Requesting a Review of your OHIP Eligibility

What if I am not satisfied with the decision about eligibility for OHIP coverage?

When a determination has been made that an individual is not eligible for OHIP, the ministry or ServiceOntario will issue a letter explaining why and provide information on the process for asking for a review of the decision.

If it is determined that you are not eligible for OHIP coverage, or that you are no longer eligible, you can ask that this decision be reviewed by the OHIP Eligibility Review Committee (OERC).

Anyone may ask the OHIP Eligibility Review Committee to review their OHIP eligibility simply by making the request in writing. You can either mail or fax your request to the OHIP Eligibility Review Committee at:

OHIP Eligibility Review Committee
Ministry of Health and Long-Term Care
1055 Princess Street
PO Box 168
Kingston, ON
K7M 5T3
Fax: (613) 548-6557

How long will it take the OHIP Eligibility Review Committee to process my request?

The OHIP Eligibility Review Committee reviews each case thoroughly and will often need to contact you by phone for more information about the circumstances of your case.

The response times of the OERC will vary depending on the complexity of your case and the number of cases waiting to be reviewed. Typically, you will receive a decision on your case within 4 to 6 weeks following your request. Ministry staff will often contact you by phone to let you know the decision and, in all cases, you will be sent a letter to outline the legislative, regulatory and/or policy basis for the decision.

In cases where the OHIP Eligibility Review Committee finds you eligible for OHIP coverage, the letter will also contain information on the next steps for you to obtain your health card and/or health coverage.

What if I disagree with the OHIP Eligibility Review Committee’s decision?

If you are not satisfied with the decision of the OHIP Eligibility Review Committee, you may request an appeal of your case by the Health Services Appeal and Review Board (HSARB).

What is the Health Services Appeal and Review Board (HSARB)?

The Health Services Appeal and Review Board (HSARB) is an independent tribunal that hears appeals under several health related statutes. The board will hold a hearing to review your case where both you and a Ministry of Health and Long-Term Care representative will attend. The board then decides whether or not the Ministry’s decision regarding your eligibility for OHIP was in accordance with the Health Insurance Act and its regulations.
When you appeal to the HSARB, the board will let you know when your hearing is scheduled and what you need to do before the hearing takes place. After the hearing, the appeal board will release its decision.

For more information on requesting a review by the HSARB; visit the HSARB website.

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For More Information

Call ServiceOntario, Infoline
Toll-free: 1-866-532-3161
TTY Toll-free 1-800-387-5559
416-327-4282 (Toronto only)
Core Hours: 8:30am – 5:00pm EST

If you are a member of the media, call Communications and Information Branch at 416-314-6197 or visit our News Room section.