



Health Claims for Auto Insurance

# September 1, 2010 Auto Reforms: OCF-21B & OCF-21C

# OCF-21, 09/01/2010

<b>Part 3 Invoice Information</b>	Invoice Number			First Invoice	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Invoice	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>For previously approved goods and services, please complete the following:</b>						
	*Type of Plan or Minor Injury Guideline or Pre-approved Framework Treatments		*Plan Date (YY)	*Plan Number	*Approved Amount	*Previously Billed	
	<input type="checkbox"/> Treatment and Assessment Plan (OCF-18) ♦			Must select either Treatment & Assessment Plan or Minor Injury Guideline / PAF			
<input type="checkbox"/> Minor Injury Guideline or PAF	Type: ♦						
♦ Attach Version A or B		For all other In		If Minor Injury Guideline or PAF selected, type must be either WAD1/2 MIG or left blank			
♦ Attach Version C							

# OCF-21, Pre-09/01/2010

## Part 4 Payee Information

Conflict of  
Interest section  
removed

Facility Name (if applicable)		AISI Facility Number (if applicable)	
Payee Last Name		Payee First Name	Payee Number (if applicable)
Address			
City	Province	Postal Code	
Telephone Number	Extension	*Fax Number	
*Email Address			
<input type="checkbox"/> I wish to declare that I have no conflicts of interest relating to this invoice, and I have determined, after making reasonable inquiries, that there are no conflicts of interest relating to this invoice on the part of any person who referred the applicant to a person who provided goods or services referred to in this invoice.			
Or <input type="checkbox"/> I am declaring the following conflicts of interest relating to this invoice:			
<p>I certify that the information provided is true and correct. I understand that it is an offence under the Insurance Act to knowingly make a false or misleading statement or representation to an insurer under a contract of insurance. I further understand that it is an offence under the federal Criminal Code for anyone, by deceit, falsehood, or other dishonest act, to defraud or attempt to defraud an insurance company. This information will be used for processing payments of claims; identifying and analysing the nature and costs of goods and services that are provided to automobile accident victims, by health care providers; preventing fraud and detecting fraud where there are reasonable grounds to suspect fraud.</p>			
Name of Health Professional Social Worker or Authorized Signatory (please print)		Signature of Health Professional Social Worker or Authorized Signatory	Date (YYYYMMDD)

## OCF-21, Pre-09/01/2010

Date of Service			Description	'Code	'Attribute	Provider Reference	Quantity	'Measure	GST (✓)	PST (✓)	Cost
YYYY	MM	DD									

PST Column Removed

## OCF-21, 09/01/2010

Date of Service			Description	'Code	'Attribute	Provider Reference	Quantity	'Measure	Tax (✓)	Cost
YYYY	MM	DD								

GST Column is changed to Tax

## OCF-21, Pre-09/01/2010

Other Insurance (for goods and services on this invoice)	MOH	Insurer 1	Insurer 2	Account Activity Since Last Invoice (if Interest is being charged)		Sub-Total:
	Chiropractic:					MOH:
	Physiotherapy:				*Prior Balance:	Other Insurer 1 + 2:
	Massage Therapy:				*Payment Received from Auto Insurer:	GST (if applicable):
	<sup>1</sup> Other Service Type:				<sup>2</sup> Overdue Amount:	PST (if applicable):
	Total:					Interest:
	<sup>1</sup> Please Specify Other Service Type:				*The insurer shall pay interest on overdue outstanding balances as required by the Statutory Accident Benefits Schedule.	

*Note: PST field is removed*

## OCF-21, 09/01/2010

Other Insurance (for goods and services on this invoice)	MOH	Insurer 1	Insurer 2	Account Activity since Last Invoice (if interest is being charged)		Sub-Total:
	Chiropractic:					MOH:
	Physiotherapy:				*Prior Balance:	Other Insurer 1 + 2:
	Massage Therapy:				*Payment Received from Auto Insurer:	Tax (if applicable):
	<sup>1</sup> Other Service Type:				<sup>2</sup> Overdue Amount:	Interest:
	Total:					
	<sup>1</sup> Please Specify Other Service Type:				*The insurer shall pay interest on overdue outstanding balances as required by the Statutory Accident Benefits Schedule.	

*Note: GST Totalling Field is changed to tax*



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For more information about the Auto Reforms visit:  
[www.hcaiinfo.ca](http://www.hcaiinfo.ca)