

# Maxillofacial Intraoral Prostheses Policy and Administration Manual

Assistive Devices Program  
Ministry of Health & Long-Term Care

February 2016

<https://www.ontario.ca/page/assistive-devices-program>

# Table of Amendments

This page will list all substantive changes to policies and procedures listed in the Manual.

<b>Section</b>	<b>Change</b>	<b>Date</b>
110.09	Added a definition and Web link for the Oral and Maxillofacial Rehabilitation Program (OMRP).	July 2013
200.02	Revised: Information added to include listed devices that will be used in conjunction with the OMRP.	July 2013
305	New bullet added regarding the OMRP.	July 2013
115.02	Updated to align with the new Authorizer Agreement.	October 1, 2014
900	Added policy regarding Manufacturers as Vendors.	September 22, 2015
505.06	Deleted Warranty information.	November 2, 2015
510	Renamed Warranty and updated policy statements.	November 2, 2015
515	Added Procedures policy and updated policy statements.	November 2, 2015

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# Introduction

# 1

# Part 1: Introduction Maxillofacial Intraoral Prosthesis Policy and Administration Manual

## 100 Purpose of the Manual

The purpose of this Manual is to present the policies and procedures for funding of Maxillofacial Intraoral Prosthesis in one document. This Manual is intended to complement the Policy and Procedures Manual for the Assistive Devices Program (ADP Manual).

This Manual forms part of the agreement between the Ministry of Health and Long-Term Care and the Vendor, and the agreement between the Ministry of Health and Long-Term Care and the Authorizer. The Ministry reserves the right to revise this Manual.

### 100.01 Intended Target Audience

This Manual is intended to be used by Authorizers and Vendors who have agreements with the Assistive Devices Program (ADP) to provide Devices and services related to Maxillofacial Intraoral Prosthesis.

## 105 Protecting Personal Health Information

Authorizers and Vendors must comply with all applicable privacy laws governing information regarding their Clients.

**See the ADP Manual, Policy 700, Protection of Personal Information and Personal Health information.**

# 110 Definitions

Bolded terms used in this Manual shall have the meaning associated with them as set out in the ADP Manual or such meanings as described below:

- 110.01 **Application Form** means the Application for Funding Maxillofacial Intraoral Prosthesis form provided by the Program and used to request ADP funding assistance for a listed device and/or procedures.
- 110.02 **Authorizer** means a Prosthodontist or General Dentist with applicable experience who has met all registration requirements with the Program and holds an executed Authorizer Agreement with the Program.
- 110.03 **Cleft Lip/Palate Program** means a program operated by the Ontario Ministry of Health and Long-Term Care for people who have congenital cleft lip/palate deformities.
- 110.04 **Product Manual** means the Listed Devices and Approved Prices for Maxillofacial Intraoral Prosthesis.
- 110.05 **General Dentist** means a dentist licensed to practice dentistry in Ontario and registered as a practicing member of the Royal College of Dental Surgeons. All ADP registered general dentists must be experienced in the provision of Maxillofacial Intraoral Prosthesis and related assessment and treatment services.
- 110.06 **Listed Device** means the specific maxillofacial intraoral prostheses and procedures that are listed in the product manual.
- 110.07 **Manual** means the Maxillofacial Intraoral Prosthesis Policy and Administration.
- 110.08 **Maxillofacial Intraoral Prosthesis** means a removable appliance intended to substitute for partially or totally absent tissues or for impaired function of the oral complex.

- 110.09 **Oral and Maxillofacial Rehabilitation Program (OMRP)** means a program of the Ministry, described at <http://www.health.gov.on.ca/en/public/programs/omrp/>, that provides funding for patients who require an implant-retained maxillofacial intraoral prosthesis to restore oral function when no other treatment alternative exists.
- 110.10 **Personal Health Information** means the personal information as defined in Section 4 of the *Personal Health Information Protection Act, 2004*.
- See the ADP Manual Part 7, Personal Health Information and Part 3, Policy 320, Release of Information About Previous Funding for more details.**
- 110.11 **Prescriber** means a prosthodontist, general dentist or specialist physician who diagnoses the Client's condition and assesses his/her need for a maxillofacial intraoral prosthesis.
- 110.12 **Prosthodontist** means a dentist licensed to practice in Ontario who holds a certificate from the Royal College of Dentists and Surgeons to practice prosthodontics. Prosthodontists specialize in the area of restoration of natural teeth and/or the replacement of missing teeth and their surrounding tissues with artificial substitutes.

