



Health Claims for Auto Insurance

OCF-22:
**APPLICATION FOR APPROVAL OF
AN ASSESSMENT OR EXAMINATION**
MANUAL FOR WEB USERS

April 2009

Document Change History

Date	Description of Change	Reason
<u>20050214</u>	<u>Revised applicant signature & repositioned signature of insurer</u>	<u>For consistency with revised OCFs</u> <u>December 1, 2004</u>
<u>20060301</u>	<u>Revised further information, health professional, insurer & applicant and revised nature of assessment/examination</u>	<u>Redirects users to HCAI website, reflects inclusion of social worker, revisions to prior approval categories and elimination of Designated Assessment Centres (DACs).</u>
<u>20090921</u>	<u>Revised for HCAI web users</u>	<u>To facilitate submissions via HCAI</u>

What Is Included in This Manual?

The manual provides detailed instructions for completion of an OCF-22 using the HCAI Web application. To view codes used on the forms, please refer to http://www.hcaiinfo.ca/Health_Care_Facility_Provider/Coding.asp].

Where can I get more information?

This manual will be updated from time to time. The latest updates to the manual can be downloaded from the website www.hcaiinfo.ca.

Contact your professional association for any questions relating to coding of injuries, interventions, health care services and guidelines as they relate to your specific practice.

Examples of completed sections of the forms

The examples and fees used throughout this manual are entirely fictitious. They are designed to assist you in understanding how to use and complete the forms.

OCF-22: APPLICATION FOR APPROVAL OF AN ASSESSMENT OR EXAMINATION

When do I use an OCF-22 instead of proposing an assessment on an OCF-18?

- Assessments require insurer approval and, in some cases, prior insurer approval. The only exceptions are assessments included with a pre-approved framework (PAF).
- Approval for assessments can be obtained via an OCF-18, OCF-11 and OCF-23. The OCF-23 facilitates prior approval for patients with WAD I, WAD II (whiplash associated disorders) and other associated injuries as defined in the PAF Guideline.
- The OCF-22 is used to request insurer approval for an assessment or examination. It should be used whenever approval, including prior approval as set out in the regulations, of an assessment is not sought through an OCF-18, OCF-11 or OCF-23.
- Details of which assessments do and do not require prior approval are outlined in Part 4 of the form.

This form may not be materially altered; in other words, the document cannot be changed in any manner. If this document is materially altered, it may be considered incomplete and the insurer may not accept the form.

Who completes this form to prepare it for submission to the insurer?

- OCF-22s that are being prepared on the HCAI Web application must be completed by the health care facility (HCF) that will submit the form.
- A regulated health professional or social worker as defined in the SABS¹ (Statutory Accident Benefits Schedule (located at http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_960403_e.htm)) must sign the form in Part 3 to certify the reasonableness and necessity of the services proposed in the form.
- The applicant (patient) or substitute decision-maker may sign Part 9.

How can a health care facility (HCF) review the form after it has been submitted to the insurer?

- After the HCF completes and submits the form, it will appear in the Plans worklist.
- The insurance company must be able to match the form to a claim and a claimant. If the claim/claimant information submitted by the HCF does not match the records of the insurance company, the adjuster may not see the form on his/her worklist and this may delay adjudication of the form.
- Once the insurance company matches the form to the claimant, the adjuster will be able to adjudicate the form. Prior to adjudication, the form will continue to appear in the Plans worklist.
- The adjudicated form will appear in the Adjuster Response tab and can be viewed online and printed.

¹ A definition of "social worker" is updated periodically and can be viewed under the heading "Definitions" in the Statutory Accident Benefits Schedule (SABS), which is a regulation under the *Insurance Act*. This can be viewed online at www.e-laws.gov.on.ca/html/regs/english/elaws_regs_960403_e.htm.

How should an OCF-22 be prepared if there is to be simultaneous assessment by multiple health providers?

- In most cases, only one form per HCF should be submitted for a given patient. In other words, if multi- or inter-disciplinary assessment is to be delivered, propose all services on one plan.
- Only one regulated health professional signature is required to certify the form, even for multi- or interdisciplinary assessment.
- This permits a single, comprehensive assessment plan, allowing for continuity of care among all health care providers.

