



OntarioMD.ca Portal User Guide

Version: 0.1

Last Updated: May 28, 2017

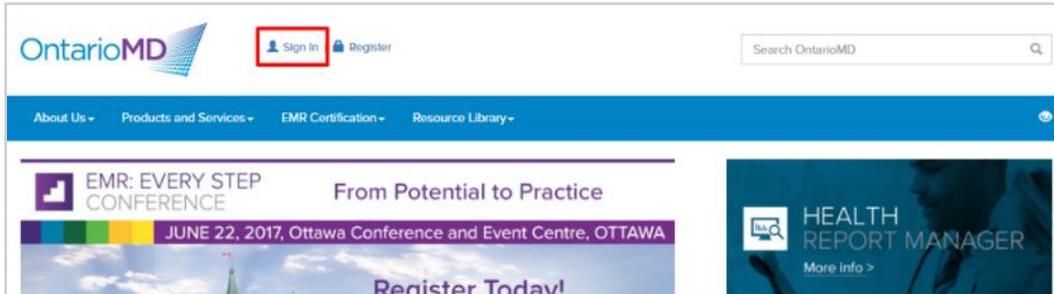
Creation Date: May 28, 2017

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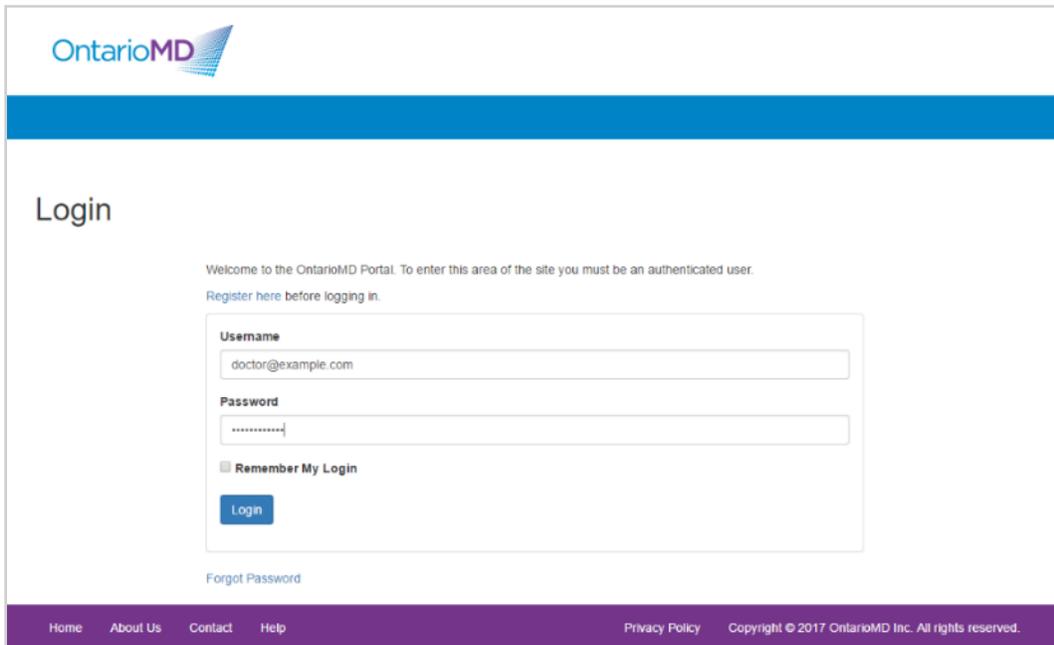
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Sign In

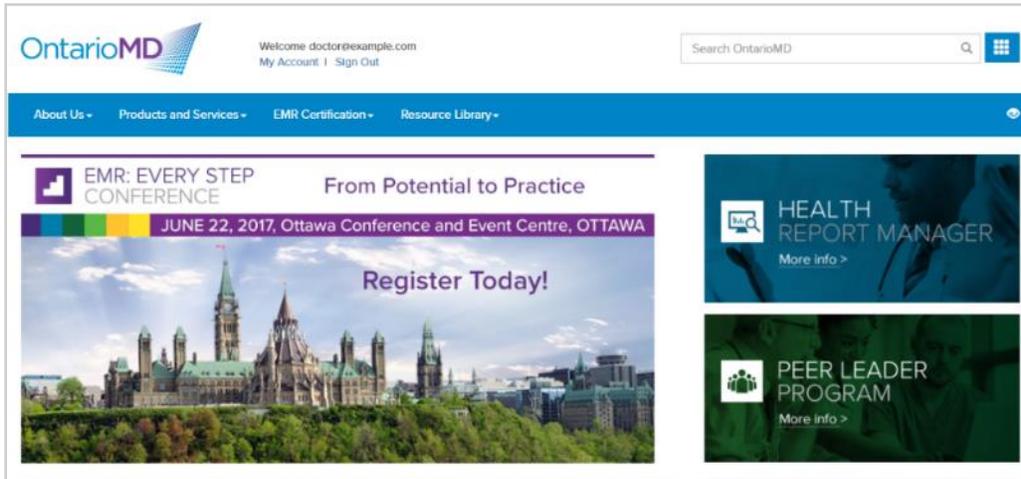
Click on the Sign In link at the top of any page on the website.



Type in your username (the email address provided in your OntarioMD.ca profile) and your password.

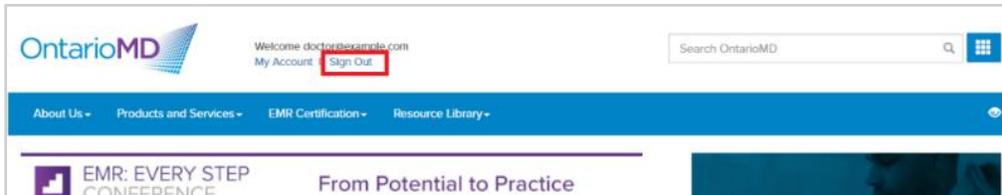


You will be taken back to the last page you were on when you clicked on the Sign In link. Note that the header displays your username and links for Account Management and Sign Out.

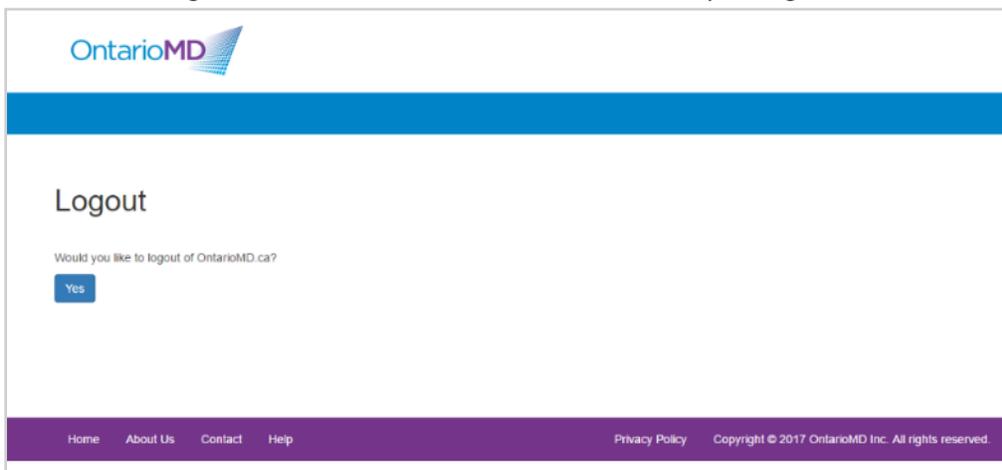


Sign Out

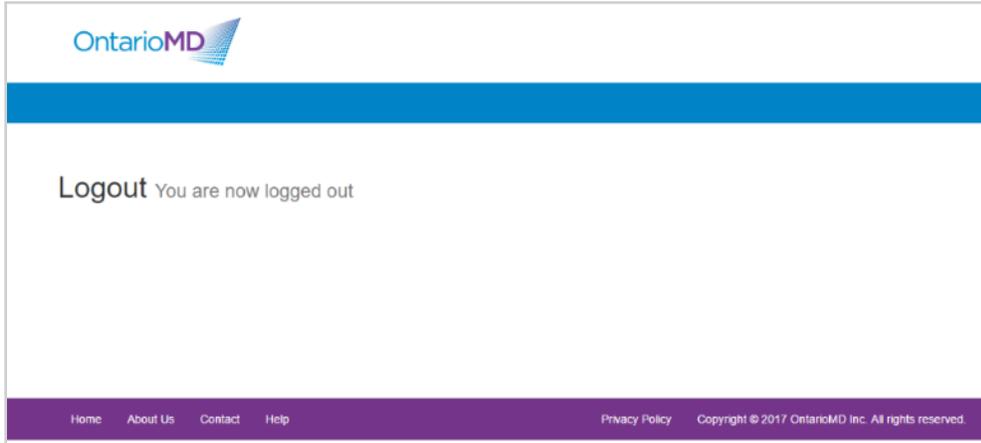
Click on the Sign Out link on the header of any page on the website.



On the following screen, click on the Yes button to confirm your sign out.



You will see a confirmation that you have been signed out of your account. You may click on the OntarioMD logo in the header or any of the links in the footer to return to the unauthenticated website.



