

Application for Interdisciplinary Health Provider (IHP) GONet Electronic Data Transfer (EDT) Service

Instructions:

1. This application must be signed.
2. Solo/group providers and billing agents must complete the EDT Undertaking and Acknowledgement (*form no. 4721-84*) and attach it to this application.
3. Solo and group providers must complete Parts A to E.
4. Billing agents and vendors must complete Parts A, B and E.
5. Applications signed by a third party (e.g. Group Administrator, Director, President, Owner, Licensee etc) must indicate their name and title / position.
6. Return this application to the address at the top of the form. Allow 4 to 6 weeks for processing.
7. For information contact: MOHLTC Help Desk 1 800 262-6524 or 613 548-7981.

Connectivity Method: Direct Dial ENA SSHA Other

Do you use a Network Provider? No Yes (*identify*) _____

Part A: Registration

Your billing type (*check ✓ one only*):

Solo _____
provider number

Group _____
group number

billing agent

vendor

Part B: Applicant Information

Last Name _____ First Name _____ Initial _____ Dr. Mr.
 Mrs. Ms.

Organization Name _____

Address _____

City _____ Province _____ Postal Code _____ Telephone No. _____ ext. _____ Fax No. _____
() ()

Security Code Word

_____ Maximum of 20 characters.

Note: You must provide a security code word. This security code word will be requested by the Ministry to verify your identity as a registered user.

Part C: Fee-for-Service Claims Submission

Your report(s) will be delivered to your own GONet EDT User ID unless you indicate otherwise. If you wish to have your report(s) delivered to an alternate GONet EDT User ID, please provide that User ID in the space(s) below:

Claims Batch Edit Report M O H _____ GONet EDT User ID _____ Name/Organization

Claims Error Report M O H _____ GONet EDT User ID _____ Name/Organization

Claims Remittance Advice M O H _____ GONet EDT User ID _____ Name/Organization

Remittance Advice Sequence: Health/OHIP/Registration Number *OR* Accounting Number

Request for changes must be received by the Ministry of Health and Long-Term Care thirty (30) days prior to a change becoming effective to ensure the service provider's data is forwarded to the correct User ID.

Will your claims be prepared for you by an external billing agent?

No Yes (*specify name of billing agent*) _____

Part D: Overnight Batch Eligibility Checking (OBEC) (OBEC is not available to billing agents at this time)

Do you wish to apply for the Overnight Batch Eligibility Checking Service (*only available to providers who register for fee-for-service claims submission*). OBEC reports will be returned to the GONet EDT User ID of the individual submitting the file.

No Yes

Part E: Applicant's Signature

Signature _____ Date _____

Name (*print full name*) _____ Position or Title _____

Preferred EDT Start Date (*yyyy/mm/dd*) _____

Part F: Ministry of Health and Long-Term Care Use Only

Claims test required No Yes

GONet EDT User ID assigned _____ Temp. password _____ District code _____ OCCS station no. _____ Operator number _____
| M | O | H | _____

Effective EDT date (*yyyy/mm/dd*) _____ EDT end date (*yyyy/mm/dd*) _____ Processed by _____ Date _____

