Ontario Ministry of Health

Request for Approval of Payment for Proposed Surgery
Confidential When Completed

Patient Identification

Last Name	First Name	Middle Initial

Health Number (10 digits)	Version	Date of Birth (yyyy/mm/dd)	Sex
			☐Male ☐Female

Current Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Surgery Details

Name and address of hospital

Date of surgery (if known) (yyyy/mm/dd)	Proposed Fee Code(s)

Diagnosis and proposed procedure

Medical indication for surgery

Surgeon's name in full

Surgeon's Ministry of Health billing number

Surgeon's address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Surgeon's signature	Date (yyyy/mm/dd)

Ministry of Health Assessment

1 and 2 pertain on condition that Ontario Health coverage is in effect on date of service.

☐1. Approved for benefits as submitted ☐2. Approved as amended ☐3. Not an eligible benefit

Comments

Signature for Ministry of Health	Date (yyyy/mm/dd)

This authorization is valid for one year after date of approval.

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Instructions to surgeons:

1. Forward a copy of this form to your Ministry of Health Claims Processing office.
2. Return a copy of this form with your claim if request is approved.

Collection of the information on this form is authorized under the *Health Insurance Act*, R.S.O. 1990, c.H. 6, Regulation 552, Preamble to Schedule 15. It will be used to assess eligibility for payment. For information about collection practices, contact the Provider Services Branch General Inquiry Line at 1-833-584-3441.

For general inquiries, call:

ServiceOntario
Toll free: 1-866-532-3161
In Toronto, (416) 314-5518
TTY: 1-800-387-5559
Hours of operation:
Monday to Friday, 8:30 a.m. - 5:00 p.m.

or

Consult the government pages of your telephone book

or

Visit our Web site at
www.health.gov.on.ca