Physician Accounts

Registration

What you need before you start

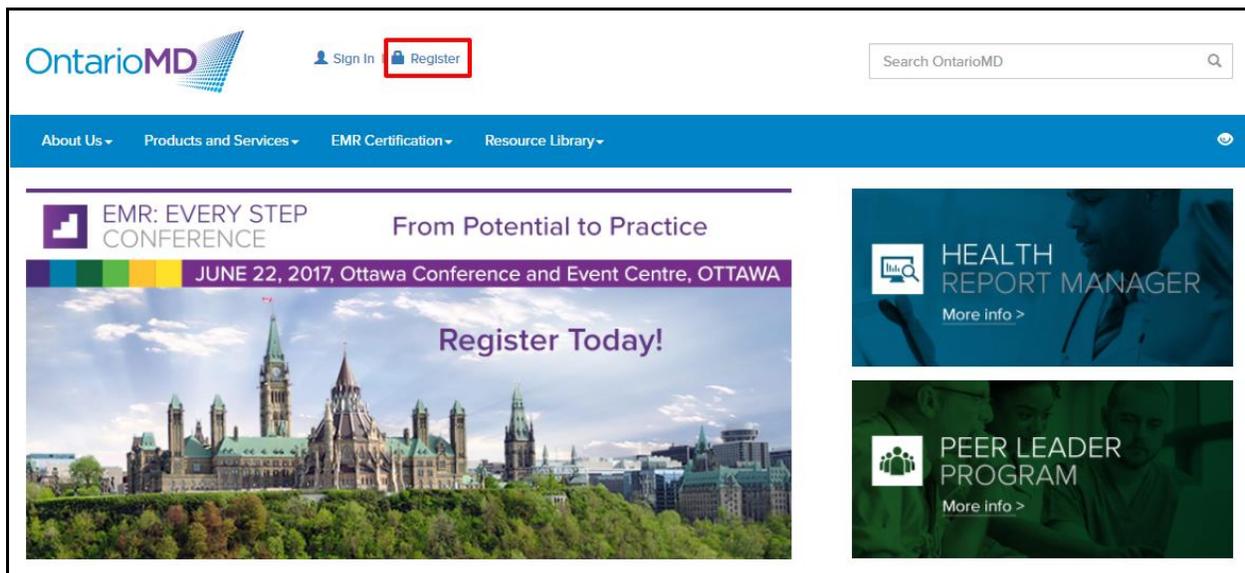
To sign up with the OntarioMD Portal you need the following:

- Your OMA number
(if you do not know your OMA number, contact OntarioMD Support for assistance: 1 866 339 1233 or support@ontariomd.com)
- Your date of birth
- An email address

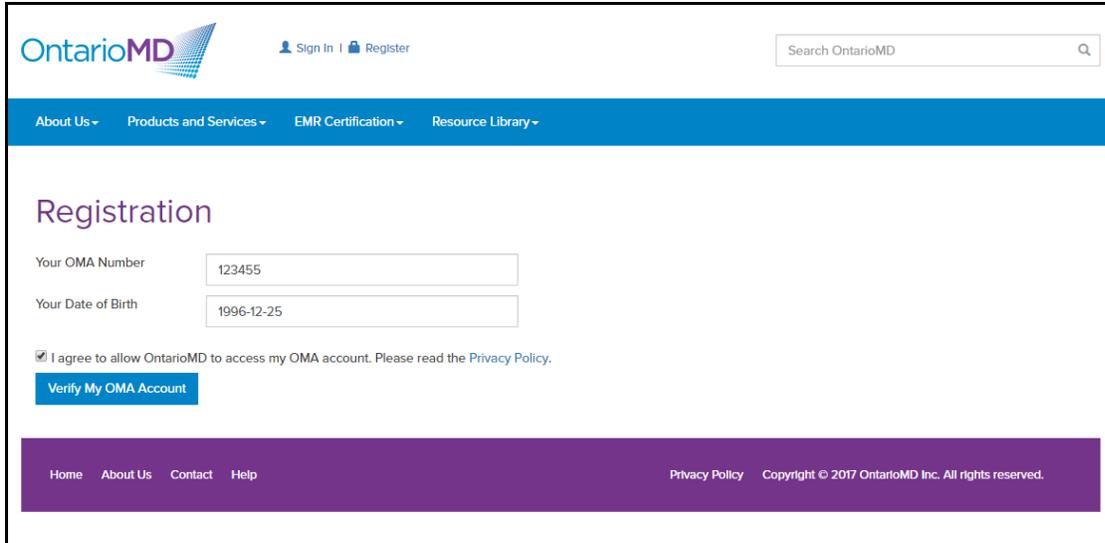
To enroll in Secure Services, you will also need your PIN, supplied to you by the OMA. If you do not have a PIN from the OMA please contact them at: 1 800 268 7215 or info@oma.org)

Start registration process

1. Visit the OntarioMD Portal by entering www.OntarioMD.ca in your browser's address bar. Click on the Register link at the top of any page on the website.



2. Type your OMA number, select your date or birth, click to agree to the Privacy Policy, then click the Verify My OMA Account button.



OntarioMD [Sign In](#) | [Register](#)

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Registration

Your OMA Number

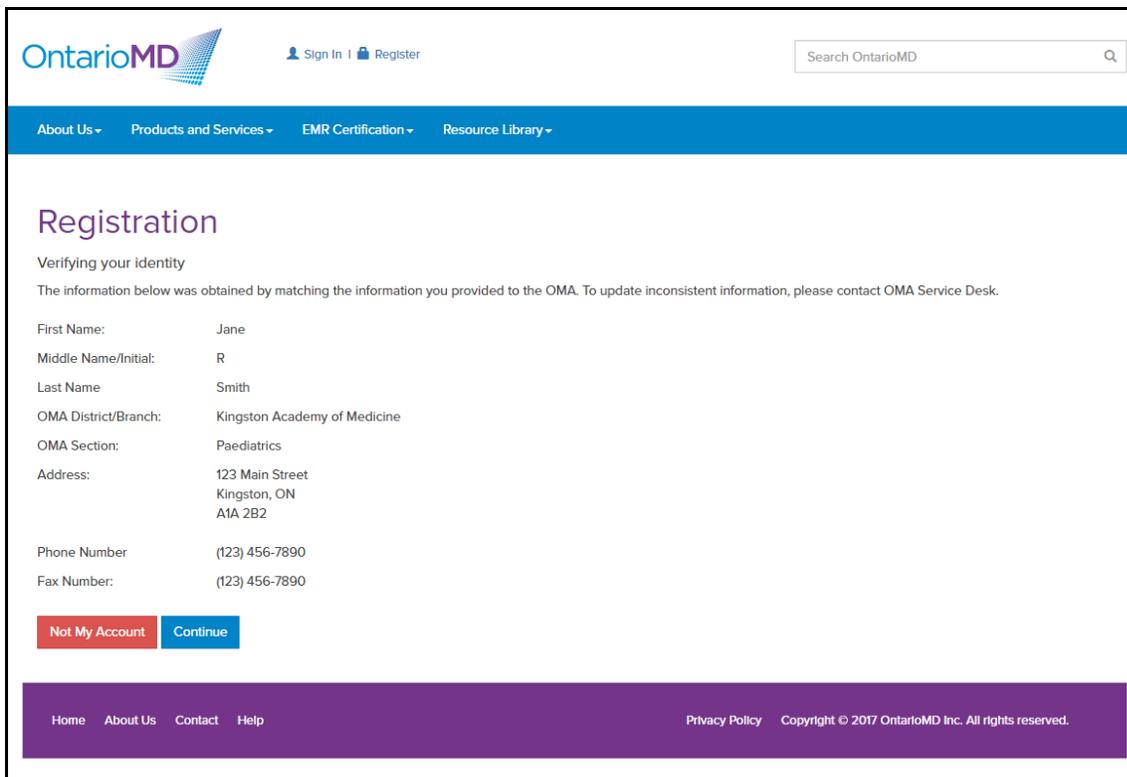
Your Date of Birth

I agree to allow OntarioMD to access my OMA account. Please read the [Privacy Policy](#).

[Verify My OMA Account](#)

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3. Next, review the information about you as drawn from the OMA, then click Continue.



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Registration

Verifying your identity

The information below was obtained by matching the information you provided to the OMA. To update inconsistent information, please contact OMA Service Desk.

First Name: Jane
 Middle Name/Initial: R
 Last Name: Smith
 OMA District/Branch: Kingston Academy of Medicine
 OMA Section: Paediatrics
 Address: 123 Main Street
 Kingston, ON
 A1A 2B2
 Phone Number: (123) 456-7890
 Fax Number: (123) 456-7890

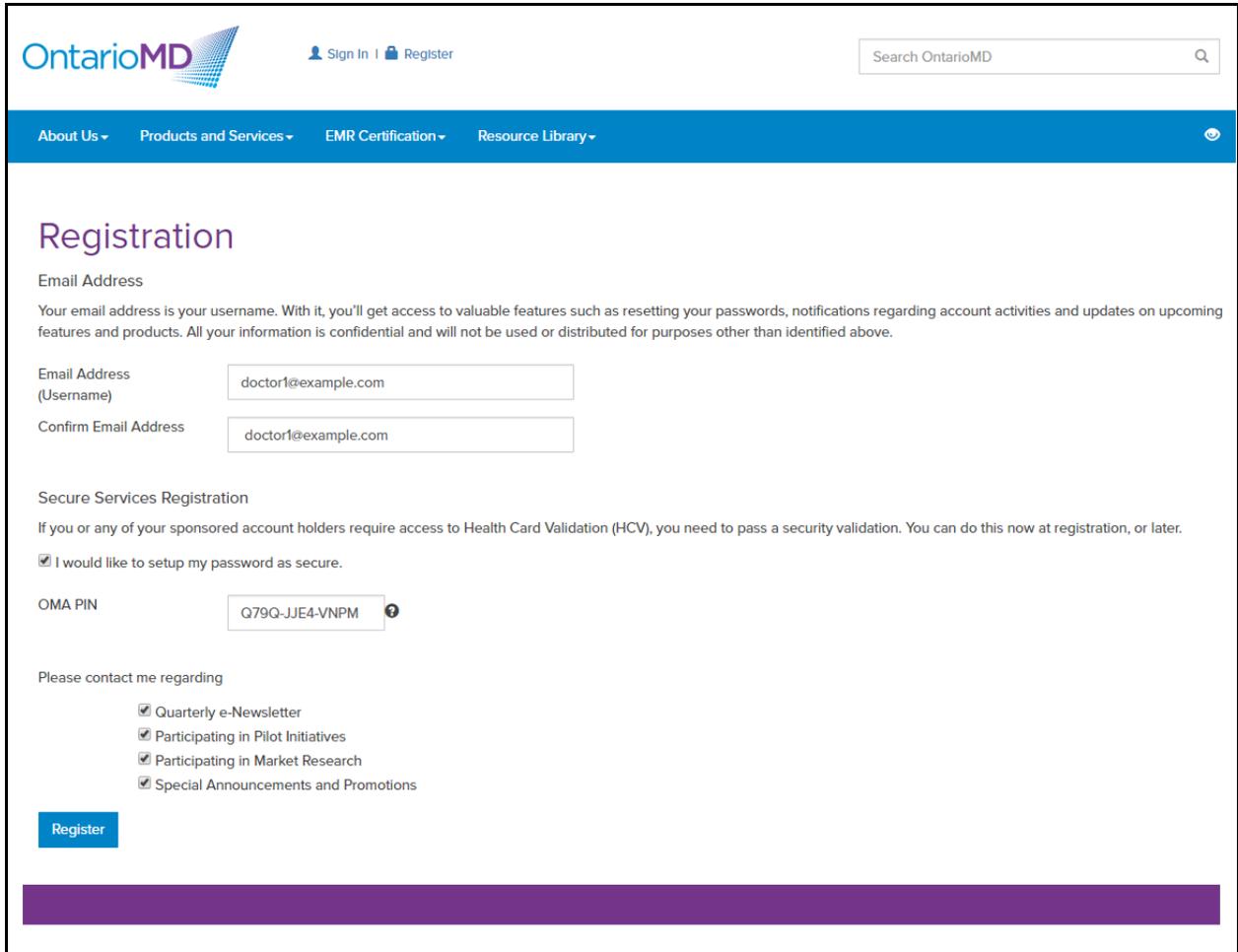
[Not My Account](#) [Continue](#)

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Create your profile and register for Secure Services

1. Enter the email address you would like to have associated with your OntarioMD Portal account. You will need to enter your email address a second time to confirm it is correct. Your email address will also be the username you will use to log in with.

2. If you or any of your staff require access to Health Card Validation (HCV), you need to pass a security validation by entering your OMA provided PIN.
3. Click on the Register button.



Registration

Email Address

Your email address is your username. With it, you'll get access to valuable features such as resetting your passwords, notifications regarding account activities and updates on upcoming features and products. All your information is confidential and will not be used or distributed for purposes other than identified above.

Email Address (Username)

Confirm Email Address

Secure Services Registration

If you or any of your sponsored account holders require access to Health Card Validation (HCV), you need to pass a security validation. You can do this now at registration, or later.

I would like to setup my password as secure.

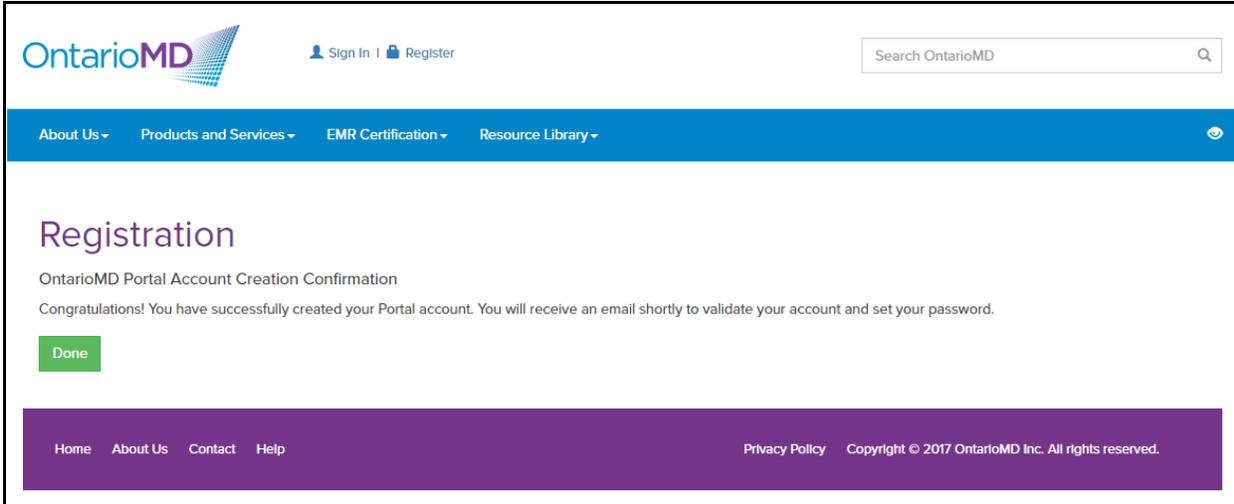
OMA PIN

Please contact me regarding

- Quarterly e-Newsletter
- Participating in Pilot Initiatives
- Participating in Market Research
- Special Announcements and Promotions

[Register](#)

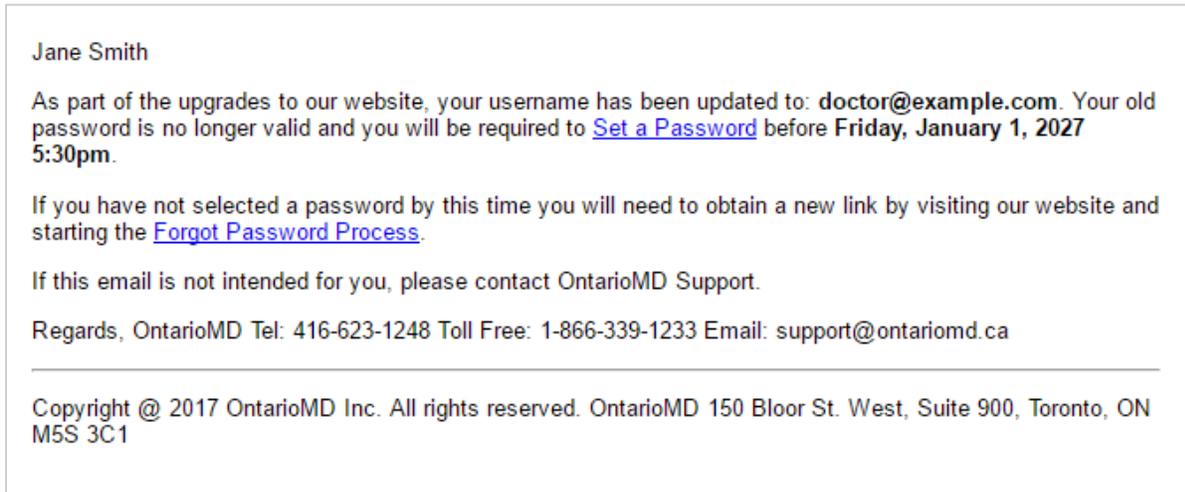
4. You will see a confirmation that your account has been created and an email has been sent to set your password.



The screenshot shows the OntarioMD Portal Registration Confirmation page. At the top, there is a navigation bar with the OntarioMD logo, a 'Sign In | Register' link, and a search box labeled 'Search OntarioMD'. Below the navigation bar, the main heading is 'Registration' with the sub-heading 'OntarioMD Portal Account Creation Confirmation'. The main text reads: 'Congratulations! You have successfully created your Portal account. You will receive an email shortly to validate your account and set your password.' A green 'Done' button is visible. At the bottom, there is a footer with links for 'Home', 'About Us', 'Contact', and 'Help', along with 'Privacy Policy' and a copyright notice: 'Copyright © 2017 OntarioMD Inc. All rights reserved.'

Set your password

1. Check your email for a welcome email with the subject line: *Your new account at OntarioMD.ca*. Click on the Set a Password link.



The screenshot shows an email from Jane Smith. The email content is as follows:

Jane Smith

As part of the upgrades to our website, your username has been updated to: **doctor@example.com**. Your old password is no longer valid and you will be required to [Set a Password](#) before **Friday, January 1, 2027 5:30pm**.

