Property and Casualty - Auto Bulletins

Pension Bulletins

Monitoring and Enforcement Bulletins

Licensing Changes Bulletins

Bulletins by Sector

NOTE: The bulletins posted on this website are provided for historical reference. Information contained in the bulletins is accurate on the date published, but is subject to change and may have been superceded by a later bulletin. Users should verify the information before making decisions or acting upon it.

The bulletins posted may contain forms that are no longer current. For the current version of any FSCO form, please visit the forms area of this website.

Bulletin

No. A-10/01

Property & Casualty

- Auto

Auto Insurance Standard Invoice (OCF-21/59) and Registration System for health care providers billing automobile insurance companies

To the attention of all insurance companies licensed

to transact automobile insurance

With this Bulletin, the Financial Services Commission of Ontario (FSCO) is authorizing the use of a new claims form, the Auto Insurance Standard Invoice (OCF-21/59), for use by automobile insurers where they arrange or agree to be invoiced directly for medical and rehabilitation goods and services, assessments and examinations. Automobile insurers will have the option of requesting health care providers to use this form for applicable goods and services where direct invoicing is used or requested. Health care providers, who currently invoice auto insurance companies directly, should check with insurers to determine if this form will be required.

The Standard Invoice will be applicable to goods and services provided to insured persons on or after November 12, 2001.

Effective November 12, 2001, insurers may require health care providers or facilities to use the Standard Invoice where an arrangement has been made to have an insurer invoiced directly for medical and rehabilitation goods and

services provided to the insured person. The application of the Standard Invoice is listed in Chart 1 attached to this Bulletin. The Standard Invoice can also be accepted by insurers for attendant care services provided by health care providers and other professional care providers. Insurers are also authorized to accept the Standard Invoice for specified assessments, examinations, certificates, reports and treatment plans under section 24 of the Statutory *Accident Benefits Schedule - Accidents on or after November 1, 1996* (SABS). The Standard Invoice will be used by all Designated Assessment Centres when billing for assessment services.

The Standard Invoice does not apply to claims under Bill 164 or OMPP. The Standard Invoice does not apply where providers bill their clients directly.

Questions regarding the application of the Standard Invoice are to be directed to the Insurance Bureau of Canada (IBC) Consumer Information Centre at (416)362-9528 or toll free 1-800-387-2880 (from Ontario only) or can be submitted at the Standard Invoice website at www.standardinvoice.on.ca

The Standard Invoice replaces the Treatment Plan Expense Form (OCF-18A/59) which was released by the Ontario Insurance Commission with OIC Bulletin No. A-10/96, dated October 23, 1996.

Background

This new form was developed by the IBC with the assistance of FSCO. Last year FSCO contracted with the Canadian Institute for Health Information (CIHI) to begin developing a standard invoice for health care providers. The introduction of a Standard Invoice is also a commitment made by FSCO in its most recent Statement of Priorities.

The introduction of the Standard Invoice is Phase 1 of the Standard Invoice project. FSCO released a Request for Comment on Proposal for Standard Invoice, dated August 28, 2001, seeking feedback on other phases of the Standard Invoice project as proposed by the IBC. The Request for Comment seeks input on the proposed development of an agency for centrally collecting data, a database, a mandatory registration system, an electronic version of the Standard Invoice, privacy concerns, and other issues.

The proposed establishment of a database is intended to provide government, the insurance industry, and the rehabilitation sector with useful information on rehabilitation costs for auto accidents. The future phases of this project will be determined following a review of responses to the Request for Comment.

Registration of Health Care Providers

It is being proposed that one day all providers and facilities that bill insurance companies using the Standard Invoice will be required to register with a designated agency. The registration process will ensure that each provider and facility has a unique identifier. A provider is considered the individual that provides the goods or service. A facility is considered the entity or individual that submits an invoice and receives the payment. Sole practitioners will need to register as a provider and facility.