**See Section 110 of the ADP Manual for more definitions.**

## 115 Roles and Responsibilities

In the process of confirming eligibility for funding assistance, the Applicant/Client, the Authorizer and the Vendor have a specific role and certain rights and responsibilities. Additional information may be found in the ADP Manual, the Authorizer Agreement, and the Vendor Agreement

### 115.01 Roles and Responsibilities of the Applicant/Client

- Has the right to choose from the list of Authorizers, any Authorizer in their community working in the private or public sectors.
- Provides the necessary and accurate information to the Authorizer.



- Makes an informed decision based on the accurate and complete information provided by the Authorizer and the Vendor during the Maxillofacial Intraoral Prosthesis assessment and the ADP application process, including, but not limited to, whether or not to proceed with an application for ADP Funding and choice of Vendor.
- Provides the necessary and accurate information on the Application for Funding Maxillofacial Intraoral Prosthesis form, Section 1, “Applicant’s Biographical Information”.
- Carefully reviews all of the information in the Application for Funding Maxillofacial Intraoral Prosthesis form, Section 3, “Applicant’s Consent and Signature” prior to signing the form.
- Has the right to seek a second opinion if he/she disagrees with the Authorizer’s assessment of his/her needs.
- Is responsible for paying his/her 25 percent (25%) portion of the Approved Price for the Maxillofacial Intraoral Prosthesis and/or procedures directly to the Vendor.

## **115.02 Roles and Responsibilities of the Authorizer**

- Is the gatekeeper to the Program and assumes the leadership role in the assessment process, confirmation of the Applicant’s eligibility, and completion of the ADP Application Form in a timely fashion.
- Will provide the Applicant with accurate information about ADP policies and procedures, eligibility criteria, and the estimated cost to purchase the Authorized Device.
- Will provide the Applicant with the applicant information sheet.
- Will provide the Applicant with a list of Vendors serving his/her community and advise Applicants to consider more than one Vendor to compare options, service plans and, if relevant, prices. Lists are available on the ADP website.
- Maintains current knowledge of the fabrication and fitting techniques for Maxillofacial Intraoral Prosthesis and the related procedures.

- Determines the type of Maxillofacial Intraoral Prosthesis that the Applicant requires, as part of the Client assessment process and authorizes the prosthesis and procedures that meet the Client's needs.
- Provides the Client with the Approved Price(s) for the prosthesis and procedures and explains any additional costs not covered by the ADP that the Applicant may expect to incur
- Coordinates the fabrication, fitting and dispensing of the Device.
- Educates the Applicant in the safe and hygienic use of the Device.
- Schedules follow-up visits with the Applicant to check the fit of the prosthesis and the manner in which the Applicant is using the device.
- Must not submit an Application Form to the Program for an individual who does not meet the ADP eligibility criteria.
- Must continue to meet all conditions specified in his/her executed Authorizer Agreement and all applicable Manuals.

### **115.05 Roles and Responsibilities of the Vendor**

- Must employ an Authorizer who is registered with the ADP in the Maxillofacial Intraoral Protheses category.
- Must provide quotes to the Client and the ADP as required.
- Must honour the Vendor's warranties.
- Must continue to meet all conditions specified in their executed Vendor Agreement and the Manuals.

# Devices Covered

# 2

# Part 2: Devices Covered

## 200 Prostheses Funded

200.01 Removable, intraoral devices that are required on a long term basis as a result of a disabling congenital or chronic condition are funded by the ADP. The Maxillofacial Intraoral Prostheses and procedures approved for ADP Funding are listed in the product manual. The following items are funded:

- Mandibular Extension Prostheses
- Obturators
- Palatal Lift Prostheses
- Acrylic Splints/Stents
- Opposing Dentures for Clients requiring Maxillofacial Intraoral Prostheses
- Tissue Conditioning
- Adjustments
- Relining

200.02 Devices listed in the Maxillofacial Intraoral Prostheses Product Manual to be used in conjunction with the Oral and Maxillofacial Rehabilitation Program (OMRP) when the client is determined to be eligible under the OMRP.