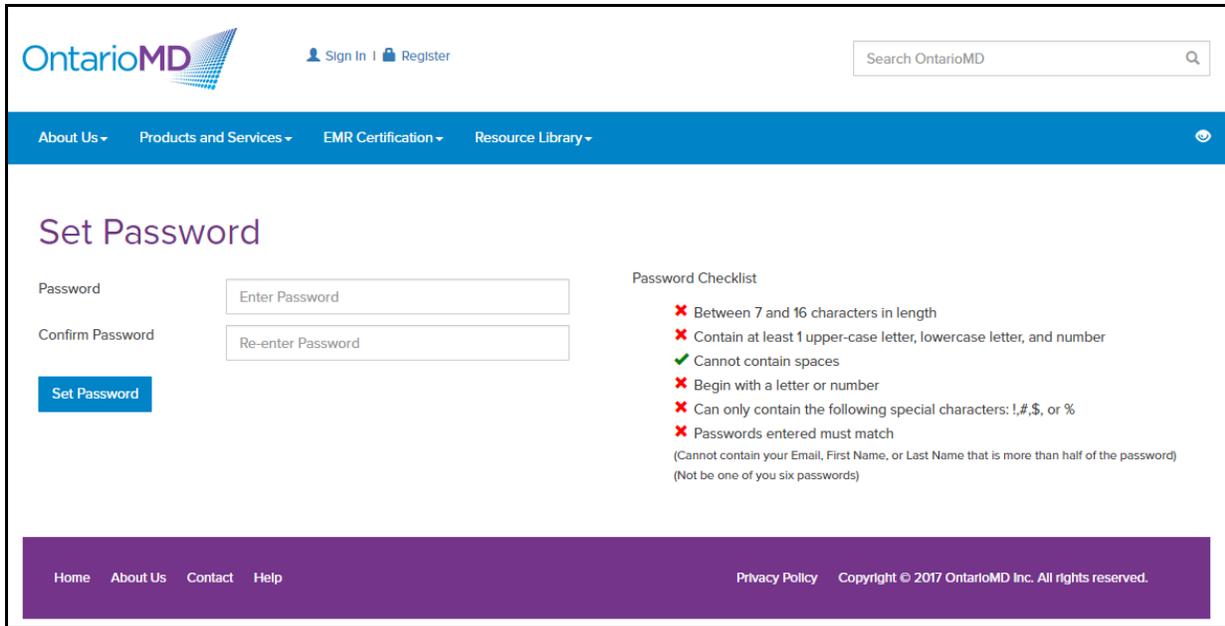
If you have not selected a password by this time you will need to obtain a new link by visiting our website and starting the [Forgot Password Process](#).

If this email is not intended for you, please contact OntarioMD Support.

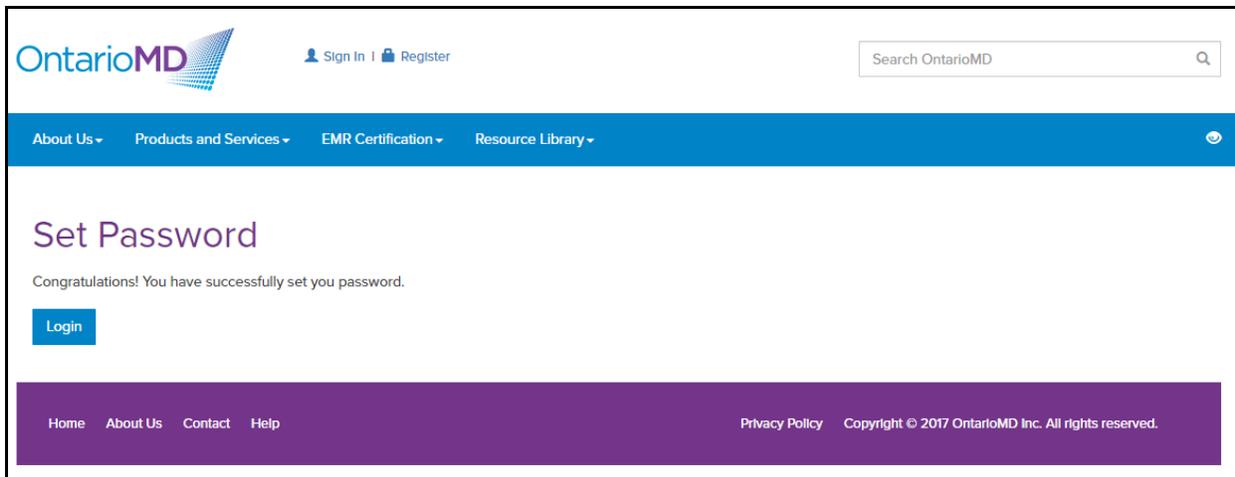
Regards, OntarioMD Tel: 416-623-1248 Toll Free: 1-866-339-1233 Email: support@ontariomd.ca

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2. Select a password that meets all security rules listed in the Password Checklist. Enter your password again in the second box to confirm your selection. Click on the Set Password button.



3. You will see a confirmation that your password has been set. You may now login to the Portal.



Account Management

Change your email address/username

1. Log into your portal account and click on the My Account



Welcome doctor@example.com
My Account | Sign Out

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My Profile

- Personal Information
- Sponsored Users
- Pending Invitations

First Name	Jane	Street	123 Main Street
Middle Name/Initial	R	City	Kingston
Last Name	Smith	Province	Ontario
Email	doctor1@example.com	Postal Code	A1A 2B2
Confirm Email	doctor1@example.com	Country	Canada
Phone	(123) 456-7890	Refresh from OMA	
Fax	(123) 456-7890		

OMA District/Branch

OMA Section

Please contact me regarding

- Quarterly e-Newsletter
- Participating in Market Research
- Participating in Pilot Initiatives
- Special Announcements and Promotions

Save



Update name and contact information



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My Account | Sign Out

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My Profile

Personal Information | Sponsored Users | Pending Invitations

First Name	<input type="text" value="Jane"/>	Street	<input type="text" value="123 Main Street"/>
Middle Name/Initial	<input type="text" value="R"/>	City	<input type="text" value="Kingston"/>
Last Name	<input type="text" value="Smith"/>	Province	<input type="text" value="Ontario"/>
Email	<input type="text" value="doctor@example.com"/>	Postal Code	<input type="text" value="A1A 2B2"/>
Phone	<input type="text" value="(123) 456-7890"/>	Country	<input type="text" value="Canada"/>
Fax	<input type="text" value="(123) 456-7890"/>		<input type="button" value="Refresh from OMA"/>

OMA District/Branch

Please contact me regarding

<input checked="" type="checkbox"/> Quarterly e-Newsletter	<input checked="" type="checkbox"/> Participating in Market Research
<input checked="" type="checkbox"/> Participating in Pilot Initiatives	<input checked="" type="checkbox"/> Special Announcements and Promotions



Update communication preferences



Welcome doctor@example.com
My Account | Sign Out

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My Profile

Personal Information	Sponsored Users	Pending Invitations	
First Name	Jane	Street	123 Main Street
Middle Name/Initial	R	City	Kingston
Last Name	Smith	Province	Ontario
Email	doctor@example.com	Postal Code	A1A 2B2
Phone	(123) 456-7890	Country	Canada
Fax	(123) 456-7890	Refresh from OMA	