The following health professionals will be automatically registered by their regulatory college as providers: physiotherapists, occupational therapists, massage therapists, and speech-language pathologists and audiologists. However, colleges will not be registering any facilities. Sole practitioners would have to register as a facility on their own.

A voluntary registration system is currently being operated by the IBC. Registration can be conducted online through the Internet. The website address for the registration system is: www.aisiregistration.on.ca Instructions for registering are found at www.standardinvoice.on.ca For those unable to register over the Internet, a registration form can be obtained by calling the IBC Consumer Information Centre at (416) 362-9528 or toll free 1-800-387-2880 (from Ontario only).

Questions concerning the registration system can also be directed by e-mail to aisiregistration@ibc.ca The completed registration form should be sent to: AISI Registration, Suite 700, 240 Duncan Mill Road, Don Mills, ON M3B 1Z4.

User Manual

To assist health care providers in completing and submitting a Standard Invoice for payment, the IBC has developed a User Manual. The manual contains instructions on completing the Standard Invoice as well as a list of the most common procedural codes for the major health care provider groups.

The IBC will automatically send a copy of the User Manual to each health care facility that registers with the IBC. Copies of the manual can also be downloaded through the Internet. The website address where the User Manual can be found is: www.standardinvoice.on.ca

Coding

The Standard Invoice adopts the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada (ICD-10-CA) for coding injuries and sequelae. The ICD-10-CA is the new national standard for coding injuries. The Standard Invoice contains a Quick Pick List developed by the IBC in consultation with health provider associations of the most common injury codes for auto accident victims. If none of the Quick Pick List selections are appropriate, health care providers will be able to use other ICD-10-CA codes.

The other coding system adopted in the Standard Invoice is the Canadian Classification of Health Interventions (CCI). These codes have been developed by the CIHI to classify health interventions and procedures. The User Manual contains a Quick Pick List of the most common CCI codes for auto accident victims. This list was also developed by the IBC in consultation with health provider associations. If none of the Quick Pick List selections are appropriate, health care providers will be able to use other CCI codes.

The User Manual also contains a short list of codes for goods and supplies provided to insured persons by health care providers. These codes were developed by the IBC.

Health care providers who have questions concerning the injury or intervention codes may wish to contact their respective associations or the IBC. Further information on coding assistance will be made available at the Standard Invoice website at www.standardinvoice.on.ca

This first phase of the Standard Invoice will give insurers and health care providers experience in the use of the form and coding. Consultations will be undertaken prior to launch of future phases on the adequacy of the quick-pick list codes and the ease and use of the form. Health care provider associations may wish to consider developing supplementary coding lists to assist their members if necessary.

Further information on ICD-10-CA and CCI codes may be obtained from the CIHI. The CIHI website is: www.cihi.ca Questions regarding the completion of the Standard Invoice should be directed to the IBC Consumer Information Centre at (416) 362-9528 or toll free 1-800-387-2880 (from Ontario only) or may be submitted at the Standard Invoice website at www.standardinvoice.on.ca

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A French version of the Auto Insurance Standard Invoice (OCF-21/59) will be made available pending the completion of an authorized translation.

Philip Howell

Chief Executive Officer and

Superintendent of Financial Services (Acting)

October 1, 2001

Attachments (PDF):

Chart 1- Application of Standard Invoice by Type of Service/Goods under (SABS)

Auto Insurance Standard Invoice (OFC-21/59)

To view PDF files, you will require Adobe Acrobat® Reader version 7.0. You can download this free software from Adobe's Web site.

