Ontario

Ministry of Health

Out-of-Province/Out-of-Country Claim Submission

Instructions

Complete, sign and submit this form along with all the required information, including a detailed statement (that provides a complete breakdown of all charges) to the Ottawa Ministry of Health (MOH) office. Keep copies for your records.

By email: CSBOttawa@ontario.ca
Or
By mail: Ministry of Health
347 Preston Street, 4th Floor
Ottawa ON K1S 3J4

For more information, contact the ministry at 1-800-262-6524 or visit our web site at: www.health.ontario.ca

Important

If the original statement is **not** in English or French and the dollar value is:

- Under $1000 Canadian, a non-certified translation with a signed statement is acceptable.
- Equal to $1000 or over, a certified translation is required.

Accounts must be submitted within 12 months from the date of service. All payments will be in Canadian funds.

Please allow 6-8 weeks for payment.

Prescription drugs are not insured under OHIP so do not submit receipts.

The MOH will not make payment directly to an out-of-country physician.

If criteria for payment set out in the *Health Insurance Act* and Regulations are met, upon receipt of an itemized invoice, the MOH will:

- Pay the amount payable **directly** to an eligible hospital or health facility. Note that a signed authorization and direction will be required in addition to an itemized invoice.
- Pay the amount payable **directly** to the client for hospital or physician charges. Note that original proof of payment will be required in addition to an itemized invoice.

Section 1 – Patient Information

Health Number	Version	Last Name	First Name

Date of Birth (yyyy/mm/dd)	Gender	Telephone Number (Home)	Telephone Number (Business)

Residence Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code
	Ontario	

Mailing Address ☐Check if same as Residence Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code
	Ontario	

Section 2 – Treatment Information

Date of Departure from Ontario (yyyy/mm/dd)	Date of Return to Ontario (yyyy/mm/dd)

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Province/Country where treatment provided	Type of Currency paid for treatment

In the previous 12 month period, have you been absent from Ontario for a period of more than 212 days?

☐No ☐Yes

If yes, provide details ▼

Are you covered by any travel/supplementary insurance?

☐No ☐Yes

If yes, provide details ▼

Name of Insurance Company	Policy Number

Was this treatment required due to a condition which arose outside Ontario that was acute, unexpected and required immediate treatment?

☐No ☐Yes

Reason for Visit/Diagnosis (nature of illness)	Type of Treatment Received	
Place of Treatment ☐Office ☐Home ☐Hospital ☐Other (specify)	Treatment Date	Treatment Time (hh:mm)

Section 3 – Hospital/Health Facility Information

Hospital/Health Facility Name

Hospital/Health Facility Address

Street Number	Street Name/Address	Unit Number

City/Town	Province/State/Region	Postal/Zip Code

Country

Were you an ☐Inpatient ☐Outpatient	Admission Date (yyyy/mm/dd)	Discharge Date (yyyy/mm/dd)

Section 4 – Declaration

I certify that the information provided on this form to be true and accurate. Knowingly providing false information is an offence punishable by fine and/or imprisonment.

Name of Patient/Guardian	Signature of Patient/Guardian	Date (yyyy/mm/dd)

Section 5 – Authorization and Direction (to be completed **only** if you have **not** paid bill/invoice)

Complete this section to authorize the MOH to pay the amount payable directly to an eligible hospital or health facility upon receipt of an itemized invoice and this signed authorization.

I authorize and direct the Ministry of Health to pay the amount of my hospital/health facility bills that are payable by OHIP directly to the hospital/health facility named in section 3.

Name of Patient/Guardian	Signature of Patient/Guardian	Date (yyyy/mm/dd)

By submitting this form to the ministry, you are consenting to the ministry's use of the information contained in this form for the purpose of assessing, verifying and monitoring eligibility for payment for OHIP insured services and for the proper administration of the *Health Insurance Act* and other Acts/programs administered by the ministry. 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 Service for Claims Services Branch at 1-800-262-6524.