Ontario

Ministry of Health

Provider Number

Ministry use

Clear Form

Health Claim

Confidential when completed

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

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
- ☐ 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.
- ☐ Master Number
- ☐ Admission Date
- ☐ Service Code
- ☐ Service Location Indicator
- ☐ Fee
- ☐ Number of Services
- ☐ Service Date
- ☐ Diagnostic Code
- ☐ 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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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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