Bulletin

Ontario

Bulletin Number	Date	Direct inquiries to
4427	August 15, 2005	Ministry of Health and Long-Term Care Processing Office
Distribution		(address below)
Physicians, Hospitals, Clinics and Laboratories		

Subject: Periodic Oculo-visual Assessments (POVAs) for Social Assistance Recipients

1. Social Assistance Recipients with a valid Health Card
2. Social Assistance Recipients who do not have a valid Health Card

1. Social Assistance Recipients with a Valid Health Card

Persons age 20-64 who have a valid Health Card and are in receipt of benefits under one of the following programs:

- Ontario Disability Support Program
- Family Benefits Program
- Ontario Works

are eligible for coverage under these programs for one POVA every 24 months.

Accessing the Service

Persons age 20-64 who have a valid Health Card and are in receipt of one of the above social assistance programs will indicate their eligibility for this service by presenting their Ontario Drug Benefits (ODB) card and their Health Card at the time the eye exam is provided. This information has been communicated to all Social Assistance recipients.

Submitting Claims

Claims for POVAs provided to Social Assistance recipients who have a valid Health Card are to be submitted to OHIP in the usual manner using the appropriate fee code as listed in Appendix F of the Schedule of Benefits for Physician Services:

Office locations

Barrie
34 Simcoe St.
Suite 102
L4N 6T4

Etobicoke
3300 Bloor St. W., Unit 142
M8X 2W8

Hamilton
119 King St. W 10th fl.
P.O. Box 2280, Stn. A
L8P 4Y7

Kenora
220-808 Robertson St.
P9N 1X9

Kingston
1055 Princess St.
P.O. Box 9000
K7L 5A9

Kitchener
1400 Weber St. E. Unit B2
N2A 3Z8

London
217 York St., 5th Floor
Station A
N6A 5P9

Mississauga
201 City Centre Dr.
P.O. Box 7020, Stn. A
L5B 2T4

Newmarket
465 Davis Dr.
Unit 108
L3Y 8T2

North Bay
101-447 McKeown Ave.
P1B 9S9

North York
4400 Dufferin St N
Unit A4-A5
M3H 6A8

Oakville
Oakville Town Centre II
220 North Service Rd. W.
L6M 2Y3

Oshawa
Exec. Tower,
Oshawa Centre.
419 King St. W.
P.O. Box 635 L1J 7J2

Ottawa
Fuller Building
75 Albert Street
K1P 5Y9

Owen Sound
1400 1st Ave. W
Suite # 2.
N4K 6Z9

Peterborough
550 Lansdowne St. W.
K9J 8J8

St. Catharines
301 St. Paul St.
Mezzanine Level
L2R 3M8

Sarnia
452 Christina St. N.
N7T 5W4

Sault Ste. Marie
Roberta Bondar Place
70 Foster Dr., Ste. 100
P6A 6V4

Scarborough
2063 Lawrence Ave. E.
M1R 2Z4

Sudbury
199 Larch St.,
Suite 801
P3E 5R1

Thunder Bay
435 James St. S. ,
Suite 113
P7E 6T1

Timmins
38 Pine St. N.,
Suite 110
P4N 6K6

Toronto
47 Sheppard Ave.E.
Suite 417
M2N 7E7

Toronto-Downtown
777 Bay St,
Suite M212
M5G 2C8

Windsor
1427 Ouellette Ave.
N8X 1K1

Head Office
P.O. Box 48
Kingston, ON
K7L 5J3

K065…Ontario Disability Support program … $39.15
(includes Family Benefits Program)
K066…Ontario works ……..... $39.15

The IVR system will check the date of the patient's most recent POVA provided under these programs as well as the date of the most recent insured major eye exam.

2. Social Assistance Recipients who do not have a Valid Health Card

Persons who **do not have a valid Health Card** but who are in receipt of benefits under one of the following programs:

- Ontario Disability Support Program
- Family Benefits Program
- Assistance for Children with Severe Disabilities
- Ontario Works

are eligible for coverage under these programs for one POVA every 24 months.

Accessing the Service

Persons who do not have a valid Health Card but who are in receipt of one of the above social assistance programs will indicate their eligibility for this service by presenting their Ontario Drug Benefits (ODB) card at the time the eye exam is provided. This information has been communicated to all Social Assistance recipients.

The fee paid for provision of this service is $39.15.

Submitting Claims

Upon completion of the POVA service and in order for payment to be processed, the physician should submit the following patient information:
Name
Address
Date of birth
10 digit eligibility number shown on ODB card
Date of service

Please include your OHIP billing number and practice address and submit this information to:

Provider Programs
370 Select Drive
P.O. Box 168
Kingston, ON K7M 8T4
Fax: (613) 536-3187

Claims will be processed and payments will be shown on the Remittance Advice.

For inquiries regarding claims for periodic oculo-visual assessments for social assistance recipients without a valid Health Card, please call (613) 536-3064.