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Bulletin

Financial Services Commission of Ontario
Commission des services financiers de l'Ontario

No. A-10/01
Property & Casualty – Auto

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Philip Howell
Chief Executive Officer and
Superintendent of Financial Services (Acting)

October 1, 2001

Attachment: Auto Insurance Standard Invoice (OFC-21/59)

Chart 1- Application of Standard Invoice by Type of Service/Goods under the Statutory Accident Benefits Schedule (SABS)			
SABS Section	**Type of Service/Goods**	**Subject to Standard Invoice**	**Not Subject to Standard Invoice**
	Medical Benefits		
14 (2) (a)	medical, surgical, dental, optometric, hospital, nursing, ambulance, audiometric and speech-language pathology services	medical, nursing, audiometric and speech-language pathology services	surgical, dental, optometric, hospital, and ambulance services
14 (2) (b)	chiropractic, psychological, occupational therapy and physiotherapy services	✔	
14 (2) (c)	medication		✔
14 (2) (d)	prescription eyewear		✔
14 (2) (e)	dentures and other dental devices		✔
14 (2) (f)	hearing aids, wheelchairs or other mobility devices, prostheses, orthotics and other assistive devices	supplies provided to the patient by health care providers	supplies purchased by the patient
14 (2) (g)	transportation for the insured person to and from treatment sessions, including transportation for an aide or attendant		✔
14 (2) (h)	other goods and services of a medical nature	✔	
	Rehabilitation Benefits		
15 (5) (a)	life skills training	✔	
15 (5) (b)	family counselling	✔	
15 (5) (c)	social rehabilitation counselling	✔	
15 (5) (d)	financial counselling		✔
15 (5) (e)	employment counselling		✔
15 (5) (f)	vocational assessments	✔	
15 (5) (g)	vocational or academic training		✔
15 (5) (h)	workplace modifications and workplace devices including communication aids		✔

Chart 1- Application of Standard Invoice by Type of Service/Goods under the Statutory Accident Benefits Schedule (SABS)			
SABS Section	**Type of Service/Goods**	**Subject to Standard Invoice**	**Not Subject to Standard Invoice**
15 (5) (i)	home modifications and home devices including communication aids, or a new home instead of home modifications		✔
15 (5) (j)	vehicle modifications or a new vehicle instead of modifying an existing vehicle		✔
15 (5) (k)	transportation for the insured person to and from counselling sessions training sessions and assessments, including transportation for an aide or attendant		✔
15 (5) (l)	other goods and services other than case management		✔
16	attendant care services	provided by health care providers and other professional care providers	provided by family, neighbours and other non-professional care providers
17	case manager services	✔	
24	**Assessments and Reports** **S** Disability Certificate (OCF-3/59) **S** Certificate for Attendant Care (OCF-15/59) **S** Treatment Plan (OCF-18/59) **S** Application for Determination of Catastrophic Impairment (OCF-19/59) **S** Assessment of Attendant Care Needs (Form 1) **S** Designated Assessment Centre Summary Report (OCF 11B)	✔	
42	insurer examinations	✔	

The User Manual for this form may be found at www.standardinvoice.on.ca.

Auto Insurance Standard Invoice (OCF-21/59)

Invoice Date	year	month	day

Facility Invoice Number/Reference

Is this the first invoice for this claimant? ☐ Yes ☐ No

Use of this form is for accidents that occur on or after November 1, 1996. This form applies to applicable medical and rehabilitation goods and services that are billed directly to an insurer by a health care provider or facility, or are included in a treatment plan, or are for the first 15 physiotherapy or chiropractic treatment sessions provided within 6 weeks of the accident. This form also applies to specified assessments, examinations, reports, treatment plans and attendant care provided by health care providers. Instructions on the completion of this form are set out in the User Manual available at www.standardinvoice.on.ca.

Consent: It is the responsibility of the provider and the facility to ensure that the collection, use and disclosure of information submitted are authorized by a consent form or otherwise. Providers and facilities should use the Ontario Claims Form 5 (OCF-5) *Permission to Disclose Health Information* as a consent form.

Part 1 Facility (Biller) Information

Facility Number	GST Number
Facility Name	
Address	
City	Province / Postal Code
Telephone Number / Extension / Fax Number	
E-mail Address	

Facilities without a registration number may obtain one at www.aisiregistration.on.ca.

