

Out-of-Country Hemodialysis Claim Submission Form

The Ontario Renal Network, a division of Ontario Health, will be reimbursing claims for out-of-country hemodialysis treatments occurring on or after January 1, 2020.

You will need to submit:

- Page 2 of the Completed Out-of-Country Hemodialysis Claim Submission Form.
- All original receipts for hemodialysis treatments received while out-of-country. Please retain copies of your receipts.
- Page 3 of the Out-of-Country Hemodialysis Claim Submission Form, if this is the first time you are making a hemodialysis claim to Ontario Health or if your payment information has changed.

NOTE: As a temporary measure during the COVID-19 pandemic, Ontario Health will only be providing reimbursements through electronic funds transfers (e-transfers) to help protect patients, staff, and other individuals by following physical distancing protocols as directed by the Ontario government.

Completing the form and including receipts

1. Please complete, sign and return the Out-of-Country Hemodialysis Claim Submission Form.
2. Your hemodialysis receipts should give a detailed breakdown of all charges. They must include the amount, currency and date the treatment was received.
3. You will need to complete a separate form for each country you have visited.
4. You can enter up to 3 different facilities (in one country) where you received treatment. If you visited more than 3 facilities in one country you need to complete an additional form.
5. There is no maximum to the number of claims that you can submit.
6. Claims must be submitted within 12 months from the date of treatment.
7. Do not submit receipts for prescription drugs.
8. If the hemodialysis receipts are not in either English or French, you will need to translate them.
 - a. For claims that are under CAD\$1,000, a non-certified translation with a signed statement is acceptable.
 - b. For claims that are CAD\$1,000 and over, a certified translation is required.
9. If this is the first claim that you are submitting to Ontario Health, please ensure to fill out Page 3 of the Out-of-Country Hemodialysis Claim Submission Form.
 - a. At this time you must submit a void cheque or official banking information in addition to filling out Page 3 of the Out-of-Country Hemodialysis Claim Submission Form.
10. **If you have previously made a claim and received payment by cheque, you must resubmit Page 3 along with your banking information.**

Submitting the form and receipts

Please send the Out-of-Country Hemodialysis Claim Submission Form to:

Out-of-Country Hemodialysis Claims
Ontario Health
525 University Avenue, 5th Floor
Toronto, Ontario
Canada M5G 2L3

Please do not email your Out-of-Country Claims Submission Form.

Reimbursement

- Each hemodialysis treatment will be reimbursed to a maximum of CAD\$210.
- Please allow 6 – 8 weeks for reimbursement from the date of Ontario Health receiving the claim.
- If you have authorized Ontario Health to reimburse the Kidney Foundation of Canada for repayment of a Travel Loan, payment will be made directly to this organization.
- If you provide your email address, you will receive an electronic notification of when your claim has been processed and/or if there are any errors on your claim form that need to be corrected.

Questions?

Please contact us at:

<https://www.ontariorenalnetwork.ca/en/contact> or
1-855-460-2647

Out-of-Country Hemodialysis Claim Submission Form



Patient Information

Health Card Number	Version	Last Name	First Name
Date of Birth year month day	Sex Male Female Other	Telephone No. (home)	Telephone No. (business)
Email Address		By providing an email address you agree to receive electronic notification of when your claim has been processed and/or if there are any errors on your claim form that need to be corrected.	

Mailing Address	Street Name and Number	City	Province	Postal Code
Residence Address	Street Name and Number (If the same as mailing address, leave blank)	City	Province	Postal Code

Out of Country Travel, Facility and Treatment Information

Date of Departure from Ontario year month day	Date of Return to Ontario year month day	Date of First Treatment year month day	Date of Last Treatment year month day	Destination Country
1. Facility Name	Number of Treatments	Total Paid	Type of currency paid	
2. Facility Name	Number of Treatments	Total Paid	Type of currency paid	
3. Facility Name	Number of Treatments	Total Paid	Type of currency paid	
Was your dialysis treatment covered by supplementary/travel insurance? No Yes NOTE: The Kidney Foundation's Travel Loan Program does not qualify as insurance.			If yes, how much did you receive?	