200.03 The procedure for manufacturers or Authorizers to apply for ADP approval of a new and/or updated product is available upon request from the Program.

## 205 Options

ADP Funding is available only for the prostheses and procedures listed in the Product Manual.

The Applicant must pay the Vendor directly for any non-ADP funded Devices or procedures that he/she may choose to purchase.

## 210 Repairs

The ADP does not provide funding towards the cost of repairs and/or maintenance for any Device.

## 215 Adjustments to Maxillofacial Intraoral Prostheses Not Funded by the ADP

Individuals may request funding assistance for adjustments and/or relining for Maxillofacial Intraoral Prostheses that are not funded by the ADP or for tissue conditioning related to the fit of Maxillofacial Intraoral Prostheses that are not funded by the ADP.

The Authorizer must confirm and document during the assessment that:

- The prosthesis is on the approved list of ADP Devices; **and**
- The prosthesis is in good condition; **and**
- With the adjustments, relining and/or tissue conditioning requested the prosthesis will continue to meet the Client's needs.

# **Applicant Eligibility Criteria for Maxillofacial Intraoral Prostheses**

# 3

# Part 3: Applicant Eligibility Criteria for Maxillofacial Intraoral Prosthesis

## 300 General Eligibility

The Applicant must require a custom-made Maxillofacial Intraoral Prosthesis as a substitute for partially or totally absent tissues or for impaired function of the oral complex.

## 305 Non-Eligible Items

Under the Maxillofacial Intraoral Prosthesis category, the Program does not provide funding for the following:

- A second prosthesis of the same intraoral site;
- Maxillofacial Extraoral Prosthesis (funded under a different category of Devices);
- Repairs to Maxillofacial Intraoral Prosthesis;
- Implants;
- Dentures, except when used to suspend an eligible Device in the Client's mouth;
- Maxillofacial Intraoral Prosthesis when the Applicant is eligible for Devices under the Cleft Lip/Palate Program;
- Modifications to an ADP funded Device for attachment to an implant funded under the Oral and Maxillofacial Rehabilitation Program (the modifications are funded under the OMRP);

- Maxillofacial Intraoral Prosthesis fabricated by a non-ADP registered supplier;
- Maxillofacial Intraoral Prosthesis fabricated by a supplier located outside of Ontario.

## **310 Individual Identified as Ineligible by Authorizer**

An Application for Funding Maxillofacial Intraoral Prosthesis form, requesting ADP Funding, must not be submitted to the ADP if, after assessing the prosthetic needs of his/her Client, the Authorizer confirms that the individual does not meet ADP eligibility criteria.

## **315 Applicant Identified as Ineligible by ADP**

An individual may be deemed ineligible if the criteria for his/her access to the Program are not met or where information supplied in connection with an Application Form is insufficient, incomplete and/or inaccurate.

In cases of denial, the Vendor will be advised of the reason.



# Confirmation of Eligibility for Device(s) Required

# 4

# Part 4: Confirmation of Eligibility for Required Prostheses and Procedures

## 400 First Access

The Applicant must be diagnosed by a Prescriber. The Prescriber must be licensed to practice in Ontario.

The dentist or Physician assesses the Applicant's Maxillofacial Intraoral Prostheses needs. Then, if appropriate, he/she refers the Applicant to an Authorizer.

## 405 Confirmation of Eligibility for Maxillofacial Intraoral Prostheses and Procedures

In order to determine what is clinically required for ADP funding purposes, the Authorizer must complete a comprehensive assessment. The Authorizer reviews the Applicant's needs and authorizes the appropriate Maxillofacial Intraoral Prosthesis and procedures. Once the assessment has been completed and the Authorizer confirms eligibility for ADP Funding, the Application for Funding Maxillofacial Intraoral Prostheses form may be completed.

## Device Eligibility

# 5

# Part 5: Device Eligibility

## 500 Number of Devices Funded & Designated Funding Periods

Based on the Authorizer's clinical assessment findings, the Applicant may require more than one Device. One prosthesis of the same type for the same intraoral site is funded.