This invoice is for:

- ☐ **Treatment**
- ☐ **Insurer Examination**
- ☐ **DAC Services** → ***Check Type:*** ☐ Medical/Rehabilitation ☐ Disability ☐ Catastrophic ☐ Attendant Care ☐ Post 104 weeks
- ☐ **Other Assessment (Section 24)** → ***Check Type:*** ☐ Treatment Plan ☐ Disability Certificate ☐ Other

Part 2 Claimant Information

Date of Birth (year / month / day)	Gender: ☐ Male ☐ Female
Last Name	
First Name	Middle Name
Address	
City	Province / Postal Code
Is there an approved Treatment Plan (OCF-18) for this claimant? ☐ Yes ☐ No ☐ Waived by Insurer	If yes, date Treatment Plan signed by health practitioner (year / month / day)

Part 3 Automobile Insurer Information

Company Name	City or Town of Branch Office (if applicable)
Adjuster Last Name	Adjuster First Name
Date of Accident (year / month / day)	Policy Number
Claim Number	
Name of policy holder: ☐ Claimant, OR	Last Name / First Name

Part 4 Other Insurance Information

Is there OHIP coverage for services billed on this invoice? ☐ Yes ☐ No ☐ Not applicable

OTHER INSURANCE: Is there other insurance coverage for the billed services listed on this invoice?
I have made reasonable enquiries of the claimant/patient and have determined that:

☐ **NO** *There is no other insurance coverage for these services*

☐ **YES** *There is other insurance coverage that is potentially available to cover/partially cover these services. The details are expressed in this section of the invoice.*

NOTE:
If this is a second or subsequent invoice, facilities do not have to fill out Part 4, unless the information has changed.

Other Insurer **1**	
	Other Insurer Name
	Other Insurance Plan or Policy Number
Name of Plan Member	Other Insurer's Identifier

Other Insurer **2**	
	Other Insurer Name
	Other Insurance Plan or Policy Number
Name of Plan Member	Other Insurer's Identifier

Part 5 Provider Information

(use box number from this section as **Provider Reference Number** in Part 7 Service Information and in Part 9 Supplies Provided to Patient)

1	Last Name	First Name
	Profession/occupation	College Registration Number or Provider ID
2	Last Name	First Name
	Profession/occupation	College Registration Number or Provider ID
3	Last Name	First Name
	Profession/occupation	College Registration Number or Provider ID
4	Last Name	First Name
	Profession/occupation	College Registration Number or Provider ID
5	Last Name	First Name
	Profession/occupation	College Registration Number or Provider ID
6	Last Name	First Name
	Profession/occupation	College Registration Number or Provider ID

Part 6
Injury and Sequelae Information

(use box number from this section as **Injury Reference Number** in Part 7 Service Information)

NOTE:
If this is a second or subsequent invoice, facilities do not have to fill out or submit Part 6, unless the injury coding has changed, but the Injury Reference Number must be used on every invoice in Part 7.

Injury and Sequelae Pick List (ICD-10-CA Codes)

Whiplash-Associated Disorders

1 ☐ **S13.43(1)** **WAD1** *Complaint of neck pain, stiffness or tenderness only. No physical sign(s).*
2 ☐ **S13.43(2)** **WAD2** *Complaint of neck pain AND Musculoskeletal sign(s) including decreased range of motion and point tenderness.*
3 ☐ **S13.43(3)** **WAD3** *Complaint of neck pain AND Neurological sign(s) including decreased or absent deep tendon reflexes, weakness and sensory deficits.*
4 ☐ **S13.43(4)** **WAD4** *Complaint of neck pain AND Fracture or dislocation.*

Head Injuries

5 ☐ **S00** *Superficial injury of head*
6 ☐ **S01** *Open wound of head*
7 ☐ **S02 (s)** *Fracture of skull*
8 ☐ **S02 (f)** *Fracture of facial bones*
9 ☐ **S06.^0** *Intracranial injury, without loss of consciousness*
10 ☐ **S06.^1** *Intracranial injury, with brief loss of consciousness of less than 1 hour*
11 ☐ **S06.^2** *Intracranial injury, with moderate loss of consciousness of 1-24 hours duration*
12 ☐ **S06.^3** *Intracranial injury, with prolonged loss of consciousness greater than 24 hours duration with return to pre-existing level of consciousness*