OMA District/Branch

OMA Section

Please contact me regarding

- Quarterly e-Newsletter
- Participating in Pilot Initiatives

- Participating in Market Research
- Special Announcements and Promotions

Save

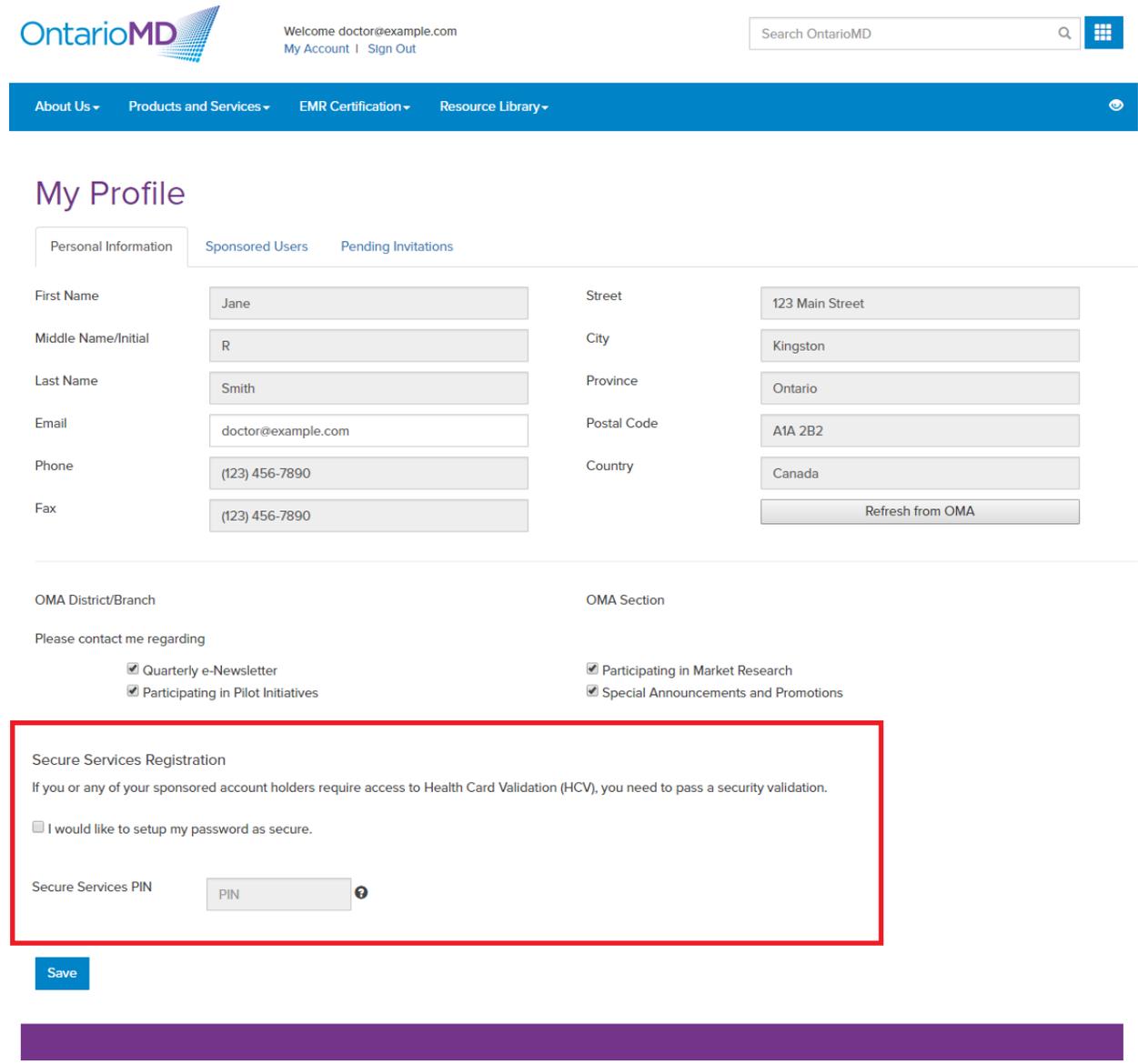


Sign up for Secure Services

If you did not sign up for Secure Services during your registration, you may do so at any time by signing in to your account and clicking on the My Account link at the top of the page.

Click on the box next to “I would like to set up my password as secure” under the Secure Services Registration section.

Enter your OMA provided PIN number. If you do not have a PIN, please contact the OMA.



Reset your password

If you have forgotten or would like to reset your password, please start the password reset process by clicking on the Sign In link at the top of the website. If you are already logged in, please log out before you start this process.



Click on the Forgot Password link below the login form.



Login

Welcome to the OntarioMD Portal. To enter this area of the site you must be an authenticated user.
Register here before logging in.

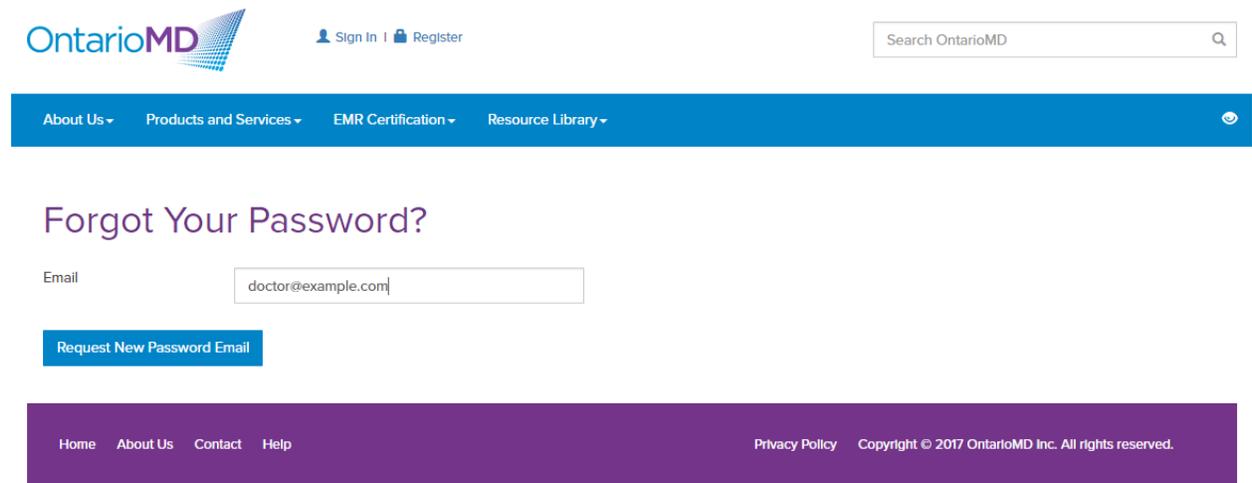
Username

Password

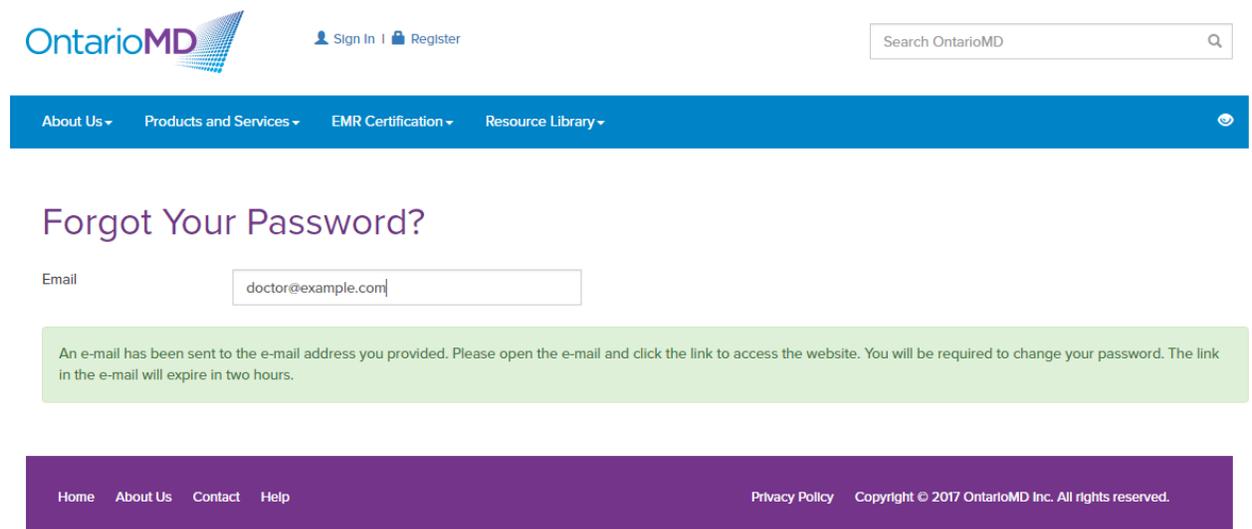
Remember My Login

[Forgot Password](#)

Type in the email address associated with your OntarioMD Portal account.



You will see a confirmation that an email has been sent to the email address associated with your account.



Check your email for an email with the subject line: Password Reset Request. Click on the Reset your Password link

You have requested to [Reset your Password](#) to the OntarioMD Portal.

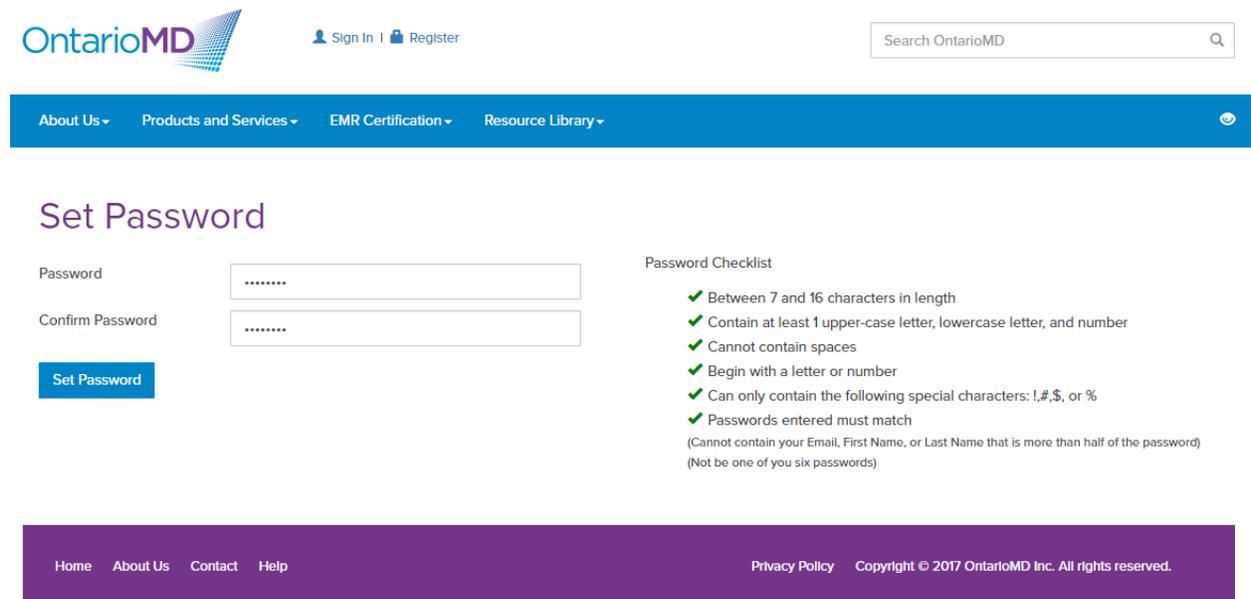
You have until **Sunday, May 7, 2017 5:34pm** to select a password.

If this email is not intended for you, please contact OntarioMD Support.