The designated funding period is the **minimum** period of time that a Device is expected to remain useful. The minimum replacement period for Maxillofacial Intraoral Prostheses is two (2) years.

## 505 Requests for a Replacement Prosthesis

This section pertains to replacements of Maxillofacial Intraoral Prostheses funded by the ADP with an identical type of prosthesis. In cases where a replacement prosthesis is **different** from the previous prosthesis, policies and procedures which apply to a first time provision of a prosthesis are used.

Maxillofacial Intraoral Prostheses funded by the ADP are **only** eligible for replacement under the ADP when the **Applicant's current Device is no longer usable**. Maxillofacial Intraoral Prostheses are **not** automatically replaced when the minimum replacement period has been reached.

**Note:** The replacement eligibility date is calculated from the date that the Authorizer signed the Application Form.

### **505.01 Replacement Due to Growth/Atrophy**

The ADP will fund a replacement Maxillofacial Intraoral Prosthesis at any time if required because of growth/atrophy.

A new Application for Funding Maxillofacial Intraoral Prosthesis form must be used when a replacement prosthesis is required. The reason for the replacement must be checked.

When replacement before the end of the designated funding period is required due to an Applicant's **growth/atrophy**, the form must be completed and signed by the Applicant, Authorizer and Vendor. The Prescriber is **not** required in this case.

### **505.02 Replacement Due to Change in Medical Condition**

The ADP will fund a replacement Maxillofacial Intraoral Prosthesis at any time, if required, because of a change in medical condition of the Applicant's mouth.

A **new** Application for Funding Maxillofacial Intraoral Prosthesis form must be completed when a replacement prosthesis is required. The reason for the replacement must be checked. All sections of the Application must be completed and signed, including the Prescriber (dentist or Physician) section.

### **505.03 Loss or Damage**

The Program does not provide replacements in cases where the Maxillofacial Intraoral Prosthesis is lost or damaged beyond repair **during the designated funding period**.

### **505.04 Damage Beyond Repair**

If, following the designated funding period, the prosthesis previously funded is irreparably damaged due to normal use, or where past and current costs of repairs are excessive, the Program will fund a new prosthesis.

## **505.05 Replacement After Designated Funding Period**

For replacement of a Maxillofacial Intraoral Prosthesis after two (2) years, the Prescriber is not required on the application form. The Authorizer/Vendor would proceed to replace the prosthesis based on the Applicant's needs. The reason for replacement must be checked off on the Application Form.

# **510 Warranty**

There are two types of warranties:

- Satisfactory Fit and Function, and
- Breakage

## **510.01 Satisfactory Fit and Function**

The Vendor must warrant to the Applicant that the fit and function of the Maxillofacial Intraoral Prosthesis will remain satisfactory for a period of three (3) months after the date of Delivery, unless:

- There is change in the medical condition of the Client's oral complex, or
- The Client experiences physiological growth or atrophy of the oral complex resulting in a change of the Client's oral condition.

The Approved Prices for definitive Maxillofacial Intraoral Prostheses include three (3) months of post-insertion adjustments to the Maxillofacial Intraoral Prosthesis. Funding for adjustments to definitive prostheses is not available during this period unless there has been a change in the Client's medical condition or growth or atrophy of the oral complex.

## **510.02 Breakage**

Prosthesis is guaranteed against breakage for six (6) months from the date of Delivery. During the warranty period, the Vendor must provide, or cause to be

provided, any service (including repairs or replacement of the Device or any parts) at no additional cost to the Client or ADP.

## 515 Procedures

Listed procedures (adjustment, relining and tissue conditioning) are eligible for Funding at any time when required due to a change in medical condition or growth or atrophy of the Client's oral complex.

The Approved Prices for definitive Maxillofacial Intraoral Prosthesis include three (3) months of post-insertion adjustments to the Maxillofacial Intraoral Prosthesis. Funding for adjustments to definitive prostheses is not available during this period unless there has been a change in the Client's medical condition or growth or atrophy of the oral complex.

# Funding and Payment

# 6



# Part 6: Funding and Payment

## 600 Policies

No payment of an approved Device shall be made to anyone other than a Vendor for Maxillofacial Intraoral Protheses. Lists of Vendors in specific geographic areas can be obtained from the ADP website:

<http://health.gov.on.ca/en/pro/programs/adp/>

Detailed information about Funding amounts and payment is found in the ADP Manual Part, **Part 3, Clients** and **Part 9, Invoice Processing and Payment**.

