Ontario Ministry of Health

OHIP Group Registration for Health Care Professionals

Purpose:
This application is to be completed by currently licensed health care professionals requesting designation as a group and will authorize the Ministry of Health (the ministry) to make payment directly to the Group named below for services provided on behalf of the Group.

General Information:
A health care professional is eligible to join a group as long as:

- the health care professional has a current Certificate of Registration to practise in Ontario, and
- has already registered for an OHIP Billing Number with the ministry.

The ministry must be notified, in writing, of any changes to the Group no less than sixty (60) days prior to this change.

Section 1 - Group Information

Group Name	Effective Date of the Group *(yyyy/mm/dd)*

Note: The Group Name selected is subject to ministry approval and should reflect the type of services that will be provided.

Master Number (if applicable)	The Master Number Index is available at: http://www.health.gov.on.ca/en/common/ministry/publications/reports/master_numsys/master_numsys.aspx

Group Administrator Information

Name of Group Administrator (Last Name)	First Name

Telephone Number ext.	Fax Number	Email Address

Section 2 - Group Address Information *(PO Box and RR Number are not acceptable)*

Primary Practice Address *(check all applicable boxes)*

☐ Group ☐ Hospital

Information line *(e.g. c/o name, department of, to the attention of, floor)*

Unit Number	Street Number	Street Name

City/Town	Province	Postal Code
	ON	

Telephone Number ext.	Fax Number	Email Address

Mailing Address

*Complete this section if you **do not want** your correspondence sent to the Primary Practice Address.*

Information line *(e.g. c/o name, department of, to the attention of, floor)*

Unit Number	Street Number	Street Name

City/Town	Province	Postal Code
	ON	

Telephone Number ext.	Fax Number	Email Address

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Section 3 - Group Type

Physician Group

Practice Type: ☐General Practice ☐Specialty

Practice will provide diagnostic services only ◯Yes ◯No

Will you be billing for professional fees only? ◯Yes ◯No

Will you be billing for professional and technical fees? ◯Yes ◯No

Practitioner Group

Practice will provide and bill for the following services:

☐Dental ☐Optometry

Section 4 - Declaration

I hereby authorize the ministry to make a payment to the Group for services provided by me on behalf of the Group. I understand that the monthly Group Remittance Advice will be issued directly to 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.

I understand that I must notify the ministry in writing, of my intent to terminate my affiliation with the group no less than sixty (60) days before the effective date of termination of the affiliation.

I provide my consent for the ministry to communicate with, and disclose personal information to, the Group Administrator on my behalf.

We, the undersigned, currently licensed to practice in the Province of Ontario request designation as a Group to be known as:

Group Name

Physicians / Practitioners to be Registered with the Group				Signature
Last Name	First Name	Billing Number	Licence No.	*(Each physician/practitioner must sign)*

Section 4 - Declaration *(continued)*

Group Name

Physicians / Practitioners to be Registered with the Group				Signature
Last Name	First Name	Billing Number	Licence No.	*(Each physician/practitioner must sign)*

For more information on applying for group registration, contact the ministry's Service Support Contact Centre by email: SSContactCentre.MOH@ontario.ca or by calling 1-800-262-6524.

Submit this 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.