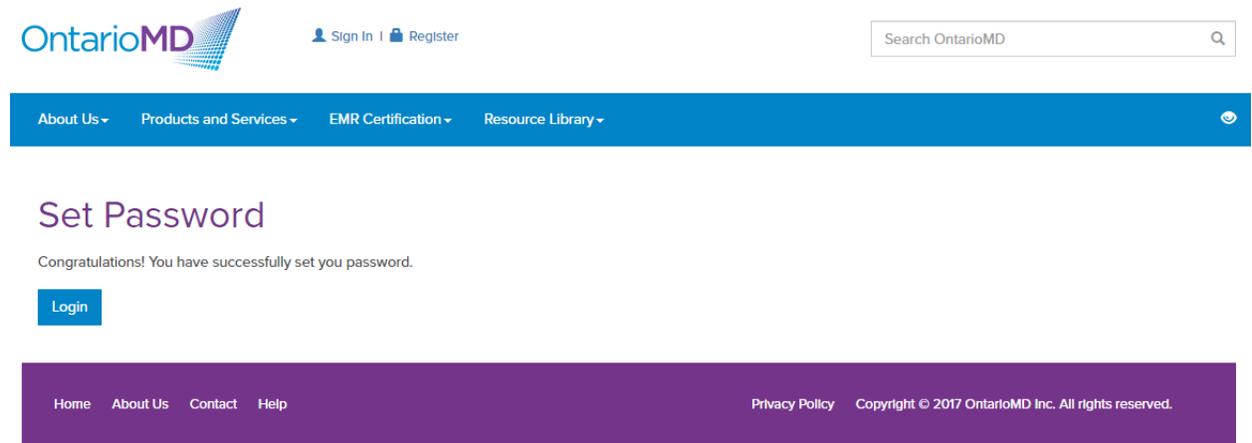
Regards, OntarioMD Tel: 416-623-1248 Toll Free: 1-866-339-1233 Email: support@ontariomd.ca

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Select a password that meets all security rules listed in the Password Checklist. Enter your password again in the second box to confirm your selection. Click on the Set Password button.



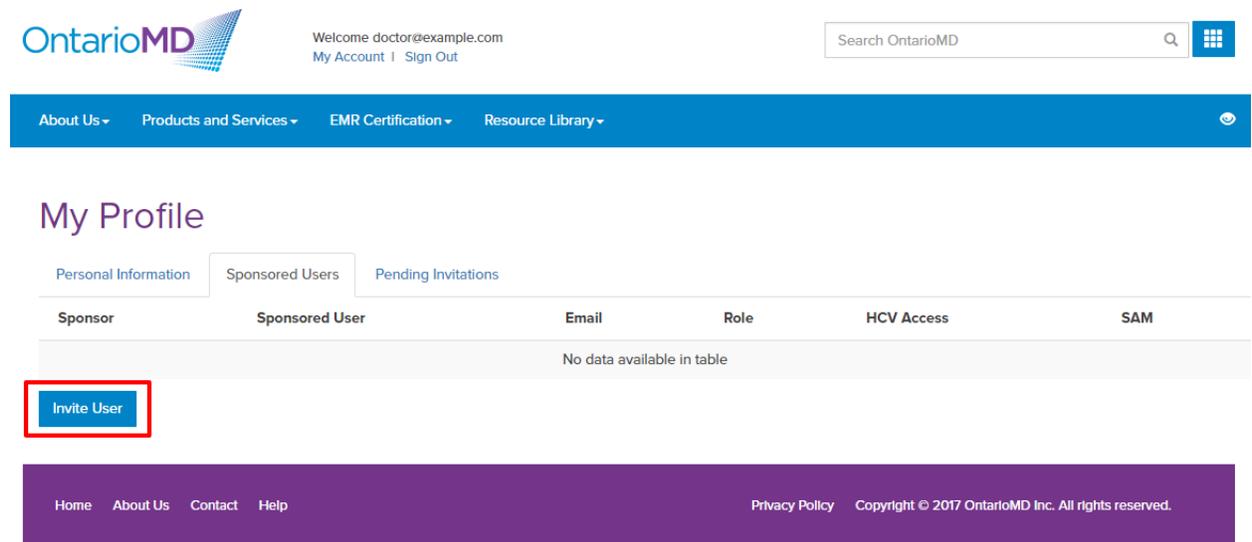
You will see a confirmation that your password has been set. You may now login to the Portal.



Manage Sponsored Users

Physicians can create their own Portal account. But Sponsored Accounts must be created by a physician user who has already created a Portal account. Sponsored users can be designated a Sponsored Account Manager (SAM), then s/he can thereafter create other Sponsored Accounts.

Invite a Sponsored User



Sponsor	Sponsored User	Email	Role	HCV Access	SAM
No data available in table					



Welcome doctor@example.com
My Account | Sign Out

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Invite User

Please fill in all * tabs

Sponsor	<input type="text" value="Jane Smith"/>	Role	<input type="text" value="Administrative Staff"/>
Title	<input type="text" value="Title"/>	Email*	<input type="text" value="sponsoreduser@example.com"/>
First Name*	<input type="text" value="John"/>	Confirm Email*	<input type="text" value="sponsoreduser@example.com"/>
Middle Name	<input type="text" value="Middle Name"/>	Phone*	<input type="text" value="123-456-7890"/>
Last Name*	<input type="text" value="Doe"/>	Validation Method	<input type="text" value="Phone"/>

- Health Card Validation Access
- Sponsored Account Manager

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My Account | Sign Out

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Invite User

Please fill in all * tabs

Sponsor	<input type="text" value="Jane Smith"/>	Role	<input type="text" value="Administrative Staff"/>
Title	<input type="text" value="Title"/>	Email*	<input type="text" value="sponsoreduser@example.com"/>
First Name*	<input type="text" value="John"/>	Confirm Email*	<input type="text" value="sponsoreduser@example.com"/>
Middle Name	<input type="text" value="Middle Name"/>	Phone*	<input type="text" value="123-456-7890"/>
Last Name*	<input type="text" value="Doe"/>	Validation Method	<input type="text" value="Phone"/>

- Health Card Validation Access
- Sponsored Account Manager

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Renew an invitation

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Edit User

Sponsor	Jane Smith	Role	Administrative Staff
Title	<input type="text" value="Title"/>	Email	<input type="text" value="sponsoreduser@example.com"/>
First Name	<input type="text" value="John"/>	License Type	N/A
Middle Name	<input type="text" value="Middle Name"/>	License Number	<input type="text" value="License Number"/>
Last Name	<input type="text" value="Doe"/>	Phone	<input type="text" value="1234567890"/>

- Health Card Validation Access
- Sponsored Account Manager

* Renewing invitation does not update the account. Please click save if changes have been made.

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Revoke Sponsorship

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Edit User

Sponsor	Jane Smith	Role	Administrative Staff
Title	<input type="text" value="Title"/>	Email	<input type="text" value="sponsoreduser@example.com"/>
First Name	<input type="text" value="John"/>	License Type	N/A
Middle Name	<input type="text" value="Middle Name"/>	License Number	<input type="text" value="License Number"/>
Last Name	<input type="text" value="Doe"/>	Phone	<input type="text" value="1234567890"/>

- Health Card Validation Access
- Sponsored Account Manager

* Renewing invitation does not update the account. Please click save if changes have been made.

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Edit a Sponsored User's role



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Edit User

Sponsor: Jane Smith

Title:

First Name:

Middle Name:

Last Name:

Role:

Email:

License Type:

License Number:

Phone:

Health Card Validation Access
 Sponsored Account Manager

[Save](#) [Renew Invitation*](#) [Revoke Sponsorship](#) [Back](#)

* Renewing invitation does not update the account. Please click save if changes have been made.

Edit Sponsored User's phone number



Welcome doctor@example.com
My Account | Sign Out

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Edit User

Sponsor	Jane Smith	Role	Administrative Staff
Title	<input type="text" value="Title"/>	Email	<input type="text" value="sponsoreduser@example.com"/>
First Name	<input type="text" value="John"/>	License Type	N/A
Middle Name	<input type="text" value="Middle Name"/>	License Number	<input type="text" value="License Number"/>
Last Name	<input type="text" value="Doe"/>	Phone	<input type="text" value="1234567890"/>

- Health Card Validation Access
- Sponsored Account Manager

[Save](#) [Renew Invitation*](#) [Revoke Sponsorship](#) [Back](#)

* Renewing invitation does not update the account. Please click save if changes have been made.

Granting access to HCV



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Edit User

Sponsor	Jane Smith	Role	Administrative Staff
Title	<input type="text" value="Title"/>	Email	<input type="text" value="sponsoreduser@example.com"/>
First Name	<input type="text" value="John"/>	License Type	N/A
Middle Name	<input type="text" value="Middle Name"/>	License Number	<input type="text" value="License Number"/>
Last Name	<input type="text" value="Doe"/>	Phone	<input type="text" value="1234567890"/>

Health Card Validation Access
 Sponsored Account Manager

[Save](#) [Renew Invitation*](#) [Revoke Sponsorship](#) [Back](#)

* Renewing invitation does not update the account. Please click save if changes have been made.

Granting Sponsored Account Manager (SAM) rights to a Sponsored User



Welcome doctor@example.com
My Account | Sign Out

- About Us
- Products and Services
- EMR Certification
- Resource Library

Edit User

Sponsor	Jane Smith	Role	Administrative Staff
Title	<input type="text" value="Title"/>	Email	<input type="text" value="sponsoreduser@example.com"/>
First Name	<input type="text" value="John"/>	License Type	N/A
Middle Name	<input type="text" value="Middle Name"/>	License Number	<input type="text" value="License Number"/>
Last Name	<input type="text" value="Doe"/>	Phone	<input type="text" value="1234567890"/>

Health Card Validation Access
 Sponsored Account Manager

- Save
- Renew Invitation*
- Revoke Sponsorship
- Back

*Renewing invitation does not update the account. Please click save if changes have been made.