Form completion fee

- The fee for completion of this form should be billed directly to the insurer. It is not a benefit of the Ministry of Health and Long-Term Care (MOH).
- It is a conflict of interest to receive any payment or benefit in addition to the insurer's fee for completion of the form.

Associated providers

- The term "Associated" applies when a health professional (provider) is registered in HCAI as a provider for the HCF that plans to invoice for the services. This provider will be listed in the HCF's HCAI roster or Provider List.
- Associated providers that are health practitioners or regulated health professionals may be able to sign OCFs and all health professionals may deliver care to patients of that HCF on behalf of the HCF.

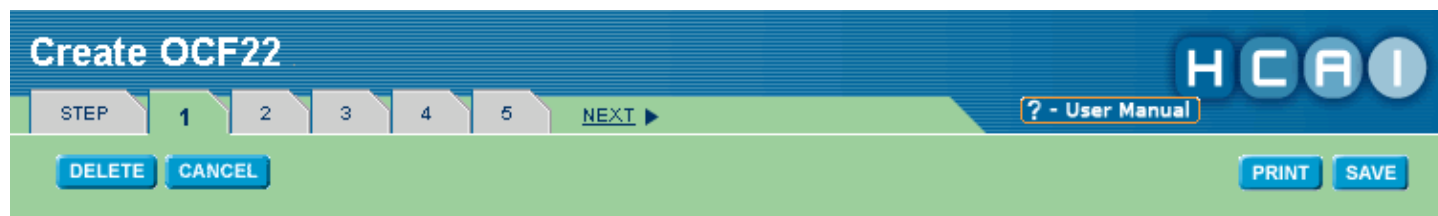
COMPLETION OF AN OCF-22 IN HCAI

Note: In order to complete and submit an OCF-22 using the HCAI Web application, a regulated health professional must be associated with the HCF.

OCF-22 TABS

The OCF-22 in HCAI is organized under five tabs.

Figure 1 : OCF 22 tabs



Tab 1

Claim Identifier

Plan Identifier

Part 1 – Applicant (Patient) Information

Part 2 – Auto Insurer Information

Tab 2

Part 3 – Signature of Regulated Health Professional or Social Worker and Conflict of Interest Declaration

Part 4 – Assessment Status

Tab 3

Part 5 – Provisional Clinical Information

Tab 4

Note: Part 6 does not appear in HCAI. It is incorporated in Part 7

Part 7 – Proposed Goods and Services

Part 9 – Signature of Applicant (Optional)

Tab 5

Additional Comments and/or Attachments

Tab 1

Claim Identifier

- Patients who report being injured in an automobile collision will be contacted by the insurance company to which they make a claim for benefits.
- The insurer is required to provide the claimant with information including the claim number, adjuster information, date of loss etc.
- The insurance policy number can be obtained from the pink slip that is provided when the auto insurance premium is paid.
 - In some cases, the policy number and claim number are the same.
- Claim identifiers are used to identify the claimant and match the document to a specific adjuster's worklist.
- When a form arrives at the insurance company, the insurer must match information contained in this section of the form.
 - Errors may delay the insurer's ability to identify the claimant and, subsequently, process the claim.

Four key identifiers

Four key identifiers will assist insurers to quickly validate and adjudicate the claim:

1. Claim number and/or policy number

- The applicant must provide the claim number if known, policy number, and date of the accident.
- The claim number and policy number can be obtained from the insurance adjuster.
- The policy number is also available on the Motor Vehicle Liability Insurance Card (pink slip).
- The claim number and policy number may be the same.

2. The accident date (forms will not be processed without an accident date)

- If the patient has overlapping injuries from more than one accident, use the date of the accident that is most relevant to the injuries being treated.

3. Date of birth of the patient

4. Gender of the patient

Plan Identifier

- Plan number : This field is automatically populated with N/A since the OCF 22 does not require a plan number
- Document number: This field is blank in OCF 22s that have not been submitted. If an OCF 22 has been submitted, the HCAI document number will be automatically inserted here.

Part 1 – Applicant Information

- The applicant (patient) or substitute decision-maker² should provide the information.

² The *Substitute Decisions Act* states that a substitute decision-maker is a person with power of attorney for personal care or a court-appointed guardian.

