

Fax: 416-354-8280  
or scan and email to:  
[serviceactivation@otn.ca](mailto:serviceactivation@otn.ca)

# OHIP TELEMEDICINE PHYSICIAN REGISTRATION FORM

## 1. REGISTRATION INFORMATION

*Telemedicine is an uninsured service. This form is used to register the physician for the billing and payment of telemedicine services via the claims processing system of the Ontario Health Insurance Plan (OHIP). The Ontario Telemedicine Network (OTN) requires the following information prior to the first submission of telemedicine claims for processing through the OHIP claims system. Please complete, sign and return the form to the above address.*

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
OHIP Billing Number\*: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
*(Please print email address)*

***\*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 and Long-Term Care (“Ministry”) website at [www.health.gov.on.ca](http://www.health.gov.on.ca).***

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## 2. BILLING AND PAYMENT INFORMATION<sup>1</sup>

*When this form has been processed and you have been notified by OTN, you can commence billing for the payment of telemedicine services through the OHIP claims system. Only eligible telemedicine claims that meet the form requirements and contain the information specified by OHIP will be processed in this manner.*

*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 telemedicine 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 telemedicine 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

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<sup>1</sup> Please note that OTN does not endorse these billing processes as appropriate when “non-telemedicine” services are claimed to OHIP.

### 3. PHYSICIAN ACKNOWLEDGEMENT, CONSENT, AND SIGNATURE

A. *By signing below, I acknowledge that:*

- a) Claims for telemedicine services will only be processed through OHIP for services rendered after OTN has confirmed my registration to bill for telemedicine services with OHIP and that registration remains in force.
- b) Only claims for telemedicine services rendered when both the patient and I were in personal attendance at OTN approved telemedicine sites are to be submitted for processing through OHIP.
- c) Only claims submitted within 6 months of the service date will be processed through OHIP.
- d) Claims for a telemedicine service eligible for funding under any other Ministry program or initiative are not to be submitted for payment through OHIP.
- e) Telemedicine services verification letters will be randomly sent to patients for whom I have claimed telemedicine services.
- f) OHIP or OTN may terminate this telemedicine claims submission and payment option at any time for any reason, upon providing me with not less than 10 business days' notice.

B. *By signing below, I consent:*

- a) to the disclosure of my telemedicine claims payment information to the group administrator and/or members of the group, where the telemedicine claims have been submitted to OHIP with a group Billing Number;
- b) to provide medical records relating to telemedicine services to the Ministry of Health and Long-Term Care to substantiate my telemedicine claims, if and when requested to do so by the Ministry;
- c) to the disclosure of my telemedicine claims payment related information within the Ministry of Health and Long-Term Care, 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 and Long-Term Care from any Ministry payments otherwise payable to me of any telemedicine payment processed through OHIP if the Ministry is of the opinion that:
  - i. an overpayment of a telemedicine 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 telemedicine 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 telemedicine 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.

C. Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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 and Long-Term Care or under the circumstance that OTN would be required to do so by law.