



Suggested Form Fees 2025

This document provides suggested fees¹ for some of the most common forms currently in use. Some form completions are billable to OHIP, some are billable to the patient/third party, and some are non-billable due to legislation or regulation. Third-party organizations such as insurance providers, the federal government, provincial ministries, employers, etc. may request that a form be completed.

Billable to OHIP

A form that is covered by OHIP that has a billing code.

- Form examples: *Long Term Care Application (K038)*, *Application for Northern Health Travel Grant (K036)*.

Billable to Patient or Third Party

A form that is not billable to OHIP but can be billed to either the third-party requestor or the patient.

- Form Examples: *Driver’s Medical Examination Form*, *Back to Work Note*.

Non-Billable

A form that cannot be billed to either OHIP, the third-party requestor or the patient according to the Health Insurance Act (HIA)* regulations.

- Form Examples: *Accessible Parking Permit*, *Children’s Aid Society Form on behalf of a child*.

Provincial Forms ²	Suggested Fee
Application for Accessible Parking Permit	Visit fee where applicable. No additional form fee permitted*
Application for Special Diet Allowance	K055
Assistive Devices Program Forms (e.g. Application for Funding Orthotic/Orthopedic Devices; First Time Application for Funding Home Oxygen)	Visit fee where applicable. No additional form fee permitted*
Exceptional Access Program (EAP) – Request for an Unlisted Drug Product	Visit fee where applicable. No additional form fee permitted*
Form 1 – Application by Physician for Psychiatric Assessment	K623 (includes assessment fee)
Home Care Forms and Orders	Application or “Request for Assessment” – K070 Acute Supervision – K071 (max 1 per patient per week for the 8 weeks following admission to home care program) Chronic Supervision – K072 (max 2 per patient per month after the 8th week following admission to home care program)

¹This resource was produced by the OMA Forms Committee and the OMA Uninsured Services Committee. Last updated December 2024.

Provincial Forms ²	Suggested Fee
Long Term Care Application – Health Assessment	K038
Mandatory Special Necessities Benefit	K054
Medical Certificate of Death – Form 16	Form Only: A/C/W771 Pronouncement and Form: A/C/W777
MTO – Medical Condition Report	K035
MTO – Medical Report (commonly known as Driver’s Physical)	General assessment plus urine plus Form: \$339 Form only: \$80
MTO – Follow-up Forms for Specific Conditions	Hourly Rate
Northern Health Travel Grant Application	K036
ODSP Application – Health Status Report and Activities of Daily Living (ADL)	Health Status Report and ADL – K050 ADL Portion Only – K052
Ontario Works – Limitations to Participation	K053
Pregnancy & Breastfeeding Nutritional Allowance	K056

Federal Forms	Suggested Fee
Civil Aviation Medical Examination Report	Hourly rate
CPP Disability Application – Medical Report for Canada Pension Plan Disability Benefit – ISP-2519	Hourly rate with \$200.00 minimum. \$135.00 if the patient meets the terminal condition criteria and Section 5 does not need to be completed. Note: Service Canada will reimburse physicians up to \$85 for this form. The remainder may be invoiced to the patient.
CPP Disability – Reassessment Medical Report, and CPP Disability – Recurrence of the Same Medical Problem	Hourly rate Note: Service Canada will reimburse physicians up to \$25 for these forms. If your fee is higher than this, patients are responsible for covering the extra cost.
Disability Tax Credit Certificate – T2201	Hourly Rate with \$150 Minimum
Medical Certificate for Employment Insurance Compassionate Care Benefits – INS-5216	\$72.00
Medical Certificate for Employment Insurance Sickness Benefits – INS-5140	\$50.00

Insurance and Disability	Suggested Fee
Attending Physician Statement (eg Life/ Disability Insurance Application)	Hourly Rate with \$160 Minimum
Insurance Medical Examinations	Hourly Rate
Life Insurance Death Certificate	Hourly Rate
OCF 3 – Disability Certificate OCF 18 – Treatment and Assessment Plan OCF 19 – Application for Determination of Catastrophic Impairment OCF 23 – Treatment Confirmation Form	OCF 3 - \$256.00 OCF 18 - \$272.00 OCF 19 - \$151.00 OCF 23 - \$256.00
Short Term Disability/Fitness to Work/ Functional Abilities Forms (Non-WSIB)	Hourly Rate with \$50 Minimum
Travel Insurance Cancellation	Hourly rate with \$150 minimum

School and Workplace	Suggested Fee
Proof of Immunization Forms	Hourly rate with \$60 Minimum
Sick Note	\$25.25
TB Skin Testing	\$80.00
Workplace Injury – Patient Declines WSIB	Not billable to OHIP - must be billed to patient or employer. Refer to OMA assessment rates and comparable WSIB form fees.
WSIB Forms	See individual form for code. ³

Miscellaneous	Suggested Fee
CAS – Medical Report (Adoption/Foster/Kinship/Customary Care Applicants in Ontario)	\$246 (form only); plus any necessary assessment fee.
CAS Forms on behalf of a child	Visit fee where applicable. No additional form fee permitted*
Prescriptions (Refills, Orthotics, Massage, etc)	\$25.25
Public Transit – Accessible Transit Eligibility Applications	Visit fee where applicable. No additional form fee permitted*

* [Section 24, Regulation 552 of the Health Insurance Act](#) states that the production or completion of documents or the transmission of information:

- Required, as evidence of disability, for the purposes of eligibility for a benefit, related to transportation, under any legislation or program of a government (e.g., accessibility parking forms); and
- Required to receive anything under a program administered by the Minister of Health (e.g., assisted devices forms)
- Respecting the health status of a child who in in the supervision, under the care, custody, or control of a children’s aid society are insured services and the patient cannot be billed.

¹ For additional information on the difference between insured services, uninsured services and third-party services, refer to page 6 in the [OMA Physician’s Guide to Uninsured Services](#).

² While some federal forms allow for reimbursement from Service Canada as well as an additional fee levied to the patient, an additional fee to the patient is not permitted for forms that are paid for by OHIP.

³ For a list of WSIB forms and reports, please refer to the Board’s [fee schedule](#).