Part 2 – Auto Insurer Information

- The applicant (patient) or substitute decision-maker should provide the information.
- The last name of the policyholder is mandatory.

Independent adjusting companies and adjusters

- Independent adjusting companies may be hired by insurance companies to adjudicate claims, but the HCAI application does not list independent adjusting companies.
- To direct claim forms appropriately, health practitioners should determine (typically by asking the patient or the independent adjuster) the name of the licensed insurer that insures the patient.
- Insurance companies that use independent adjusters (IAs) are able to give IAs access to HCAI so the IA can view and adjudicate forms for those claimants for which they have been authorized.

Tab 2

Part 3 – Signature of Regulated Health Professional or Social Worker and Conflict of Interest Declaration

Figure 2: Signature of regulated health professional or social worker

Part 3: Signature of Regulated Health Professional or Social Worker

Please indicate that there is a provider signature on file. Values marked with an asterisk (*) are mandatory fields required for submission.
Authorized submitter certifies to the best of their knowledge, the information in this form is accurate, and the services contemplated are reasonable for the assessment or examination of the applicant. The authorized submitter has obtained the appropriate consent from the applicant for the collection, use and disclosure of information submitted.

* Name of Provider:

* Profession:

Facility Name: Dynamic Rehabilitation

AISI Facility Number:

Address 1: 15 Elm Street

Address 2:

City: Toronto

Province: ON - Ontario

Postal Code: M2M 2M2

Phone: (416) 555-5554

Fax:

I am declaring that there is no conflict of interest relating to this application and I have determined, after making reasonable inquiries, that there are no conflicts of interest relating to this application on the part of any person who referred the applicant to a person who will provide goods or services contemplated in this application.

* Is there a conflict of interest? No Yes

The health professional or social worker certifies that, to the best of their knowledge, the information in this form is accurate, and the services contemplated are reasonable for the assessment or examination of the applicant. In addition, the health professional or social worker confirms that they have obtained the appropriate consent from the applicant for the collection, use and disclosure of information submitted.

* Is the signature on file? No Yes

* Signed Date:

- The signature of the regulated health professional certifies that the assessment services proposed in the OCF-22 are “reasonable for the assessment or examination of the applicant.”
 - While not stated, the signature implies that the signer has communicated in some fashion with the claimant, or has sufficient and accurate information about the claimant and his/her

circumstances to establish that the services are “reasonable for the assessment or examination of the applicant.”

- The regulated health professional must be associated with the HCF; i.e. an external health professional may not sign the form.
- Select the name of the regulated health professional from the dropdown list.
- If the assessment service will be contracted out to an external facility, the name of the health professional that is recommending the assessment should be selected.
 - *Example*
 - Acme IME wishes to recommend an MRI in the OCF-22, but the MRI will be conducted by an external MRI company. Acme will, however, invoice the insurer for the MRI and pay the external MRI company.
 - A regulated health professional (physician) who is associated with Acme IME should certify that the MRI is reasonable for the assessment or examination of the applicant. It is this referring physician’s name that should be selected from the dropdown list, even though he/she won’t actually be performing the MRI.

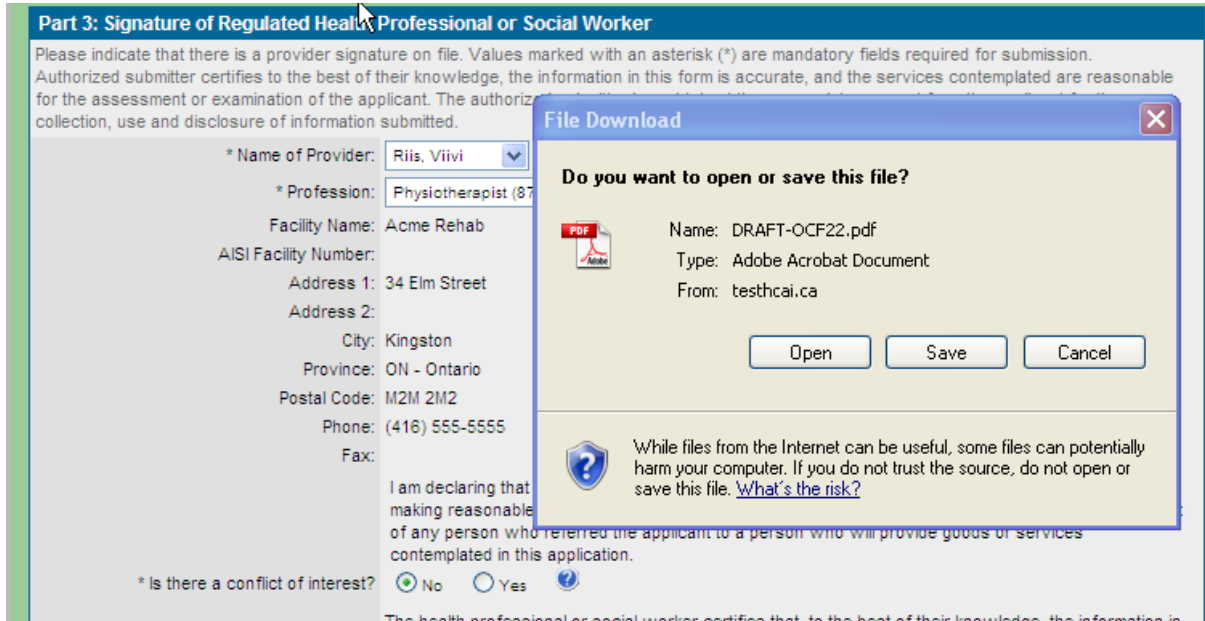
Printing the completed OCF

- Click on the Print button located at the top and bottom of the HCAI application Web page.

Figure 3: Print completed OCF 22



Figure 4: View, save or print PDF of OCF 22



- A File Download window will open (see Figure 4) and you will be asked whether you want to open or save the file.
 - Save – You can store a PDF version in your electronic filing system.
 - Open – The file will open and look exactly like the paper OCF.
- Select “Open” and then print the form.
 - The health practitioner should sign Part 3 of the printed form to certify that the proposed treatment is reasonable for the assessment or examination of the applicant.
 - The claimant/guardian/substitute decision-maker may sign Part 9
 - The clinic/practice should file the signed copy of the form with the patient record. If requested by the insurer or claimant, the signed hard copy must be produced.

Note: Health professionals and OCF signatures

By checking “Yes” beside the box that asks “Is the signature on file?” the health professional certifies the following:

1. The form has been printed and signed by the HP and the signed hard copy is available at the facility.
2. The goods and services contemplated in the assessment proposal are reasonable for the assessment or examination of the applicant.


The signature of the health professional in Part 3 does not imply that the signing HP is in any way professionally liable for the actions of other regulated health professionals listed on the form.

Before signing Part 3, confirm that the requirements for informed consent have been met.

Part 4 – Assessment Status

Figure 5: Assessment status

Part 4: Assessment Status

Please check the appropriate box in the chart below to indicate what situation applies to this application 

PRIOR APPROVAL IS NOT REQUIRED FOR ASSESSMENTS OR EXAMINATIONS TO COMPLETE TREATMENT PLANS FOR THE FOLLOWING:

- an assessment or examination where an immediate risk of harm to the insured person or a person in the insured person's care makes obtaining the insurer's prior approval of the assessment or examination impractical;
- not more than three assessments or examinations if:
 - the cost of each assessment or examination does not exceed \$200.00, and
 - not more than one assessment or examination is done by the same person;
- an assessment or examination conducted after the insurer notifies the insured person that, before the examination is conducted, it does not require the submission of a Treatment Plan or an application under s. 38.2 of the SABS

PRIOR APPROVAL IS REQUIRED FOR ASSESSMENTS OR EXAMINATIONS TO COMPLETE TREATMENTS PLANS FOR:

- all other assessments or examinations to complete Treatment Plans, not outlined above

PRIOR APPROVAL MAY BE REQUIRED FOR ASSESSMENTS OF EXAMINATIONS TO COMPLETE DISABILITY CERTIFICATES:

- prior approval is not required in respect of an assessment or examination for a disability certificate if the cost of the assessment for the certificate does not exceed \$200.00.
- prior approval is required for assessments to complete disability certificates that exceed \$200.00.

PRIOR APPROVAL IS NOT REQUIRED FOR ASSESSMENTS OR EXAMINATIONS TO PREPARE A FORM 1:

- prior approval is not required in respect of an assessment or examination for the purposes of preparing a Form 1.

PRIOR APPROVAL MAY BE REQUIRED FOR ASSESSMENTS OR EXAMINATIONS TO DETERMINE CATASTROPHIC IMPAIRMENT:

- Prior approval is not required in respect of an assessment or examination for a determination of catastrophic impairment if the insured person is hospitalized or in a long-term care facility at the time of the assessment or examination.
- Prior approval is required in respect of an assessment or examination for a determination of catastrophic impairment if the insured person is not hospitalized or in a long-term care facility at the time of the assessment or examination.

ALL OTHER ASSESSMENTS OR EXAMINATIONS REQUIRING PRIOR APPROVAL:

- prior approval is required for all other assessments not outlined.

Indicate the circumstances of the assessment you are proposing by checking the appropriate box.

Tab 3

Part 5 – Provisional Clinical Information

Figure 6: Clinical information

Part 5: Provisional Clinical Information

Provide as much information as is available regarding the present complaints. In B) explain why the assessment is necessary and provide information on the content of the assessment. Your message may be up to 500 characters in length.

A) Clinical Information

* I) Provide a brief description of the present complaints. Your message may be up to 500 characters in length:

Pain and inflammation persist in spite of anti-inflammatory medication. Concern that occult fracture may have been missed that can be picked up by CT Scan.

* II) has the applicant already been provided treatment under your care?

No Yes

B) Assessment Information

* I) Describe the details of the assessment requested and the rationale for it. If you have already provided treatment to this applicant, include clinical indicators to substantiate the reasonableness of the proposed assessment. For multi-disciplinary assessments, include the detail and rationale for each component. Your message may be up to 500 characters in length:

CT scan to ensure no missed fracture in leg.

* II) After making reasonable inquires, are you aware of a prior assessment of this type completed for this applicant?

No Yes

- In A, provide brief description of the present complaints.
- In (B), explain why the assessment is necessary and provide information about the content of the assessment.

Tab 4

Part 7 – Proposed Goods and Services

Figure 7: Enter proposed goods and services

Part 7: Proposed Goods and Services

To the extent possible, this Assessment Plan should include all Goods & Services contemplated by the Health Professional / Facility. Use the **Confirm Codes** button to set the codes and populate the descriptions or **Search** for codes using the ... button. To delete any items, select the goods and services in question and use the **Delete** button.

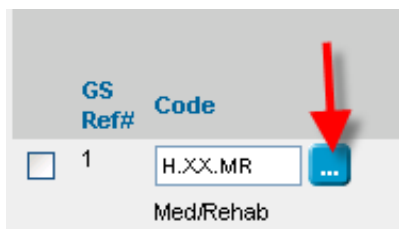
- Payment by auto insurer is secondary to available collateral benefits.
- Refer to the User manual at www.healthinfo.ca for coding information. Attribute codes are described in the manual.

GS Ref#	Code	Attr	Provider Ref.	Quantity/Measure	Cost	Proposed Tax
<input type="checkbox"/> 1	H.XX.MR Med/Rehab	<input type="checkbox"/>	Bon Jovi_Joh	1.00 PR	550.00	<input type="checkbox"/> PST <input type="checkbox"/> GST
<input type="checkbox"/> 2	3.K9.40 *Magnetic resonan...	<input type="checkbox"/>	Bon Jovi_Joh	1.00 PR	750.00	<input type="checkbox"/> PST <input type="checkbox"/> GST
<input type="checkbox"/> 3		<input type="checkbox"/>				<input type="checkbox"/> PST <input type="checkbox"/> GST
<input type="checkbox"/> 4		<input type="checkbox"/>				<input type="checkbox"/> PST <input type="checkbox"/> GST
<input type="checkbox"/> 5		<input type="checkbox"/>				<input type="checkbox"/> PST <input type="checkbox"/> GST

Add more Items: 5 Items

Totalling		
	Proposed	Calculated
Sub-total:	600.00	
* Minus MOH:	0.00	
* Minus Other Insurer (1 + 2):	0.00	
GST (if applicable):	0.00	0.00*
PST (if applicable):	0.00	0.00*
Auto Insurer Total:	600.00	

Figure 8: Intervention code



The screenshot shows a form with a header row containing 'GS Ref#' and 'Code'. Below this, there is a row with a checkbox, the number '1', a text input field containing 'H.XX.MR', and a blue button with three white dots. A red arrow points to the blue button. Below the input field, the text 'Med/Rehab' is visible.

1. **Code** - Enter the intervention by typing it directly into the field under “Code” (see Figure 7). Or use the code search utility by clicking the blue button next to the “Code” field (see Figure 8).
 - Refer questions regarding intervention coding to your provider association or access the website at www.hcaiinfo.ca
 - Note: Many assessments proposed on an OCF-22 can be coded using GAP assessment codes.
 - If you use a GAP code for assessment services, note that the code encompasses all activities including administrative time to book the appointment, file review, report preparation, etc. that are required to produce the assessment report.
 - Select either “CCI” (Canadian Classification of Interventions) or GAP by ticking the circle next to the term.
 - CCI are international standard codes for health interventions. However, some services were not well represented in the CCI; therefore, GAP codes were developed specifically for the auto insurance sector in Ontario.
 - GAP codes can be used for:
 - Assessments including S24 (health provider initiated) assessment & S42 (insurer initiated) assessment, pre-claim examination, rebuttal examination and telephone consultation with other health providers.
 - Assessments including attendant care, catastrophic, disability, combined (MedRehab and disability) and MedRehab.
 - Administrative services such as travel time and mileage.
2. **Attribute** - In addition to CCI codes, some healthcare services may be further specified with Attribute Codes. These codes are used to indicate how the service was delivered or, for example, the number of views in an x-ray study. The absence of attribute codes means that the service was rendered directly (in person) to one individual by one individual health provider and required continuous attendance. Refer to Appendix B for more information about Attributes.
3. **Provider Ref** – Use the dropdown list to select the health care provider who will be delivering care. Only providers associated with the HCF will appear in the dropdown list.
 - If more than one provider will deliver care, list only the one who will be most responsible.
 - A detailed listing of which provider delivered care on a given day will be documented in the invoice.
4. **Quantity and Unit Measure** – Enter the quantity and unit measure of service that will be provided during the assessment.
 - *Example* – Quantity Measure:
 - 15 minutes = 0.25 HR
 - 1 procedure = 1 PR

- 1 good (like a back support) = 1 GD
- 10 km = 10 KM
- 1 session = 1 SN
- Unit Measure - It is important to use the correct unit measure, which must correspond to the service described.
 - Most assessment interventions should use the PR (procedure) or HR (hour) measures.
 - Any “Goods” that are utilized in the course of assessment and that will be billed to the insurer must use the GD (goods) measure.
 - Disbursements, such as parking, may be conveyed using “Other” (AXXOT) goods and the GD measure must be used.
 - Mileage expense must be conveyed using the KM (kilometre) measure.
- 5. **Cost** – Report the cost per service as described in the line.
 - *Example:* If the assessment takes 2.5 HR, the “Cost” column should reflect the cost to deliver that service by the provider listed for 2.5 HR. Do not insert the provider’s hourly rate in this column. E.g., 2.5 HR by an orthopaedic surgeon whose hourly rate is \$200/hr:
 - \$200/hr X 2.5 = \$500. This is the amount that should be entered in the field under the “Cost” column. Again, do not enter the hourly rate.
- 6. **Total Count** – Enter the total number of times the service will be delivered during the course of the assessment proposed. In many cases, the count on OCF-22s will be “1.”
- 7. **Total Cost** – Do not complete this field. It will be populated by the application. This amount is calculated by multiplying the “Cost” per line item by the “Total Count” per line item.
 - *Example*
 - If 2.5 HR of orthopaedic surgeon time = \$500 and Total Count is 1, HCAI will calculate \$500 x 1 = \$500.
- 8. **GST and PST** – If GST or PST are applicable to a line item, check the appropriate box(es).

Can I insert one provider reference for multiple line items?

Yes. If one provider will deliver or is recommending all of the assessment services being proposed, do the following:

1. Complete all fields except the “Provider Ref” fields.
2. Tick each box to the left of each completed line item (see Figure 9).
3. Click on **APPLY PROVIDERS**. Select the name of the provider from the dropdown list and that name will populate all lines under “Provider Ref.”

