Ontario Ministry of Health and Long-Term Care

Health Claim

Confidential when completed

Provider Number	Ministry use

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)

Service code	Fee Submitted	No. of Services	Service Date yyyy mm dd	Diagnostic Code	Service code	Fee Submitted	No. of Services	Service Date yyyy mm dd	Diagnostic Code

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fold here

For Ministry Use Only

- ☐ 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 (submit using OHIP Claim Card)
- ☐ Health Number required for this service date
- ☐ Please resubmit as Reciprocal Claim

Missing/Incorrect Service

- ☐ Referring Provider No.
- ☐ Fee
- ☐ Master Number
- ☐ Number of Services
- ☐ Admission Date
- ☐ Service Date
- ☐ Service Code
- ☐ Diagnostic Code
- ☐ Service Location Indicator
- ☐ Missing/Incorrect information as highlighted on claim card

Date	Station

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

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Provider's Copy

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