____

Section 1 – Applicant Information

Applicant is the: (choose one)

☐ Custodial Parent

☐ Legal Guardian

☐ Youth – completing for yourself

Last Name

First Name	Middle Name (if applicable)
Telephone Number	

Residential Address

Unit Number	Street Number	Street Name		
City/Town		Province		Postal Code

Mailing Address ☐ Indicate (√) if same as Residential Address

Unit Number	Street Number	Street Name		
City/Town		Province		Postal Code

Section 2 – Client Information (Child/Youth)

Last Name

First Name	Middle Name (if applicable)
Date of Birth (yyyy/mm/dd)	Sex ☐ Male ☐ Female ☐ Other

Ontario

Ministry of Health

Healthy Smiles Ontario

Emergency and Essential Services Stream (HSO-EESS)
Application Form

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Section 3A – Financial Eligibility

Please answer the questions below.

1. Is your household income at a level where you could receive the Ontario Child Benefit? If you are not sure, please contact your local public health unit. ..... ☐ Yes ☐ No

2. If you paid for the treatment, would your household suffer financial hardship resulting in any one of the following:

   a) Inability to pay rent/mortgage;

   b) Inability to pay household bills;

   c) Inability to buy groceries for the family; or

   d) The child/youth or family will be required to seek help from a food bank in order to provide food. ..... ☐ Yes ☐ No

If you answered YES to either question:

You meet the financial eligibility requirements for the Emergency and Essential Services Stream of Healthy Smiles Ontario. Please complete the rest of this form and ask your Dental Provider to submit the form on your behalf.

If you answered NO to BOTH of the questions:

You **do not** meet the financial eligibility requirements for the Emergency and Essential Services Stream of Healthy Smiles Ontario. Please discuss options with your dental provider.

Section 3B – Other Insurance

Children/youth with other insurance can enrol in Healthy Smiles Ontario but are required to use their own insurance first before using the coverage under the Healthy Smiles Ontario Program.

Does your child have insurance coverage that includes dental benefits? ..... ☐ Yes ☐ No

Families and/or youth who are unable to afford to access other insurance first, may be exempted from this requirement and may be treated by the Healthy Smiles Ontario Program as first payer.

Are you able to afford to access other insurance first? ..... ☐ Yes ☐ No

Ontario

Ministry of Health

Healthy Smiles Ontario

Emergency and Essential Services Stream (HSO-EESS)
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Client's Name: _____

Section 3C – Terms and Conditions and Consent for HSO-EESS Eligible Clients

I declare that:

- The client for whom this Healthy Smiles Ontario – Emergency and Essential Services Stream (HSO-EESS) Application is being completed meets the eligibility requirements for the HSO-EESS;
- I have not misrepresented information about the client, myself or my household and understand that any misrepresentation may result in the immediate removal of the client from HSO-EESS, and that the Government of Ontario may seek reimbursement for any services that were rendered while the client was ineligible for the program;
- I understand that the information on this application may be subject to audit and verification and that I must immediately report any changes that may affect the eligibility of the client to the Ministry of Health;
- I understand that the mailing address provided in Section 1 of this Application form will be the mailing address used for the client listed;
- I understand that only certain dental procedures are covered under HSO-EESS, as listed in the Healthy Smiles Ontario Program Schedules of Dental Services and Fees and I am responsible for paying for services not covered or paid for under HSO-EESS;
- I understand that where possible any existing public or private dental insurance coverage for the client listed must be utilized before resorting to HSO-EESS;
- I understand that if the client listed has other insurance coverage, I may be asked to send further information about that coverage from the insurance carrier;
- I understand that if I am unable to afford to access my other insurance first, I can be treated under the HSO-EESS as first payer;
- I understand that the Healthy Smiles Ontario dental card is valid for up to 6 months starting from the registration date and will expire either at the end of the 6 month period or on the 18th birthday of the client listed, whichever date is earlier;
- I understand that the client is allowed a maximum of three (3) enrollments into the HSO-EESS during their lifetime;
- I consent to the collection, use and disclosure of any of the information included on this form or submitted in connection with this form by and among my dental service provider(s), the relevant board of health (public health unit) and the Ministry of Health; and
- I also consent to the collection use and disclosure of related treatment information among my dental service provider(s), the relevant board of health (public health unit) and the Ministry of Health for the purpose of follow up and case management; program administration, and evaluation.

X	Signature of Parent/Guardian/Youth	Date (yyyy/mm/dd)

Section 4 – Terms and Conditions and Consent for Non-Clinically Eligible Clients

- I consent to the collection, use and disclosure of any of the information included on this form or submitted in connection with this form by and among my dental service provider(s), the relevant board of health (public health unit) and the Ministry of Health; and
- I also consent to the collection use and disclosure of related treatment information among my dental service provider(s), the relevant board of health (public health unit) and the Ministry of Health for the purpose of reimbursing the dental service provider for completing the clinical eligibility assessment, program administration, and evaluation.

X	Signature of Parent/Guardian/Youth	Date (yyyy/mm/dd)