## 605 Funding Amount for ADP Clients

The Program will pay 75 percent (75%) of the Approved Price for Maxillofacial Intraoral Protheses and procedures listed in the Product Manual.

Vendors may **not** bill the Client for more than the Approved Price. Vendors **may** charge the Client **less** than the Approved Price.

The Vendor **must** charge the Client 25 percent (25%) of the Approved Price and bill ADP for 75 percent (75%) of the Approved Price.

**Note:** Should the Vendor charge the Client less than the maximum Approved Price or provide a rebate or discount to the Client for their ADP approved Devices, both the Client portion (25%) and the ADP portion (75%) must be adjusted accordingly.

## **610 Funding for Ministry of Community and Social Services (MCSS) Benefits Recipients**

Co-payment for Clients receiving Social Assistance Benefits:

- Ontario Works (OW)
- Ontario Disability Support Program (ODSP)
- Assistance to Children with Severe Disabilities (ACSD)

For Clients receiving social assistance benefits through OW, ODSP or ACSD as of the date reviewed and approved by an Authorizer, the ADP will pay 100 percent (100%) of the Approved Price for all approved Device codes.

## **615 Delivery of the Device**

The Vendor will provide the Authorized Device together with a fully itemized invoice to the Client, advise the Client regarding the warranty and after-purchase services offered, and provide a copy of the Vendor's warranty and instructions regarding care of the prosthesis.

## **620 Expiry Date of the Application for Maxillofacial Intraoral Prostheses**

The Application Form is considered current and valid for one (1) year from the Authorizer assessment date.

**Note:** The expiry date will NOT be extended. After the expiry date, a new assessment must be completed and a new Application Form must be submitted to the Program.

**Note:** The Authorizer assessment date must precede the delivery of the Maxillofacial Intraoral Prosthesis to the Client or the date of provision of the procedures.

# Invoicing Procedures

# 7

# Part 7: Invoicing Procedures

## 700 Guide to Completing the Invoice

Refer to the ADP Manual, Part 9, Invoice Processing and Payment for details.

## 705 ADP Processing Errors

In the event of an ADP processing error being identified following funding approval, the ADP will co-operate with the Authorizer and Client to make any necessary corrections.

The Authorizer must notify the ADP in writing of the error(s) along with a request for the approval to be amended.

## 710 Authorizer Prescription Errors & Omissions

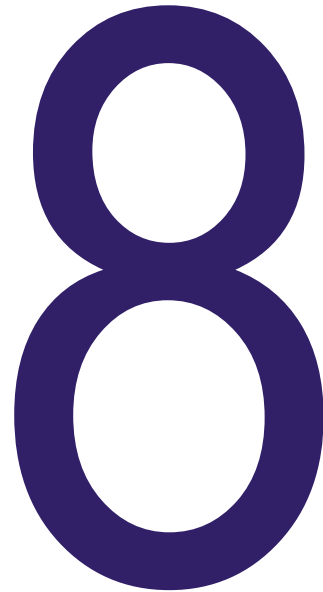
In the event of an authorization error and/or omission being identified following Funding approval, the ADP will co-operate with the Authorizer to make any necessary corrections.

The Authorizer must return a copy of the page of the Application Form to the ADP with the errors highlighted along with a request for the approval to be amended.

## **715 Client Refusal of Delivered Prostheses**

In the event of Client refusal either at the time of delivery or immediately thereafter, the ADP will co-operate with the Client, Authorizer and Vendor to resolve the situation.

# Authorizers



# Part 8: Authorizers

## 800 Authorizer Status

Prosthodontists and General Dentists with applicable experience wishing to be registered with the Program for Maxillofacial Intraoral Prosthesis must be registered as Authorizers in the respective Device category.

## 805 Requirements for Authorizer Status

An Authorizer for Maxillofacial Intraoral Prosthesis may be a Prosthodontist or a General Dentist with applicable experience.

A Prosthodontist is a dentist who holds a valid certificate of registration from the Royal College of Dental Surgeons of Ontario to practise prosthodontics and is licensed to practise in Ontario.