Figure 9: Select lines for which one provider may be selected

GS Ref#	Code	Attr	Provider Ref.	Quantity/Measure	Cost	Proposed Tax
<input checked="" type="checkbox"/>	1 H..XX..MR Med/Rehab	<input type="checkbox"/>	<input type="checkbox"/>	3.00 HR	270.00	<input type="checkbox"/> PST <input checked="" type="checkbox"/> GST
<input checked="" type="checkbox"/>	2 A..XX..TT Travel Time (Prov...	<input type="checkbox"/>	<input type="checkbox"/>	1.00 HR	90.00	<input type="checkbox"/> PST <input checked="" type="checkbox"/> GST

Calculate

- When all of the proposed services have been entered, click **CALCULATE**.
- While HCAI calculates GST and PST, it does not enter the amount into the "Auto Insurer Total." If you wish to charge the GST or PST amounts to the insurer, you must do the following:
 1. Enter the GST/PST amounts manually into the white fields.
 2. Click **CALCULATE** again to ensure the amounts have registered.

The CCI code doesn't offer enough detail. Can I give more detail to the adjuster?

Yes. Use the space available in Tab 5 (Additional Comments) to provide more detail.

Totalling

Figure 10: Totalling

	Proposed	Calculated
Sub-total:	1300.00	
* Minus MOH:	<input type="text" value="-200.00"/>	
* Minus Other Insurer (1 + 2):	<input type="text" value="-200.00"/>	
GST (if applicable):	<input type="text" value="0.00"/>	0.00*
PST (if applicable):	<input type="text" value="0.00"/>	0.00*
Auto Insurer Total:	900.00	

CALCULATE

- In the Totalling section (see Figure 10), "Sub-total" is the sum of the cost of all proposed goods and services, which is calculated by HCAI.
- "MOH" is the sum of all Ministry of Health and Long-Term Care amounts that are payable to you for any of the goods and services listed above; this is subtracted from the sub-total. Enter the amounts using a negative sign.
- "Other Insurer (1 + 2)" is the sum of all known amounts payable to you from other insurers; this is also subtracted from the sub-total.
- "GST" is the total GST for all goods and services listed above.
- "PST" is the total PST for all goods and services listed above.
- "Auto Insurer Total" is the sum of all amounts in this section.

Part 9 – Signature of Applicant (Optional)

Figure 11: Applicant signature


Part 9: Signature of Applicant

You must indicate whether you have secured and retained on file a signed copy of the paper version of this form. If you have not retained a copy signed by the applicant or substitute decision maker, the health professional in Part 3 assumes responsibility for obtaining claimant's consent.

* Is the applicant's or substitute decision maker's signature on file? No Yes

* Applicant's or Substitute Decision Maker's First Name:

* Applicant's or Substitute Decision Maker's Last Name:

Signed Date: 

Note: If the signature is not obtained, then the health professional or social worker in Part 3 assumes responsibility for obtaining the insured's consent to release health information.

- The consent for the use of information has been revised to reflect the current privacy legislation and other legislation with which insurers must comply. Insurers are responsible for ensuring that claimants understand these conditions when initiating a claim through the submission of an OCF-1.

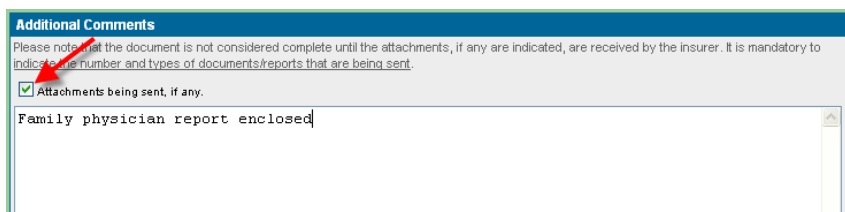
Should the claimant require more information about the consent and their obligations, please refer him/her to their insurance claims adjuster.

