



TIERNEY STAUFFER LLP

BARRISTERS & SOLICITORS

HOW TO APPLY FOR INSURANCE-FUNDED TREATMENT FOR YOUR PATIENT

Under the *Statutory Accident Benefits Schedule*, your patient is able to access a wide variety of non-OHIP funded consultations and treatments (medical, surgical, dental, speech language, chiropractic, psychological, occupational therapy and physiotherapy services). The insurance company shall pay for all reasonable and necessary expenses incurred as a result of the accident.

In order to receive these types of services, your patient must have a form called a Treatment Plan (OCF18) completed. A Treatment Plan can be completed by any health practitioner.

The health practitioner will complete the Treatment Plan, usually in the presence of the patient as the practitioner's signature and the patient's signature are both required on the form.

The patient then applies to the insurance company for the services outlined in the Treatment Plan.

If the treatment or services are denied, then the insurer is required to have another health practitioner conduct an independent examination ("IE"), which is to review the OCF 18 (and possibly examine the patient) and determine whether the expenses are reasonable and necessary.

If the IE health practitioner determines that the OCF 18 is reasonable and necessary, then the insurance company will likely fund the expenses. Otherwise, the patient will be required to mediate their entitlement to the expenses.