A General Dentist is a dentist who holds a valid certificate of registration from the Royal College of Dental Surgeons and is licensed to practise in Ontario. General Dentists must be experienced in the provision of Maxillofacial Intraoral Prosthesis and related assessment and treatment services.

## 810 General Authorizer Policies

Detailed information about Authorizer registration and policies and procedures are found in the **ADP Manual, Part 4, General Authorizer and Vendor Policies and Part 5, Authorizers**.



## Vendors

# 9

# Part 9: Vendors

## 900 ADP Registered Vendor Status

Vendors wishing to submit a request for funding to the Ministry for Maxillofacial Intraoral Prostheses must be registered as Vendors in the Device category.

Vendors applying for registration status for Maxillofacial Intraoral Prostheses must submit the names of staff members who have **professional qualifications to fabricate and/or fit Maxillofacial Intraoral Prostheses** and proof of such qualifications.

### 900.01 Manufacturers As Vendors

Despite policy 605 in the ADP Manual, Manufacturers and Distributors as Vendors, manufacturers of custom made Maxillofacial Intraoral Prostheses may apply to become ADP registered Vendors.

An ADP registered Vendor must meet, on an ongoing basis, the device specific requirements to become registered with the ADP. See policy 600, Becoming Registered and Maintaining Vendor Status with the Program, in the ADP Manual and the Vendor Registration section on the ADP website.

## 905 Staffing Requirements for Vendors

The ADP registered Vendor must employ an Authorizer who is registered with the ADP in the Maxillofacial Intraoral Prostheses category. Therefore, the Vendor must have on staff at least one full time Prosthodontist or General Dentist with applicable experience.

# 910 General Vendor Policies

Detailed information about Vendor registration and policies and procedures is found in the ADP Manual in the following areas:

- Part 4, General Authorizer and Vendor Policies;
- Part 6, Vendors;
- Part 7, Personal Health Information, and
- Part 9, Invoice Processing and Payment.

**Note in Particular:**

- i. Policy 405, Conflict of Interest
- ii. Policy 415, Advertising
- iii. Policy 420, Referrals
- iv. Policy 600, Applying for Registration – New Vendor
- v. Policy 601, Applying for Registration – Additional Vendor Location or Additional Category of Devices
- vi. Policy 602, Maintaining Registration as a Vendor
- vii. Policy 615, Relationships of Hospitals and Vendors
- viii. Policy 620, Vendors Sharing Proceeds with Long-Term Care Homes
- ix. Policy 640, Informing Persons of the Program
- x. Policy 660, Refusal to Supply for Safety Reasons
- xi. Policy 665, Warranties of Purchased Devices
- xii. Policy 670, Repairs of Purchased Devices

- xiii. Policy 700, Protection of Personal and Personal Health information
- xiv. Policy 905, Rebates

The ADP Manual is available at:

[http://www.health.gov.on.ca/en/pro/programs/adp/policies\\_procedures\\_manuals/docs/pp\\_adp\\_manual.pdf](http://www.health.gov.on.ca/en/pro/programs/adp/policies_procedures_manuals/docs/pp_adp_manual.pdf)

## Contact Information

# 10

# Part 10: Contact Information

## 1000 Program Addresses

### 1000.01 Assistive Devices Program

Assistive Devices Program  
Ministry of Health and Long-Term Care  
5700 Yonge Street, 7th Floor  
Toronto, Ontario M2M 4K5

Email: [adp@ontario.ca](mailto:adp@ontario.ca)

Telephone: Toronto area (416) 327-8804  
Toll free: 1-800-268-6021  
TTY: 1-800-387-5559  
Fax: (416) 327-8192 or (416) 327-8963

Public Website:  
<https://www.ontario.ca/page/assistive-devices-program>

Health Professionals Website:  
<http://www.health.gov.on.ca/en/pro/programs/adp>

### 1000.02 Financial Management Branch

Ministry of Health and Long-Term Care  
Financial Management Branch, Program Payments Unit  
P.O. Box 48  
49 Place d'Armes, 2nd Floor  
Kingston Ontario K7L 5J3

Telephone: In Kingston (613) 548-6477  
Toll free: 1-800-267-9458  
Fax: (613) 548-6514