Ontario Ministry of Health

Low-Volume Claim Submission Claim File Generator

Information:

The "Low- Volume Claim Submission Claim File Generator" is a tool that allows registered Health Care Professionals/Registered Third-Party Billing Agencies (RTPBAs) to generate a claim file that can be securely submitted to the ministry electronically for the purpose of payment.

IMPORTANT: This tool is not the actual submission of the claim. You must follow the instructions below in order to successfully submit a valid medical claim for payment by the ministry.

Instructions:

- Complete all required fields and click "Generate Claim File".
- The XML Claim File will automatically be generated and you will be provided with an option of where to save the file on your computer.
- You will then need to log into Go-Secure, and select the MCEDT Web User Interface option.
- When prompted, please attach the XML Claim File to the MCEDT submission and click submit.

Please check out the ministry website for additional information,

https://www.ontario.ca/document/resources-for-physicians/claims-submission

Or contact the ministry at, 1-800-262-6524.

Fields marked with an asterisk (*) are mandatory.

Section 1 – Health Care Professional / Registered Third-Party Billing Agency (RTPBA) Information

Group Number *	Provider Number *	Specialty Code *	Payee *

Section 2 – Patient Information / Service Claim Information

Patient #1

Is this a Health Claim, WSIB Claim, or a Reciprocal Claim? *

Health Claim

Flag for Manual Review *

☐Yes ☐No

Health Number (10 digits) *	Version Code	Date of Birth (yyyy/mm/dd) *	Account Number

Referring Provider Number	Master Number	Service Location Indicator	Inpatient Admission Date (yyyy/mm/dd)

WSIB Claim

Flag for Manual Review *

☐Yes ☐No

Health Number (10 digits) *	Version Code	Date of Birth (yyyy/mm/dd) *	Account Number

Referring Provider Number	Master Number	Service Location Indicator	Inpatient Admission Date (yyyy/mm/dd)

Reciprocal Claim

Flag for Manual Review *

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☐Yes ☐No

Province *	Registration Number *	Date of Birth (yyyy/mm/dd) *	Account Number

Patient's Surname *	Patient's First Name *	Sex *

Referring Provider Number	Master Number	Service Location Indicator	Inpatient Admission Date (yyyy/mm/dd)

Service Claim #1

Service Code *	Fee Submitted *	Number of Services *	Service Date (yyyy/mm/dd) *	Diagnostic Code

Section 3 – Generate Claim File

NOTE: Once you click "Generate Claim File", a formatted claim flat file will be downloaded to your computer to the default "Downloads" folder.