







**OCF-21 - Version B - page 3**

Version B - pages 2 and 3 are used together for billing goods and services that have not been previously approved by the insurer through an OCF-18 or OCF-22. They may be used, at the discretion of the provider, for billing any goods or services except Pre-approved Frameworks (use Version C - pages 2 and 3).

<b>OTHER INSURANCE:</b> I have made reasonable enquiries of the claimant and have determined that:		
<input type="checkbox"/> <b>NO</b> <i>There is no other insurance coverage identified for these goods and services</i> <input type="checkbox"/> <b>YES</b> <i>There is other insurance coverage that is potentially available to cover/partially cover these goods and services.</i>		
MOH	Is there Ministry of Health and Long-Term Care (MOH) coverage for goods and services included in this invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
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
Other Insurance details are not required if they are the same as those on a pre-approved plan.		

<b>Conflict of Interest Definition</b>
A person has a conflict of interest relating to an invoice if:
<ul style="list-style-type: none"> <li>i. The person or a related person or another person may receive a financial benefit, directly or indirectly, as a result of the provision, by the related person, of the goods or services, and</li> <li>ii. The person who may receive the financial benefit is not the employee of the person who will provide the goods or services and does not have a contract with the person who will provide the goods or services or under which goods or services of that kind are provided.</li> </ul>

<b>Other Insurance</b> (for goods and services on this invoice)		MOH	Insurer 1	Insurer 2	<b>Account Activity Since Last Invoice</b> (if Interest is being charged)	<b>Sub-Total:</b>	
	Chiropractic:					<b>MOH:</b>	
	Physiotherapy:				*Prior Balance:	<b>Other Insurer 1 + 2:</b>	
	Massage Therapy:				*Payment Received from Auto Insurer:	<b>GST (if applicable):</b>	
	<sup>1</sup> Other Service Type:					<b>PST (if applicable):</b>	
	<b>Total:</b>				<sup>2</sup> Overdue Amount:	<b><sup>2</sup>Interest:</b>	
	<sup>1</sup> Please Specify Other Service Type:				<small><sup>4</sup>The insurer shall pay interest on overdue outstanding balances as required by the Statutory Accident Benefits Schedule.</small>	<b>Auto Insurer Total:</b>	

<b>Make cheque payable to:</b>	
***Other Information:	
<b>Are there any attachments?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, how many?</b> _____ <b>Send any attachments directly to the insurer</b>	

<b>For insurer's use only</b>		
<b>Reviewed By:</b>		
<b>Approved By:</b>		
<b>Payee Name:</b>		
<b>Payment Amount:</b>	Total	Interest
	Grand Total	



**OCF-21 - Version C - page 3**

Version C, pages 2 and 3 are attached to OCF-21 page 1 and used to bill for goods and services within the guidelines of a Pre-approved Framework.  
 For all other goods and services attach Version A or B.

Reimbursable Fees Within the PAF Guidelines:			
Description	'Code	'Attribute	Cost
*Refer to the User Manual at <a href="http://www.hcaiinfo.ca">www.hcaiinfo.ca</a> for coding.			<b>PAF Fee Totals:</b>

Other Reimbursable Goods and Services Approved by the Insurer:											
Date of Service			Description	'Code	'Attribute	Provider Reference	Quantity	'Measure	GST (✓)	PST (✓)	Cost
YYYY	MM	DD									
*Refer to the User Manual at <a href="http://www.hcaiinfo.ca">www.hcaiinfo.ca</a> for coding.								<b>Other Goods and Services Total:</b>			

Other Insurance (for goods and services on this invoice)	MOH	Insurer 1	Insurer 2	<b>Account Activity Since Last Invoice</b> (if Interest is being charged)		<b>Sub-Total:</b>	
	Chiropractic:			Prior Balance:		<b>MOH:</b>	
	Physiotherapy:			Payment Received from Auto Insurer:		<b>Other Insurer 1 + 2:</b>	
	Massage Therapy:			<sup>2</sup> Overdue Amount:		<b>GST (if applicable):</b>	
	<sup>1</sup> Other Service Type:					<b>PST (if applicable):</b>	
	<b>Total:</b>					<b><sup>2</sup>Interest:</b>	
<sup>1</sup> Please Specify Other Service Type:				<sup>4</sup> The insurer shall pay interest on overdue outstanding balances as required by the Statutory Accident Benefits Schedule.		<b>Auto Insurer Total:</b>	

Make cheque payable to: \_\_\_\_\_

\*\*\*Other Information:

Are there any attachments?  Yes  No If yes, how many? \_\_\_\_\_

Send any attachments directly to the insurer

For insurer's use only		
Reviewed By:		
Approved By:		
Payee Name:		
Payment Amount:	Total	Grand Total