Bulletin

Bulletin Number	Date	Direct inquiries to
4484	August 5, 2008	Ministry of Health and Long-Term Care Processing Sites (address below)
Distribution: Physicians, Hosptials, Clinics and Laboratories		

Subject: Northern Health Travel Grant Program

Help Your Patients, Help Your Staff, Help Yourself

The Ministry of Health and Long-Term Care is moving forward with its goal to modernize and streamline service delivery for Ontarians. To achieve this there is an initiative underway to provide more timely payment of the Northern Health Travel Grant (NHTG) to your patients and to reduce the volume of NHTG inquiries and requests for additional information received by your office.

What are the benefits to you and your patients if the NHTG application is completed correctly?

- You and your staff will receive fewer follow-up inquiries from NHTG Program representatives.
- Fewer applications will be denied or returned to your patients.
- Faster payment.

In a recent review of NHTG applications, it was found that missing information was a main cause for applications being returned to the applicant (patient) and/or prompting letters and telephone calls to your office.

Please review the following **instructional diagrams** to help ensure the required information is provided on all applications.

For more information:

If you have any questions or comments regarding this bulletin or the NHTG Program, please call:

- (705) 675-4010 (local area)
- 1 800 461-4006 (for service in English)
- 1 800 461-1149 (for service in French)

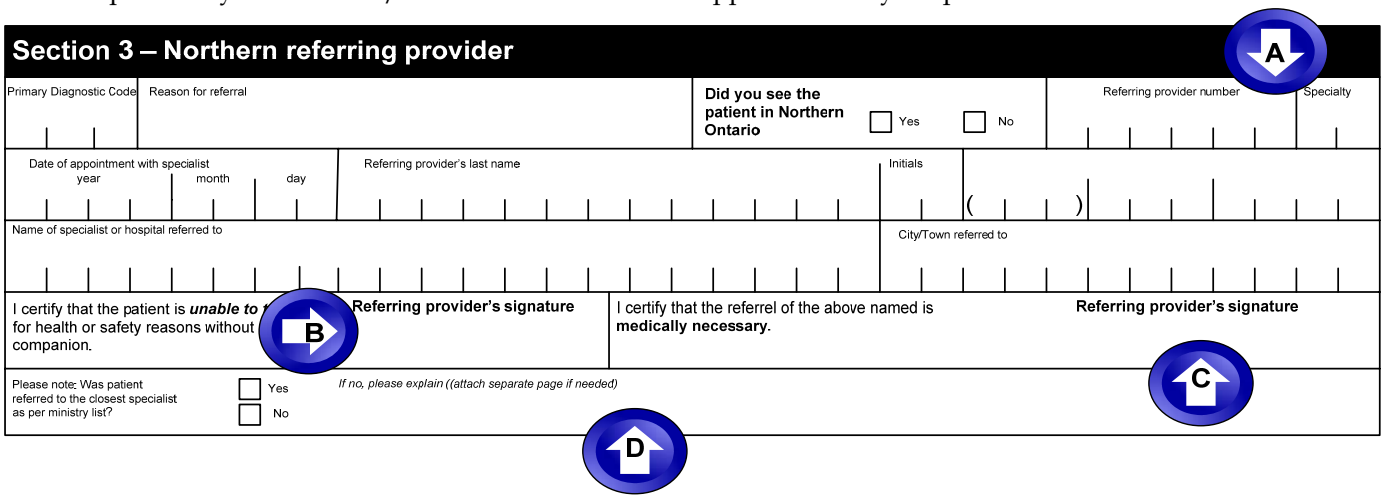
Web Information: http://www.health.gov.on.ca/english/public/pub/ohip/northern.html

Processing Sites			
Hamilton 119 King Street West, 10th Floor P.O. Box 2280, Stn A L8P 4Y7	**Kingston** 1055 Princess Street, Suite 401 P.O. Box 9000 K7L 5A9	**London** 217 York Street, 5th Floor Station A N6A 5P9	**Mississauga** 201 City Centre Drive Suite 300 L5B 2T4
Oshawa Executive Tower, Oshawa Centre 419 King Street West P.O. Box 635 L1J 7J2	**Ottawa** Fuller Building 75 Albert Street K1P 5Y9	**Sudbury** 199 Larch Street Suite 801 P3E 5R1	**Toronto** 47 Sheppard Avenue East Suite 505 M2N 7E7

NOTE: *Please do not remove the cover sheet from the NHTG Application as it contains important information needed by the applicant regarding the completion of the form.*

If you are the **REFERRING PROVIDER:**

When a referral is required, all fields must be completed for this section in order to ensure prompt/accurate processing; however, please pay special attention to the fields highlighted below as these have been identified as the major causes of NHTG inquiries to your staff and/or the return or denial of applications to your patients.



A Your Provider Number and Specialty code are required to process the application.

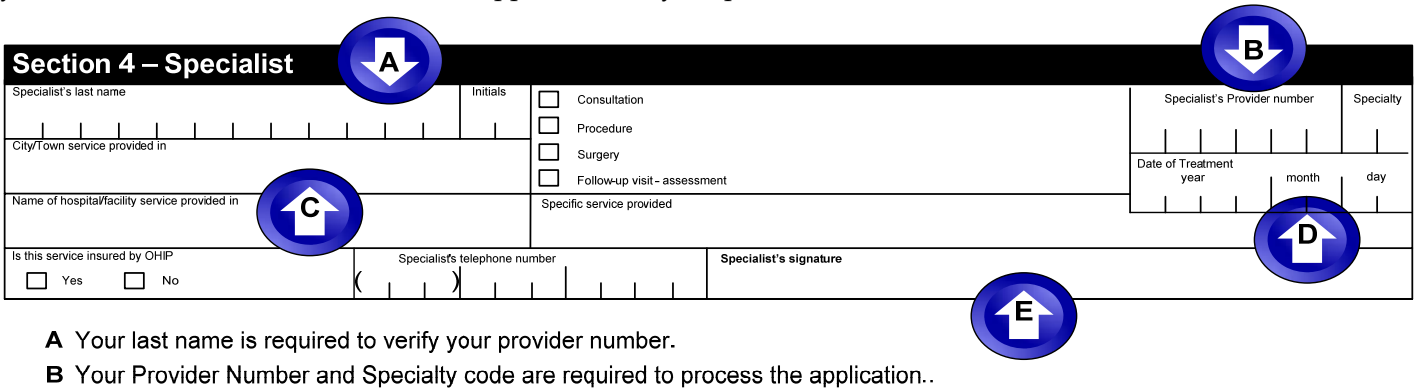
B Your signature or signature stamp is required for accountability of information.

C Your signature or signature stamp is required for accountability of information.

D A ***medical reason*** is required when referring a patient to a specialist other than one nearest to your patient's area of residence.

If you are the **SPECIALIST:**

All fields must be completed for this section in order to ensure prompt/accurate processing; however, please pay special attention to the fields highlighted below as these have been identified as the major causes of NHTG inquiries to your staff and/or the return or denial of applications to your patients.



A Your last name is required to verify your provider number.

B Your Provider Number and Specialty code are required to process the application..

C The location where the service was provided is required to calculate the distance the patient was required to travel.

D The date of treatment is required to confirm the patient's eligibility on the date of service.

E Your signature or signature stamp is required for accountability of the information.