



OHIP Virtual Care Physician & Dentist Registration Form

1. REGISTRATION INFORMATION

Virtual care is an uninsured service. This form is used to register physicians and dentists for the billing and payment of virtual care services by the Ontario Virtual Care Program via the claims processing system of the Ontario Health Insurance Plan (OHIP). The following information is required prior to the first submission of virtual care claims for processing through the OHIP claims system.

Physicians and dentists who have previously submitted a registration form to OTN and who have been registered for the Ontario Virtual Care (Telemedicine) Program do not need to submit a new form or re-register.

Physicians and dentists can begin delivering video visits in line with the Ontario Virtual Care Program requirements on or after the day after this form is submitted to OTN. However, all claims must be held until you have received confirmation from OTN that you may start submitting claims to the Ontario Virtual Care Program via the OHIP claims processing system. Any claims submitted prior to receiving this confirmation will be rejected by the claims system and require re-submission.

Upon completion, please email this form to serviceactivation@otn.ca or fax to 416-354-8280

Physician* Dentist*

Surname*:

Given Name(s)*:

OHIP Billing Number*:

Phone Number*:

Fax Number:

Email Address*:

**Required fields*

If you do not have an OHIP Billing Number, you must also complete a "Registration for Regulated Health Professionals" form, available at the Ministry of Health website at www.health.gov.on.ca

2. BILLING AND PAYMENT INFORMATION

Physicians and dentists should only begin billing for virtual care services once they have completed and signed this form, submitted it to OTN and received notification it has been processed. Only eligible virtual care video visit claims that meet the program's requirements and contain the information specified by OHIP will be processed.

Payment will be:

- a) With your solo monthly OHIP remittance if billed under your solo Billing Number or with the group monthly remittance(s) if billed under a group Billing Number and deposited directly into the solo or group bank account in accordance with the OHIP deposit instructions in effect at the time your virtual care claims were processed for payment.
- b) Summarized on the applicable monthly OHIP Remittance Advice. No summary is provided for CCRA (e.g. income tax) purposes.
- c) Subject to any legally enforceable third-party adjustments, deductions or orders in effect from time to time (e.g. Court Order).

Unless otherwise indicated on the claim, for "opted out" physicians, payment will be made directly to the patient.

OTHER OHIP PAYMENT PROGRAMS: If you provide virtual care services via a group practice affiliated with an Academic Health Sciences Centre, Alternative Funding Program, or Primary Health Care model, you should consult your group administrator regarding the payment details applicable to your group practice.

3. ACKNOWLEDGEMENT, CONSENT, AND SIGNATURE

A. By signing below, I acknowledge that:

- a) Claims for virtual care services should only be submitted for eligible services rendered on or after the date this registration form is completed and signed. Claims will only be processed for physicians and dentists whose OHIP registration is complete and remains in force.
- b) Only claims for virtual care services rendered using an approved OTN video solution are to be submitted for processing through OHIP.
- c) Only claims submitted within six months of the service date will be processed through OHIP.
- d) Claims for a virtual care service eligible for funding under any other Ministry program or initiative are not be submitted for payment by the Ontario Virtual Care Program.
- e) Virtual care services verification letters will be randomly sent to patients for whom I have claimed a virtual care service.
- f) The Ministry may terminate this virtual claims submission and payment option at any time for an reason, upon providing me with not less than 10 business days' notice.

B. By signing below, I consent:

- a) to the disclosure of my virtual care claims payment information to the group administrator and/or members of the group, where the virtual care claims have been submitted to OHIP with a group Billing Number;
- b) to provide medical records relating to virtual care services to the Ministry of Health to substantiate my virtual care claims, if and when requested to do so by the Ministry;
- c) to the disclosure of my virtual care claims payment related information within the Ministry of Health, and to OTN, the Workplace Safety Insurance Board, and the health insurance plans of other provinces and territories as applicable for the purposes of audit, funding, funding transfer and health planning; and
- d) to the recovery (i.e. deduction or set-off) by the Ministry of Health from any Ministry payments otherwise payable to me of any virtual care service payment processed through OHIP if the Ministry is of the opinion that:
 - i. an overpayment of a virtual care service claim has occurred due to a billing error made, or a payment error has been made by OHIP;
 - ii. a claim was submitted and paid for a virtual care service that was not rendered or the nature or circumstances of the service were misrepresented, whether intentionally or inadvertently;
 - iii. a claim was submitted and paid for a virtual care service that was not medically necessary; or
 - iv. the claim was not submitted in accordance with one or more of the conditions set out above.

OTN acknowledges that the information contained herein is of a confidential nature and will use appropriate physical, technical, and administrative means to protect this information. OTN will only release this information when required to do so by the Ministry of Health or under the circumstance that OTN would be required to do so by law.

Signature

Print Name

Date

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