



Ontario Works Dental Claim Form

Community and Health Services Department
Ontario Works Dental Program

Adult – OW

Adult – ODSP

Child - OW

It is the dental practitioner's responsibility to determine client OW eligibility at each visit.
A copy of the current month's **Dental Card** MUST be attached. (*see reverse if Dental Card not available)

Ontario Works Member ID: _____

OR Denture Authorization #: _____

Patient Information

Dental Card Ref # _____ Date of Birth (dd/mm/yy) _____

Last Name _____ First Name _____

Mailing Address _____
Street _____ City/Town _____ Postal Code _____

Parent/Guardian Name _____ Telephone _____

Date of Service			Procedure Code	Tooth Code	Tooth Surfaces	Treatment Fee	Lab Fee	Criteria	Office Use
YY	MM	DD							Approved Fee
TOTAL CLAIM: \$									

<p>D Name: _____</p> <p>E Address: _____</p> <p>N Telephone: _____</p> <p>T UIN#: _____</p> <p>I</p> <p>S</p> <p>T</p>	<p>For dental practitioner use (for additional information)</p> <p><input type="checkbox"/> Duplicate Form</p> <p><input type="checkbox"/> Treatment Plan Incomplete</p> <p><input type="checkbox"/> Treatment Plan Complete</p>
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I understand that it is a condition of Ontario Works and the Ontario Disability Support Program that dental practitioners not seek payment from the parents or guardians of patients or from patients for OW/ODSP covered services. I agree to seek payment for OW/ODSP covered services only from Ontario Works or the Ontario Disability Support Program, and agree that this payment will constitute payment in full for those services. I have not, and will not, seek payment from any other party including the patient, parent(s) or guardian(s).

I authorize the disclosure of my name and/or my child's name, date of birth, address, telephone number, Ontario Works status and Member ID #, type of dental treatment and cost of treatment to the plan administrator, and the Ministry of Community and Social Services.

Signature of Dentist /Dental Specialist /Denturist

Signature of Patient or Parent/Guardian

Please return this form with a copy of the Dental Card to:
Accerta Claims
Station "P", P.O. Box 310
Toronto, ON, M5S 2S8

This personal information is collected under the authority of s.41(1) and (2) of the *Ontario Works Act*, 1997, S.O. 1997, c. 25, Sched. A. The information will be used to provide administration of publicly funded dental assistance programs. Documents are maintained pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56 and the *Personal Health Information Protection Act*, 2004, S.O. 2004, c. 3, Sched. A. If you have any questions regarding the collection and use of personal information, please call 1-888-256-1112.

Note: Fillable form available at www.york.ca/teeth



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Dental Eligibility

If a patient does not have a York Region Ontario Works Dental Card at the time of treatment, you must call Accerta at **1-800-505-7430** to verify eligibility.

Denture Eligibility Authorization Number

To verify denture eligibility for Ontario Works patients, you must call Access York at **1-877-464-9675** prior to beginning denture treatment to receive an Authorization Number

Questions?

For questions about dental billing and claims or for a copy of the York Region OW Dental Program Handbook, call Accerta at **1-800-505-7430**.

Visit www.york.ca/teeth for more information about the York Region OW Dental Program.