Thorax and Abdomen Injuries

13 ☐ **S20** *Superficial injury of thorax*
14 ☐ **S30.1** *Contusion of abdominal wall*
15 ☐ **S22** *Fracture of rib(s), sternum and thoracic spine*
16 ☐ **S27** *Injury of other and unspecified intrathoracic organs*
17 ☐ **S23** *Dislocation, sprain and strain of joints and ligaments of thorax*

Spine and Pelvis Injuries

18 ☐ **S30.0** *Contusion of lower back and pelvis*
19 ☐ **S22** *Fracture of rib(s), sternum and thoracic spine*
20 ☐ **S32** *Fracture of lumbar spine and pelvis*
21 ☐ **S33** *Dislocation, sprain and strain of joints and ligaments of lumbar spine and pelvis*

Upper Extremity Injuries

22 ☐ **S40** *Superficial injury of shoulder and upper arm*
23 ☐ **S50** *Superficial injury of forearm*
24 ☐ **S60** *Superficial injury of wrist and hand*
25 ☐ **S61** *Open wound of wrist and hand*
26 ☐ **S43** *Dislocation, sprain and strain of joints and ligaments of shoulder girdle*
27 ☐ **S63** *Dislocation, sprain and strain of joints and ligaments at wrist and hand level*
28 ☐ **S42** *Fracture of shoulder and upper arm*
29 ☐ **S52** *Fracture of forearm*
30 ☐ **S62** *Fracture of navicular [scaphoid] bone of hand*

Lower Extremity Injuries

31 ☐ **S70** *Superficial injury of hip and thigh*
32 ☐ **S80** *Superficial injury of lower leg*
33 ☐ **S83** *Dislocation, sprain and strain of joints and ligaments of knee*
34 ☐ **S93** *Dislocation, sprain and strain of joints and ligaments at ankle and foot level*
35 ☐ **S72** *Fracture of femur*
36 ☐ **S82** *Fracture of lower leg, including ankle*
37 ☐ **S92** *Fracture of foot, except ankle*

Diseases of the musculoskeletal system and connective tissue

38 ☐ **M54.0** *Panniculitis affecting regions of neck and back (Inflammation in the fatty layer under the skin).*
39 ☐ **M54.1** *Radiculopathy*
40 ☐ **M54.3** *Sciatica*
41 ☐ **M54.4** *Lumbago with sciatica*
42 ☐ **M54.5** *Low back pain*
43 ☐ **M54.6** *Pain in thoracic spine*
44 ☐ **M54.8** *Other dorsalgia*
45 ☐ **M79.1** *Myalgia*
46 ☐ **M99.1** *Biomechanical lesions, not elsewhere classified, cervical region*
47 ☐ **M99.2** *Biomechanical lesions, not elsewhere classified, thoracic region*
48 ☐ **M99.3** *Biomechanical lesions, not elsewhere classified, lumbar reiogn*

Mental and behavioural disorders

49 ☐ **F06.9** *Mild cognitive disorder*
50 ☐ **F07.2** *Postconcussional syndrome*
51 ☐ **F32** *Depressive episode*
52 ☐ **F33** *Recurrent depressive disorder*
53 ☐ **F40.2** *Specific (isolated) phobias*
54 ☐ **F41.0** *Panic disorder (episodic paroxysmal anxiety)*
55 ☐ **F41.1** *Generalized anxiety disorder*
56 ☐ **F41.2** *Mixed anxiety and depressive disorder*
57 ☐ **F43.0** *Acute stress reaction*
58 ☐ **F43.1** *Post-traumatic stress disorder*
59 ☐ **F43.2** *Adjustment disorders*
60 ☐ **F45** *Somatoform disorders*
61 ☐ **F51.0** *Nonorganic insomnia*
62 ☐ **F52** *Sexual Dysfunction, not caused by organic disorder or disease*