Sponsored Accounts

Physicians can create their own Portal account, however, Sponsored Accounts must be created by a physician user who has already created a Portal account. If a physician would like to grant their staff members access to Secure Services, such as Health Card Validation, or portal applications such as the EMR Progress Assessment, they must send a sponsorship invitation. Sponsored users can also be designated a Sponsored Account Manager (SAM), then s/he can thereafter create other Sponsored Accounts.

Registration

If you are not a physician or a nurse practitioner lead, you must be sponsored by one to register for a Portal account. A sponsoring physician or nurse practitioner lead must send you a sponsorship invitation to initiate the process.

Accept a sponsorship invitation

Dear John Doe

You are invited to become a sponsored user for Jane Smith on the OntarioMD Portal (www.ontariomd.ca).

Please [accept the request](#) to proceed with this sponsorship request.

Please note that you will receive a phone call or SMS text message to verify your identity.

If this email is not intended for you, please contact OntarioMD Support.

Regards, OntarioMD Tel: 416-623-1248 Toll Free: 1-866-339-1233 Email: support@ontariomd.ca

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Search OntarioMD

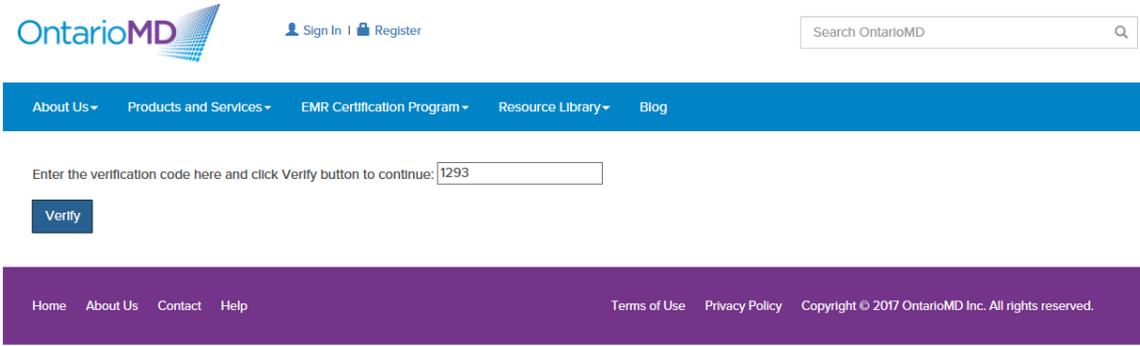
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Click the Begin Verification button to receive a verification code at your registered phone number. You will need to enter this code to complete the verification process.

[Begin Verification](#)

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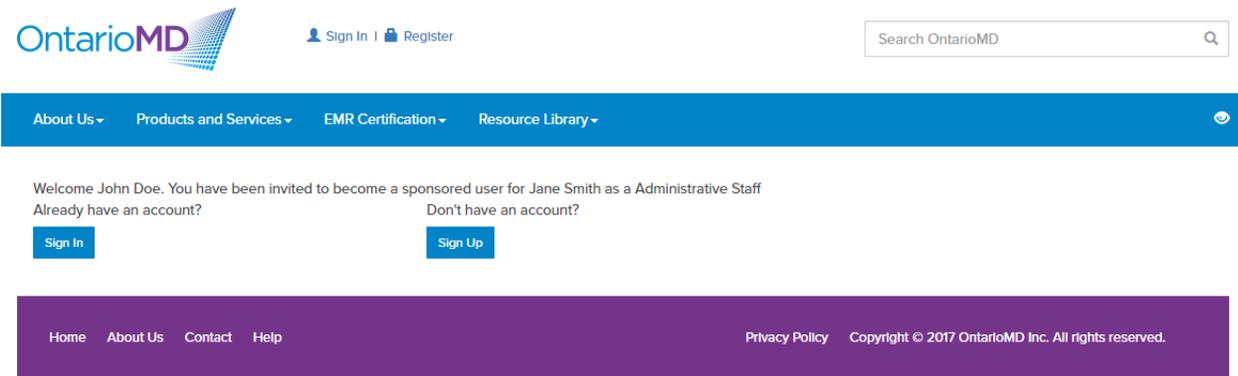
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Enter the verification code here and click Verify button to continue:

[Verify](#)

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Create a profile



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Welcome John Doe. You have been invited to become a sponsored user for Jane Smith as a Administrative Staff
Already have an account? [Sign In](#) Don't have an account? [Sign Up](#)

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[Sign In](#) | [Register](#)

[About Us](#) ▾ [Products and Services](#) ▾ [EMR Certification](#) ▾ [Resource Library](#) ▾ [Help](#)

Create Profile

Please fill in all * tabs

Sponsor	Jane Smith
First Name*	<input type="text" value="John"/>
Last Name*	<input type="text" value="Doe"/>
Email*	<input type="text" value="sponsoreduser@example.com"/>
Confirm Email*	<input type="text" value="sponsoreduser@example.com"/>
Role	Administrative Staff
Telephone	<input type="text" value="123-456-7890"/>

Please contact me regarding

- Quarterly e-Newsletter
- Participating in Pilot Initiatives
- Participating in Market Research
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Create Profile

Please fill in all * tabs

Sponsor	Jane Smith
First Name*	<input type="text" value="John"/>
Last Name*	<input type="text" value="Doe"/>
Email*	<input type="text" value="sponsoreduser@example.com"/>
Confirm Email*	<input type="text" value="sponsoreduser@example.com"/>
Role	Administrative Staff
Telephone	<input type="text" value="123-456-7890"/>

Please contact me regarding

- Quarterly e-Newsletter
- Participating in Pilot Initiatives
- Participating in Market Research
- Special Announcements and Promotions

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Set your password

Check your email for a welcome email with the subject line: *Your new account at OntarioMD.ca*. Click on the Set a Password link.

Jane Smith

As part of the upgrades to our website, your username has been updated to: **doctor@example.com**. Your old password is no longer valid and you will be required to [Set a Password](#) before **Friday, January 1, 2027 5:30pm**.

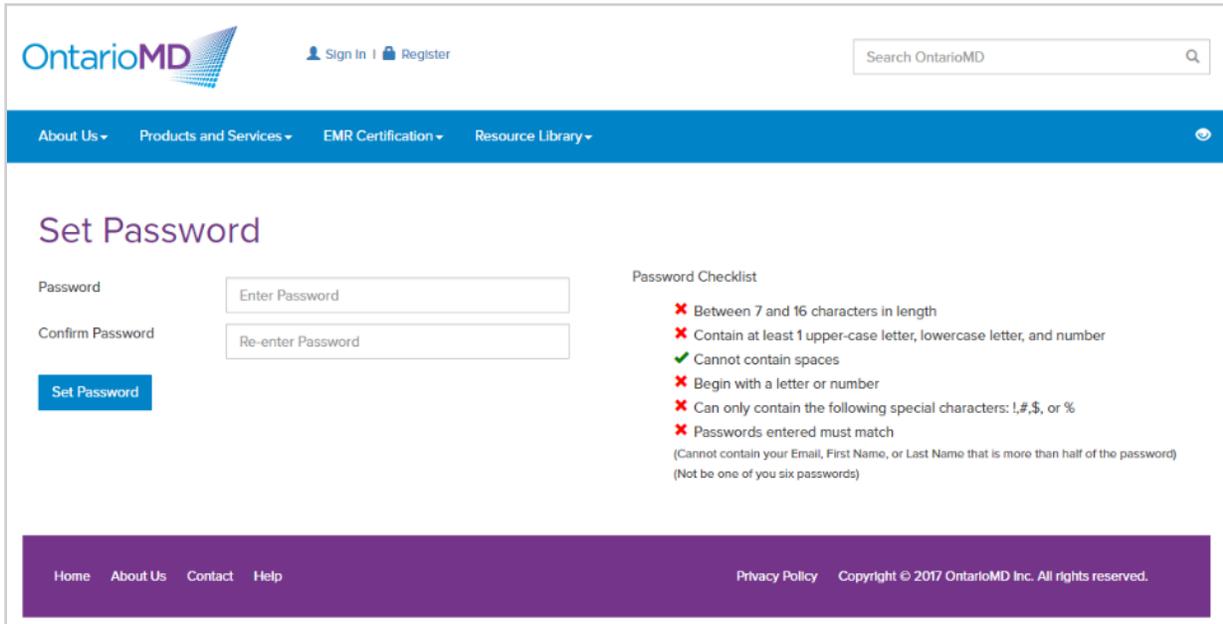
If you have not selected a password by this time you will need to obtain a new link by visiting our website and starting the [Forgot Password Process](#).

If this email is not intended for you, please contact OntarioMD Support.

Regards, OntarioMD Tel: 416-623-1248 Toll Free: 1-866-339-1233 Email: support@ontariomd.ca

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Select a password that meets all security rules listed in the Password Checklist. Enter your password again in the second box to confirm your selection. Click on the Set Password button.



