Ontario

Ministry of Health

Medical Liability Protection
Reimbursement Program
347 Preston Street, 4th Floor
Ottawa ON K1S 3J4

Medical Liability Protection (MLP) Reimbursement Program Authorization/ Direct Deposit Request

Please print clearly. For more information on completing this form, contact the ministry's Inquiry Services by calling 1-800-262-6524 or by email: SSContactCentre.MOH@ontario.ca.

Purpose

This form is to be completed by Canadian Medical Protective Association (CMPA) members who are eligible to benefit from the Ontario MLP Reimbursement Program.

This authorization/direct deposit request shall remain in effect until such time as a request is received by the Ministry of Health (MOH), in writing, to cancel and/or modify selections made.

Physicians must meet **all three (3)** conditions listed below in order to receive a reimbursement:

- be a member of the CMPA;
- be registered for Direct Deposit with the MOH (see Section 3);
- ensure a completed authorization/direct deposit form is received by the MOH.

Physicians who are not members of the CMPA or those who do not meet the three conditions listed above are not eligible for reimbursement options A or B and should contact the ministry's Inquiry Services at 1-800-262-6524 for more information.

Note: Physicians who are Type of Work Code 12, 13 or 14 are not eligible for Option A.

All sections must be completed in full. Once completed, submit this form through **one** of the following options:

By email: MLPReimbursement@ontario.ca

Or by fax: 613-545-5810

Or by mail: Ministry of Health
MLP Reimbursement Program
347 Preston Street, 4th Floor
Ottawa ON K1S 3J4

Please select one that applies to you:

☐ New ☐ Change

Section 1 – Identification

Last Name	First Name	
CPSO Number	OHIP Billing Number	CMPA Number

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Section 2 – Reimbursement Payment Option (select one)

☐ **Option A – Advance Reimbursement**

1. By January 1st of the year to be reimbursed, physicians must send the CMPA their membership renewal, authorizing annual direct debit to occur May 1st.
2. In March, the CMPA will transfer the relevant information to the MOH for physicians who have authorized the CMPA to perform electronic transfer of information.
3. Beginning April 1st and no later than April 30th, the MOH will deposit the full reimbursement entitlement for the current year directly into the physician's account. Payments made under the MLP Reimbursement Program may be subject to adjustment as permitted or required by law.
   Note: on May 1st, the CMPA will process the direct debits.

☐ **Option B – In Year Quarterly Reimbursement**

1. By January 1st of the year to be reimbursed, physicians must send the CMPA their membership renewal.
2. The CMPA will transfer payment information to the MOH on a quarterly basis.
3. Based on payment information received from the CMPA, the MOH will deposit the quarterly reimbursement entitlement directly into the physicians' accounts. Payments made under the MLP Reimbursement Program may be subject to adjustment as permitted or required by law.

Section 3 – Request for Direct Deposit for MLP Reimbursement Program

Physicians who are eligible to benefit from the MLP Reimbursement Program should complete this section to register for Direct Deposit with the MOH. This section can also be completed to update/change bank account information related to the MLP Reimbursement Program.

Note: The ministry requires written notice, **30 days in advance**, of any changes to your banking arrangements.

☐ New Request ☐ Update/Change

I hereby authorize the MOH to directly deposit my eligible MLP reimbursement into my bank account and have attached one of the following:

- A scanned or original blank cheque with VOID written on it, from the financial institution where I bank, with the fully micro-encoded branch, institution and account numbers, **OR**
- A letter from my bank with the branch name, number and address along with the name of the owner of the account and account number, **OR**
- A direct deposit form issued by my bank.

Name	Signature	Date (yyyy/mm/dd)

Section 4 – Declaration

I have read and understood the options for reimbursement. I acknowledge that in order to maintain eligibility for MLP reimbursement, it is my personal responsibility to meet the deadlines and conditions set out in this authorization form.

I meet the eligibility requirements as outlined above for reimbursement of part of my membership fee for the CMPA.
I declare that all the information on this authorization form is correct. I acknowledge and agree that the amount of any payment made to me to which I am not legally entitled under this program will be deducted from any other money owing to me by the MOH.

Name	Signature	Date (yyyy/mm/dd)

This information is being collected by the MOH for the proper administration of the MLP Reimbursement Program and will be used and disclosed for purposes related to this program or as otherwise permitted or required by law. If you have any questions about this collection, please contact the Director, Claims Services Branch, PO Box 48, 49 Place d'Armes, 3rd Floor, Kingston ON K7L 5J3 or call Inquiry Services at 1-800-262-6524.