Symptoms and signs

63 ☐ **R07** *Pain in throat and chest*
64 ☐ **R13** *Dysphagia*
65 ☐ **R52.2** *Other chronic pain*
66 ☐ **R53** *Malaise and fatigue*
67 ☐ **R47** *Speech disturbances, not elsewhere classified*
68 ☐ **R48** *Dyslexia and Alexia*
69 ☐ **R49** *Voice disturbances*

Diseases of the nervous system

70 ☐ **G43** *Migraine*
71 ☐ **G44.2** *Tension-type headache*
72 ☐ **G44.3** *Chronic post-traumatic headache*
73 ☐ **G82** *Paraplegia and tetraplegia*

Factors influencing health status and contact with health services

74 ☐ **Z56** *Problems related to employment and unemployment*
75 ☐ **Z63** *Other problems related to primary support group, including family circumstances*
76 ☐ **Z73** *Problems related to life-management difficulty*

International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada (ICD-10-CA)

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ICD-10-CA is the Canadian standard for classifying diseases, injuries and causes of death, as well as external causes of injuries.

Other Injury and Sequelae Codes (ICD-10-CA)

	Injury Description	Injury Code (ICD-10-CA)
77		
78		
79		

Part 7
Service Information

(use **Provider Reference Number** from Part 5 and **Injury Reference Number** from Part 6 to complete this section)

(use box number from this section as **Service Reference Number** in Part 8 Other Charges)

Include services with no net charge to auto insurer

NOTE:
Frequently used Service Codes are listed in the User Manual available at www.standardinvoice.on.ca

1	year / month / day Description Service Code	Provider Reference Number	Injury Reference Number(s)	Pre-authorized by Auto Insurer? ☐ Yes ☐ No	Time in minutes	Hourly Fee $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
2	year / month / day Description (☐ Check here if same as above) Service Code	Provider Reference Number	Injury Reference Number(s)	Pre-authorized by Auto Insurer? ☐ Yes ☐ No	Time in minutes	Hourly Fee $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
3	year / month / day Description (☐ Check here if same as above) Service Code	Provider Reference Number	Injury Reference Number(s)	Pre-authorized by Auto Insurer? ☐ Yes ☐ No	Time in minutes	Hourly Fee $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
4	year / month / day Description (☐ Check here if same as above) Service Code	Provider Reference Number	Injury Reference Number(s)	Pre-authorized by Auto Insurer? ☐ Yes ☐ No	Time in minutes	Hourly Fee $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
5	year / month / day Description (☐ Check here if same as above) Service Code	Provider Reference Number	Injury Reference Number(s)	Pre-authorized by Auto Insurer? ☐ Yes ☐ No	Time in minutes	Hourly Fee $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
6	year / month / day Description (☐ Check here if same as above) Service Code	Provider Reference Number	Injury Reference Number(s)	Pre-authorized by Auto Insurer? ☐ Yes ☐ No	Time in minutes	Hourly Fee $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
7	year / month / day Description (☐ Check here if same as above) Service Code	Provider Reference Number	Injury Reference Number(s)	Pre-authorized by Auto Insurer? ☐ Yes ☐ No	Time in minutes	Hourly Fee $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
8	year / month / day Description (☐ Check here if same as above) Service Code	Provider Reference Number	Injury Reference Number(s)	Pre-authorized by Auto Insurer? ☐ Yes ☐ No	Time in minutes	Hourly Fee $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
9	year / month / day Description (☐ Check here if same as above) Service Code	Provider Reference Number	Injury Reference Number(s)	Pre-authorized by Auto Insurer? ☐ Yes ☐ No	Time in minutes	Hourly Fee $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
10	year / month / day Description (☐ Check here if same as above) Service Code	Provider Reference Number	Injury Reference Number(s)	Pre-authorized by Auto Insurer? ☐ Yes ☐ No	Time in minutes	Hourly Fee $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $

Subtotal Service Charges to Auto Insurer	$

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If more pages are required, use Page 4a available at www.standardinvoice.on.ca

Part 8
Other Charges

(use **Service Reference Number** from Part 7 Service Information to complete this section)

NOTE:
If there are no Other Charges being billed, this page does not have to be submitted.

