

- Do not submit receipts for prescription drugs as they are not an insured Ontario Health Insurance Plan (OHIP) benefit.
- Complete, sign and return this form with your **original** detailed statement that gives a complete breakdown of all charges to a Ministry of Health and Long-Term Care office. Keep copies for your records.
- If the **original** statement is not in English or French, for accounts:
 - Under \$1000 Canadian, a non-certified translation with a signed statement is acceptable.
 - \$1000 and over, a certified translation is required.
- If the other criteria for payment set out in the *Health Insurance Act* and Regulations are met, the ministry will pay the amount payable under the Act to an eligible hospital or health facility **directly** upon receipt of an itemized invoice and the signed authorization and direction (see below). The ministry will not make payment directly to an out-of-country physician.
- If the other criteria for payment set out in the *Health Insurance Act* and Regulations are met, the ministry will pay the amount payable under the Act to the client **directly** for **hospital** or **physician** charges upon receipt of an itemized invoice and **original proof of payment**.
- Accounts must be submitted within 12 months from date of service. Please allow 6–8 weeks for payment. All payments will be in Canadian funds.

Patient Information

Health Number		Version	Patient's Last Name		First Name	
Date of Birth year month day	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Telephone No. (home) ()		Telephone No. (business) ()	
Mailing Address Street Name			City	Province	Postal Code	
Residence Address Street Name			City	Province	Postal Code	
Date of Departure from Ontario year month day	Date of Return to Ontario year month day	Country/Province Where Treatment Provided		Type of currency paid		
In the previous 12 month period, have you been absent from Ontario for a period of more than 212 days? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, provide details.			
Are you covered by any travel/supplementary insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, name of insurance company		Policy Number	

Treatment Information (Complete this section in full)

Was this treatment required due to a condition which arose outside Ontario, was acute and unexpected, and required immediate treatment?
 Yes No

Reason for Visit/Diagnosis (<i>nature of illness</i>)	Type of Treatment Received
Place of Treatment <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Other (<i>specify</i>)	Treatment Date year month day
	Time of Treatment <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

Hospital Information

Hospital Name	Admission Date year month day	Discharge Date year month day
Hospital Address	Please Check (✓) One <input type="checkbox"/> inpatient <input type="checkbox"/> outpatient	

Knowingly providing false information is an offence punishable by fine and/or imprisonment. The information given on this form is true and accurate.

Signature of Patient/Guardian

Date

X

Authorization and Direction (*The ministry will pay the amount payable by OHIP directly to an eligible hospital or health facility upon receipt of an itemized invoice and the signed authorization.*)

I, _____ authorize and direct the Ministry of Health and Long-Term Care to pay the amount of my hospital / health facility bills that are payable by OHIP directly to _____.

Name of Patient (*print*) Name of Hospital/Health facility (*print*)

Signature of Patient/Guardian

Date

X

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. For information about collection practices, call 1 800 268-1154, in Toronto (416) 314-5518, or by mail to your local Ministry of Health and Long-Term Care Office.

For more information, contact a claims processing office (collect calls accepted) or visit our web site at: www.health.gov.on.ca

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217 York St. 5th floor, N6A 5P9
519 675-6800

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