Tab 5

Additional Comments and/or Attachments

- HCAI permits health facilities to do the following:
 - Offer more information to adjusters by using the space provided in Tab 5.
 - Advise adjusters that additional documentation (attachments) is being sent which the insurer requires to adjudicate the form.
 - Attachments cannot be sent electronically via HCAI. They must be forwarded to the adjuster by fax or mail.
 - To indicate an attachment is being sent to the adjuster, tick the box beside “Attachments being sent, if any.” If this box is ticked, the health facility must use the space below to describe the attachment being sent.

Figure 12: Additional comments or attachments



What if HCAI won't submit the form?

- HCAI validates data entered in the application as you move through the five tabs.
- Errors will be flagged by an orange tab (see Figure 14) or through error messages in orange (see Figure 15). Appearance of orange in the tabs will prevent submission to the insurer

Figure 14: Error notice [orange tab]

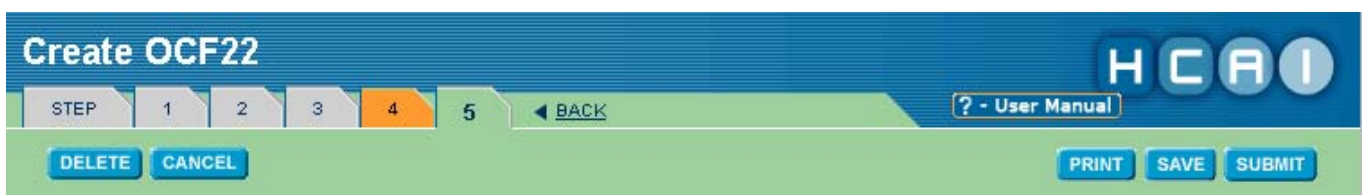


Figure 15: Explanation of error

• **Part 7: Proposed Goods and Services has an error.**

Part 7: Proposed Goods and Services

To the extent possible, this Assessment Plan should include all Goods & Services contemplated by the Health Professional / Facility. Use the **Confirm Codes** button to set the codes and populate the descriptions or **Search** for codes using the ... button. To delete any items, select the goods and services in question and use the **Delete** button.

- Payment by auto insurer is secondary to available collateral benefits.

- Refer to the User manual at www.hcaiinfo.ca for coding information. Attribute codes are described in the manual.

Line 3 has the following errors:

- **Goods and Services Code is not formatted correctly.**
- **Provider Reference must be provided.**
- **Goods and Services Occupation must be provided.**
- **Goods and Services Quantity must be provided.**
- **The measure (GD) is invalid for the goods and services code (1234).**
- **Goods and Services Cost must be provided.**

GS Ref#	Code	Attr	Provider Ref.	Quantity/Measure	Cost	Proposed Tax
<input type="checkbox"/> 1	H.XX.MR Med/Rehab	<input type="checkbox"/>	Bon Jovi, Joh	1.00 PR	550.00	<input type="checkbox"/> PST <input type="checkbox"/> GST
<input type="checkbox"/> 2	3.KG.40 "Magnetic resonan...	<input type="checkbox"/>	Bon Jovi, Joh	1.00 PR	750.00	<input type="checkbox"/> PST <input type="checkbox"/> GST
<input type="checkbox"/> 3	1234	<input type="checkbox"/>		GD		<input type="checkbox"/> PST <input type="checkbox"/> GST

How do I know my form has been submitted?

Figure 13

The screenshot shows a web interface titled "Create OCF22" with the HCAI logo in the top right. The interface is divided into three main sections: "Claim Identifier", "Return this form to:", and "Plan Identifier". A red arrow points to the "Document Number" field in the "Plan Identifier" section.

Claim Identifier	Return this form to:	Plan Identifier
Applicant Name: Patient, Test Claim Number: 3456 Policy Number: 1234 Date of Accident: 2008/04/22	_Prof. Assoc. Insurer 1 Main St. Toronto, Ontario M1M 1M1	Document Number: 09030300001 Plan Number: N/A OCF Type: 22 Date Submitted: 2009/03/03 Source: Web OCF Effective Date: 2006/03/01

You have submitted document number 09030300001. Please note that the document is not considered complete until the attachments, if any are indicated, are received by the insurer.

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- You will see a screen similar to Figure 13 if your form has been successfully submitted to the insurer.
- Each form is assigned a unique document number by HCAI (see the red arrow) that can be used to track the form and distinguish it from others submitted for the same patient.