1	Service Reference Number	Other Charges ☐ Mileage ☐ Travel Time ☐ Disbursements:	Number of Km or Number of minutes	Rate per Km or per hour	Amount $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
2	Service Reference Number	Other Charges ☐ Mileage ☐ Travel Time ☐ Disbursements:	Number of Km or Number of minutes	Rate per Km or per hour	Amount $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
3	Service Reference Number	Other Charges ☐ Mileage ☐ Travel Time ☐ Disbursements:	Number of Km or Number of minutes	Rate per Km or per hour	Amount $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
4	Service Reference Number	Other Charges ☐ Mileage ☐ Travel Time ☐ Disbursements:	Number of Km or Number of minutes	Rate per Km or per hour	Amount $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
5	Service Reference Number	Other Charges ☐ Mileage ☐ Travel Time ☐ Disbursements:	Number of Km or Number of minutes	Rate per Km or per hour	Amount $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
6	Service Reference Number	Other Charges ☐ Mileage ☐ Travel Time ☐ Disbursements:	Number of Km or Number of minutes	Rate per Km or per hour	Amount $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
7	Service Reference Number	Other Charges ☐ Mileage ☐ Travel Time ☐ Disbursements:	Number of Km or Number of minutes	Rate per Km or per hour	Amount $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
8	Service Reference Number	Other Charges ☐ Mileage ☐ Travel Time ☐ Disbursements:	Number of Km or Number of minutes	Rate per Km or per hour	Amount $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
9	Service Reference Number	Other Charges ☐ Mileage ☐ Travel Time ☐ Disbursements:	Number of Km or Number of minutes	Rate per Km or per hour	Amount $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
10	Service Reference Number	Other Charges ☐ Mileage ☐ Travel Time ☐ Disbursements:	Number of Km or Number of minutes	Rate per Km or per hour	Amount $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
11	Service Reference Number	Other Charges ☐ Mileage ☐ Travel Time ☐ Disbursements:	Number of Km or Number of minutes	Rate per Km or per hour	Amount $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $
12	Service Reference Number	Other Charges ☐ Mileage ☐ Travel Time ☐ Disbursements:	Number of Km or Number of minutes	Rate per Km or per hour	Amount $	Net Charge to OHIP/Other Insurer(s) $	Net Charge to Auto Insurer $

Subtotal Other Charges to Auto Insurer	$

If more pages are required, use Page 5a available at www.standardinvoice.on.ca

Part 9 Supplies Provided to Patient

(use **Provider Reference Number** from Part 5 Provider Information to complete this section)

	Provider Reference Number	Description / Supply Code	Amount	Net Charge to OHIP/Other Insurer(s)	Net Charge to Auto Insurer
1			$	$	$
2			$	$	$
3			$	$	$

NOTE:
Supply Codes are listed in the User Manual available at
www.standardinvoice.on.ca

Subtotal Supply Charges to Auto Insurer	$

Subtotal Service Charges to Auto Insurer (Part 7)	$
Subtotal Other Charges to Auto Insurer(Part 8)	$
Subtotal Supply Charges to Auto Insurer (Part 9)	$
Total Charges to Auto Insurer (part 7 subtotal + part 8 subtotal + part 9 subtotal)	$
Goods and Services Tax (GST)	$
PST on Goods (if applicable)	$
Grand Total	$
Prior Outstanding Balance as of (year / month / day)	$

Part 10 Other Information

Attach additional sheets if necessary

Is this a Final Invoice?

☐ Yes ☐ No

Comments

☐ Additional Sheets Attached

Facility Signatory

I certify that the expenses submitted and described above are true and accurate and are required as a direct result of the accident.

Print Name	Signature