

Ten Points you need to know about the Treatment and Assessment Plan (OCF-18)

Keep this list with your insurance policy. In the event of an accident, this information will be helpful for yourself and those who may be working on your treatment plan.

1. Insured's/clients are given copies of the OCF-18 from their insurers in their application for accident benefits package.
2. Insured's/clients must then provide their family doctor with this OCF-18 as their family doctor will/may want to refer them for treatment.
3. Insured's/client can also attend themselves to any treating facility advising that facility that they have been referral for a certain type of treatment (i.e.. massage therapy, physiotherapy, chiropractic therapy...)
4. The following health care professionals or providers can submit OCF-18s....Chiropractors, Dentist, Nurse Practitioners, Occupational Therapist, Optometrist, Physician, Physiotherapist, Psychologist or a Speech Language Pathologists.
5. The Health care provider must also make themselves aware if the insured/client falls under the "Minor Injury Guideline" and submit their OCF-18 accordingly.
6. Treatment provider and/or health care providers are obligated to submit their OCF-18 through the "Health Claims for Auto Insurance" (HCAI) system. Which is part of an ongoing effort to improve the delivery of health care benefits to Ontarians injured in automobile collisions. Building on the Auto Insurance Standard Invoice (OCF-21), HCAI seeks to automate the exchange of standardized health claim information between health care providers and insurance companies.

7. An OCF-21 (Auto Insurance Standard Invoice) form will need to be submitted with the OCF-18 also through HCAI for reimbursement of the completion of the OCF-18. A maximum amount of \$200 is payable to health care providers for the completion of the OCF-18.

8. According to section 38(8) of the SABS Insurer's have 10 business days after they receive the OCF-18 to give the insured person a notice that identifies the goods, services, assessments and examinations described in the OCF-18 that the insurer agrees to pay for, any the insurer does not agree to pay for and the medical and any other reasons why the insurer considers the goods, services, assessments and examinations, or the proposed costs of them, not to be reasonable or necessary.

9. If the insurer fails to give a notice in accordance with subsection (8) above in connection with an OCF-18, the following rule applies...the insurer shall pay for all goods, services, assessments and examinations described in the OCF-18 that relate to the period starting on the 11th business day after the day the insurer received the application and ending on the day the insurer gives a notice described in subsection (8).

10. After the treating doctor / health care providers have submitted their OCF-18 and have completed their treatment that was approved by the insurers they are encouraged to submit another OCF-18 if they feel it is necessary for additional treatment.

If you have questions about how to get help with the costs related to your accident, or whether you may be entitled to a settlement for your serious injuries, **call our office at 1-800-563-6348 or email info@fergusonbarristers.ca**