Ontario

Ministry of Health
and Long-Term Care

Application for OHIP Direct Bank Payment for Health Care Professionals

Purpose

This application is to be completed by health care professionals registering for direct bank payment with the Ministry of Health and Long-Term Care (the ministry). It can also be used to update/change bank account information.

☐ New ☐ Change

Section 1 - Request for Solo Direct Bank Payment

Last Name	First Name
OHIP Billing Number	Certificate of Registration Number *(issued by governing body)*

I hereby authorize the ministry to make direct bank payment to the bank account:

☐ as named above

☐ in the name of ▶ Last Name ______________________ First Name ______________________

Physician Signature	Date	Telephone Number

Section 2 - Request for Group Direct Bank Payment

We hereby authorize the ministry to make direct bank payment to the bank account in the name of:

Group Name	Group OHIP Billing Number

Two signatures are required if the application is for a group with two or more members.

One of the signatures will be accepted from a non-group member, e.g. group administrator, as designated by members of the group. The other signature must be from a group member with an active OHIP billing number.

1. Last Name	First Name	
Physician Signature	Date *(yyyy/mm/dd)*	Telephone Number
2. Last Name	First Name	
Physician Signature	Date *(yyyy/mm/dd)*	Telephone Number

Section 3 - Bank Account Information

For more information on completing this form, contact the ministry's Service Support Centre by email: SSContactCentre.MOH@ontario.ca or by calling 1 800 262-6524.

The ministry requires 30 days advance notice, in writing, of any changes to your banking arrangements.

Attach a scanned or original blank cheque, from the financial institution where you bank, with the fully micro-encoded branch, institution and account numbers.

Submit this application through ***one*** of the following options:

Email: ProviderRegistration.MOH@ontario.ca

Fax: 613 545-5848

Mail: Ministry of Health and Long-Term Care
Claims Services Branch
Provider Registry Unit
PO Box 68
Kingston ON K7L 5K1

The ministry's collection of the personal information on this form is authorized under the *Health Insurance Act,* R.S.O. 1990, c. H.6, section 4.1, and Ontario Regulation 57/97. The information will be used to register and/or update direct bank payment information and to verify and monitor your eligibility for payment. It will also be used for health systems planning and coordination purposes. For information about this collection, contact the Director, Health Data Branch, Health System Information Management and Investment Division, Ministry of Health and Long-Term Care, 5700 Yonge Street, 4th Floor, Toronto ON M2M 4K5, by telephone: 1 866 803-0104 toll free and in Kingston, 613 548-4049 or by email: IMsupport@ontario.ca.

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