

Understanding Your OHIP Cheque

- Your Out-of-Country claim is reimbursed in Canadian funds only.
- Your claim was processed based on the information you provided.
- Out-of-Country physician claims are reimbursed based on the fees a physician would receive for the same service if provided in Ontario, or the amount actually billed, whichever is less.*
- Out-of-Country hospital claims for in-patient care are paid at established rates (up to \$400 [Canadian] per day for higher level hospital care, e.g. intensive care unit; up to \$200 [Canadian] per day for any other kind of hospital care).*
- Out-of-Country hospital claims for out-patient care are paid at the established rate of up to \$50 [Canadian] per day.*

* OHIP will pay only for insured, emergency out-of-country health services that are rendered to an insured person.

Anyone may Request a review of their out-of-country claim simply by making the request in writing. The request may either be mailed, or faxed to the ministry at:

OHIP Eligibility Review Committee
Ministry of Health and Long-Term Care
370 Select Drive
PO Box 168
Kingston ON K7M 8T4
613-548-6557

- Please keep your cheque stub as it may be required by your supplemental insurance company.
- For further information:
 - Visit the ministry's website at http://www.health.gov.on.ca/english/public/program/ohip_mn.html, and click on Out-of-Country services, or
 - Please contact the ministry INFOLine at 1-800-664-8988 (toll-free in Ontario only); TTY 1-800-387-5559 (hours of operation are 8:30 A.M. to 5:00 P.M.) to access your nearest OHIP claims office.



HIP 9999999
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Health Insurance Number/ Numero de carte sante 9999 999 999		Patient XXXXXXXX		Date of Payment/Date du Payment(Y/A M/M D/J) 2008 03 10			
1 Provider Surname Nom du fournisseur	2 Patient	3 Claim number Numéro de la Demande	4 Initial Service Service Initial Y/A M/M D/J	5 No of Services Nbre de Services	6 Amount billed by provider Montant facturé par le fournisseur	7 Amount paid per MOH schedule of benefits Montant payé selon le barème de MOH	8 Expl. Code Code d'explic
X WORLD REMAIN 00000 999999	JOA	X9999999999	20071126	01	2500	00	30
TOTALS			20071128	01	12000 14500	6100 6100	AP

- 1 Provider Surname**
"United States" means that the invoices submitted were for medical services received in the United States "World Remain" means that the invoices submitted were for medical services received in another country other than the United States.
- 2 Patient**
The first letters of the patient's first name
- 3 Claim Number**
A number assigned by the Ministry of Health and Long-Term Care
- 4 Initial Service**
The date the medical service was received by the patient
- 5 No of Services**
The number of services the patient received
- 6 Amount billed by provider**
The billed amount from the invoice submitted
- 7 Amount Paid per MOH schedule of benefits**
Benefits Schedule of The amount that the ministry will reimburse for insured services.* Either OHIP rates or the amount billed, whichever is less.
* in CDN funds
- 8 Expl Code Column**
Please see the reverse side of this cheque stub for a list of Explanatory Codes.