Authorization

By checking this box, I certify that the information set out in this form is true and accurate, to the best of my knowledge.

Signature of Patient/Guardian	Date
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Authorization of Direction to Pay the Kidney Foundation of Canada (KFOC) for repayment of a Travel Loan

If you received a loan from the KFOC then Ontario Health can direct the reimbursements you are eligible for to the KFOC.

By checking this box and signing below, Ontario Health will pay the amount reimbursable directly to the KFOC:

I, _____ Name of Patient (print) _____ authorize and direct Ontario Health to pay the amount of my hospital/health facility bills that are eligible for reimbursement directly to the KFOC, up to the maximum of the KFOC Travel Loan amount, and consent to have my information disclosed to the KFOC.

Signature of Patient/Guardian	Amount of KFOC Loan	Date
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Ontario Health's collection of your information is for a lawfully authorized activity in accordance with section 38(2) of the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31 and under the direction of the Ministry of Health. Your information will be collected and used for the following purposes:

- determine or verify eligibility for reimbursement;
- issue reimbursement payment;
- request additional information or clarity;
- send you correspondence with respect to eligibility for reimbursement; and
- for planning, management and analysis of the health system.

The information you provide us will be subject to processing by Workday, a third-party service provider, in a jurisdiction outside of Canada. Workday is compliant with internationally recognized standards of privacy protection and is subject to the General Data Protection Regulation (GDPR) of the European commission.

Ontario Health may disclose your information to the Ministry of Health in order to determine or verify eligibility for reimbursement. In the event that you have received a loan from the Kidney Foundation of Canada, Ontario Health may disclose your information when issuing payments in order to correlate the reimbursement amount with the loan you have been provided.

Your information will be linked with Ontario Health data for the purposes of determining or verifying eligibility for reimbursement and for planning, management and analysis of the health system.

In the event you have questions please contact Ontario Health at 1-855-460-2647, or online at <https://www.ontariorenalnetwork.ca/en/contact>.

FOR OFFICE USE ONLY:		
Date:	Number:	Client Number:

Out-of-Country Hemodialysis Claim Submission Form



If this is your first time receiving a payment from Ontario Health for out-of-country hemodialysis treatments, you must submit this page along with your banking information and claim form. First time payments will not be processed without this page.

If your payment information has changed or you have previously received a payment by cheque, you must submit this page along with your banking information and claim form.

NOTE: Only electronic funds transfers will be processed at this time.

Section A: Patient and Guardian (if necessary) Information

Patient's Last Name		Patient's First Name			
Guardian's Last Name (if applicable)		Guardian's First Name (if applicable)			NOTE: If a guardian's name is entered, the guardian will be reimbursed for this patient.
Telephone No. (home)	Telephone No. (business)		Email Address		
Mailing Address Street Name and Number		City		Province	Postal Code
Residence Address Street Name and Number		City		Province	Postal Code

Section B: Banking Information for Electronic Funds Transfer

- At this time you must receive your payment via electronic funds transfer and you need to fill out this section AND submit a voided cheque or a letter from a bank with your banking information along with this form.
- You will not receive your payment if you do not complete this section and submit a voided cheque or banking letter.
- If you have received a loan from the Kidney Foundation of Canada, please refer to the "Authorization of Direction to Pay the Kidney Foundation of Canada" section on Page 2.
- If you provided a valid email address, you will receive a remittance email with the total of your electronic funds transfer from corporate.e-commerce@rbc.ca.

Name of Financial Institution	
Address of Financial Institution	Country of Financial Institution

Canadian Bank Account Information:

Bank Number	Branch Number	Account Number:
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International Bank Account Information:

Bank/Routing Number	Bank Identification Code/ SWIFT Code:	Account Number:
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Section C: Authorization

By signing this Form, I certify that all information submitted is true and accurate, to the best of my knowledge.

Signature of Patient/Guardian	Date
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FOR OFFICE USE ONLY:		
Date:	Number:	Client Number: