



Health Claim

Confidential when completed

Header section with fields: Health Number, Version, Date of Birth (year, month, day), Account Number, Payment Prog., Payee, Service Location Indicator, Referring Provider Number, Master Number, Inpatient Admission (year, month, day).

Table with 10 columns: Service Code, Fee Submitted, No. of Services, Service Date (yyyymmdd), Diagnostic Code, Service Code, Fee Submitted, No. of Services, Service Date (yyyymmdd), Diagnostic Code.

fold here

For Ministry Use Only

Checklist for Ministry Use Only. Includes categories: Health Number is missing/invalid, Invalid Version Code, Date of Birth missing/incorrect, Date of Birth / Health Number mismatch, Health Number not registered with Ministry of Health and Long-Term Care, Payment Program is missing/invalid, Payee is missing/incorrect, OHIP # required for this service date, Health Number required for this service date, Please resubmit as Reciprocal Claim. Also includes 'Missing/Incorrect Service' section with checkboxes for Referring Provider No., Fee, Master Number, Number of Services, Admission Date, Service Date, Service Code, Diagnostic Code, Service Location Indicator, and Missing/Incorrect information as highlighted on claim card. Includes Date and Station fields.

Please detach here and return the top portion to the ministry. The bottom portion is a copy for your records.



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Table with 10 columns: Service Code, Fee Submitted, No. of Services, Service Date (yyyymmdd), Diagnostic Code, Service Code, Fee Submitted, No. of Services, Service Date (yyyymmdd), Diagnostic Code. Includes a large 'Provider's Copy' watermark.