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Set Password

Password

Confirm Password

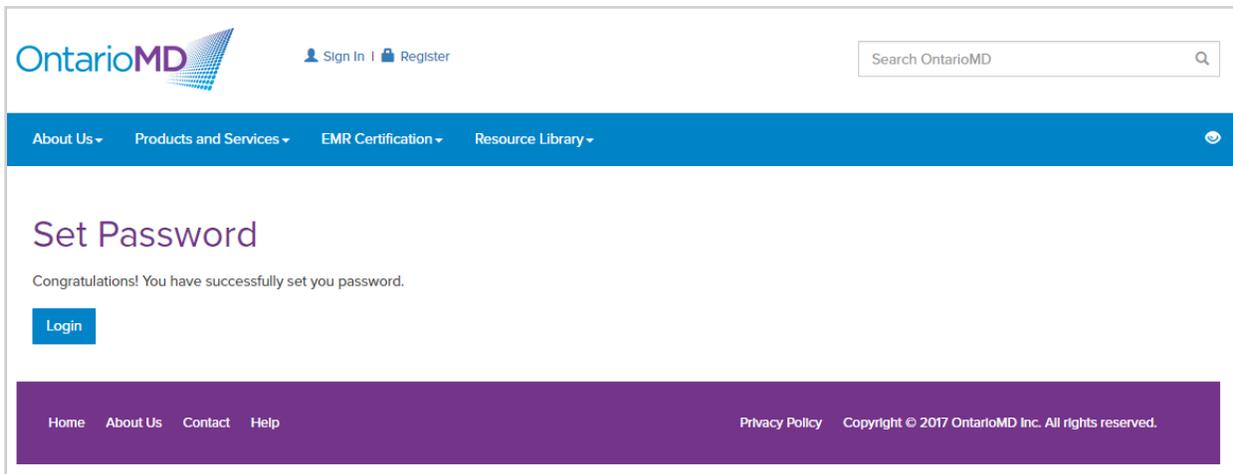
[Set Password](#)

Password Checklist

- ✗ Between 7 and 16 characters in length
- ✗ Contain at least 1 upper-case letter, lowercase letter, and number
- ✓ Cannot contain spaces
- ✗ Begin with a letter or number
- ✗ Can only contain the following special characters: !, #, \$, or %
- ✗ Passwords entered must match
(Cannot contain your Email, First Name, or Last Name that is more than half of the password)
(Not be one of you six passwords)

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Account Management

Change your email address/username



Welcome sponsoreduser@example.com
My Account | Sign Out

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My Profile

Personal Information

First Name	<input type="text" value="John"/>
Last Name	<input type="text" value="Doe"/>
Email	<input type="text" value="sponsoreduser@example.com"/>
License Type	<input type="text" value="N/A"/>
License Number	<input type="text" value="License Number"/>
Phone	<input type="text" value="1234567890"/>

Please contact me regarding

<input checked="" type="checkbox"/> Quarterly e-Newsletter	<input checked="" type="checkbox"/> Participating in Market Research
<input checked="" type="checkbox"/> Participating in Pilot Initiatives	<input checked="" type="checkbox"/> Special Announcements and Promotions

Sponsor	Role
Jane Smith	Administrative Staff

Update name and contact information



Welcome sponsoreduser@example.com
My Account | Sign Out

- About Us ▾
- Products and Services ▾
- EMR Certification ▾
- Resource Library ▾

My Profile

Personal Information

First Name	<input type="text" value="John"/>	Sponsor	Role
Last Name	<input type="text" value="Doe"/>	Jane Smith	Administrative Staff
Email	<input type="text" value="sponsoreduser@example.com"/>		
License Type	<input type="text" value="N/A"/>		
License Number	<input type="text" value="License Number"/>		
Phone	<input type="text" value="1234567890"/>		

Please contact me regarding

- Quarterly e-Newsletter
- Participating in Pilot Initiatives
- Participating in Market Research
- Special Announcements and Promotions

Update communication preferences

Welcome sponsoreduser@example.com
My Account | Sign Out

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EMR Certification ▾
Resource Library ▾

My Profile

Personal Information

<p>First Name <input style="width: 90%;" type="text" value="John"/></p> <p>Last Name <input style="width: 90%;" type="text" value="Doe"/></p> <p>Email <input style="width: 90%;" type="text" value="sponsoreduser@example.com"/></p> <p>License Type <input style="width: 90%;" type="text" value="N/A"/></p> <p>License Number <input style="width: 90%; background-color: #f0f0f0;" type="text" value="License Number"/></p> <p>Phone <input style="width: 90%;" type="text" value="1234567890"/></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid #ccc;">Sponsor</th> <th style="text-align: left; border-bottom: 1px solid #ccc;">Role</th> </tr> </thead> <tbody> <tr> <td>Jane Smith</td> <td>Administrative Staff</td> </tr> </tbody> </table>	Sponsor	Role	Jane Smith	Administrative Staff
Sponsor	Role				
Jane Smith	Administrative Staff				

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Save

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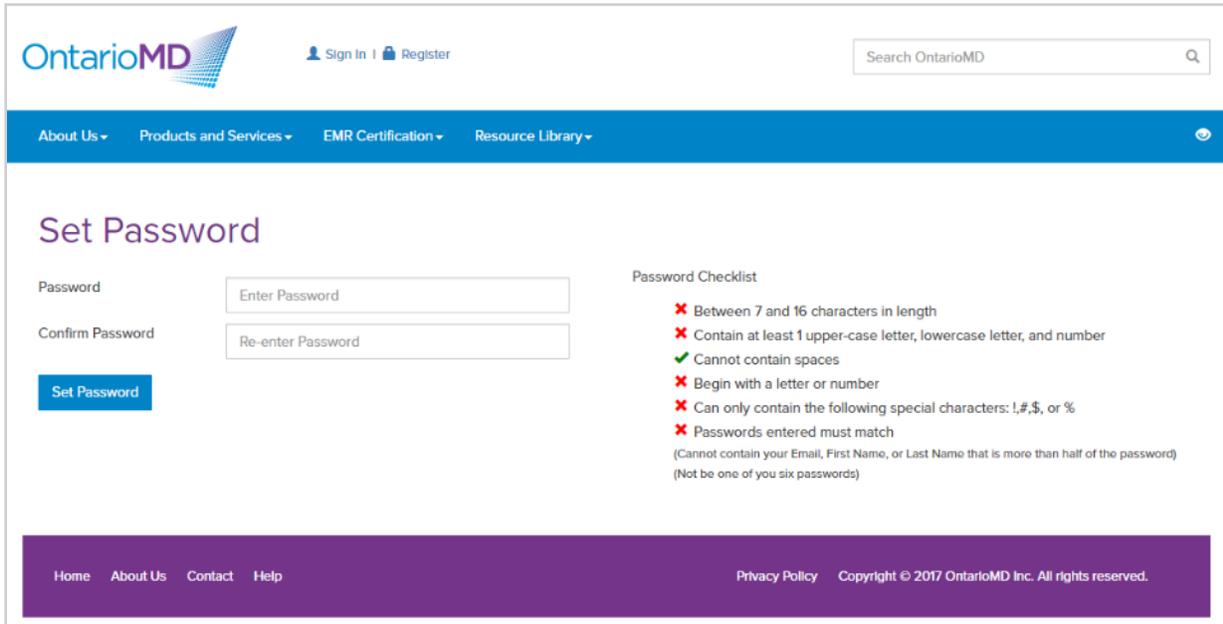
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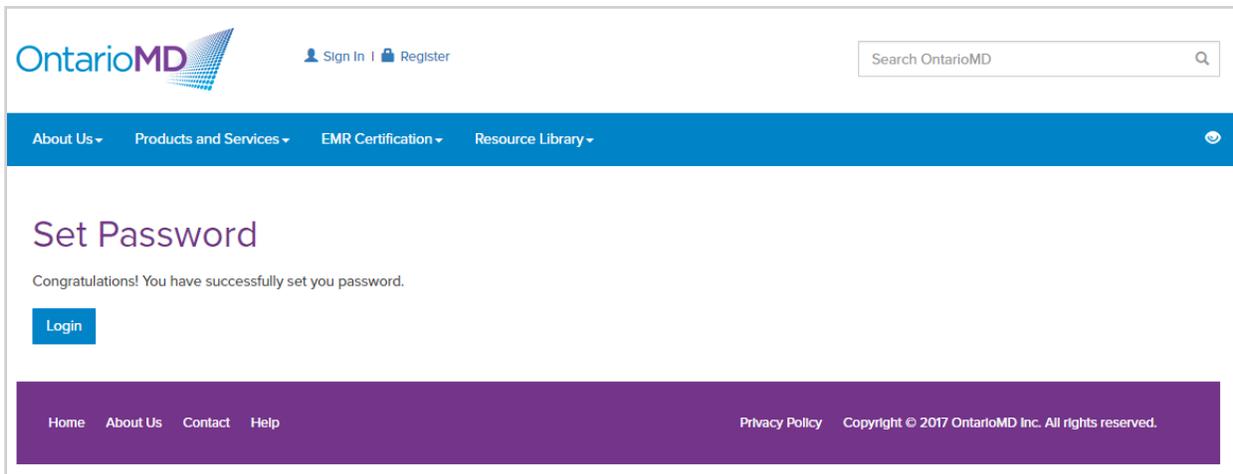
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Health Card Validation Basic

About Health Card Validation

Health Card Validation (HCV) Basic is a free Secure Service offered by OntarioMD in partnership with the Ministry of Health and Long-Term Care (MOHLTC). It allows users to validate the eligibility of a patient's health card against the Ministry databases in real time. The Web enabled service is provided through the OntarioMD.ca Portal and is available to all registrants on the Portal.

HCV Basic service:

5. Allows users to validate health cards with the Ministry in real-time
6. Returns a Response Code which indicates the patient's health card status and OHIP
 - eligibility
 - Returns a Service Response Code and the last Date of Service, if any
 - Displays all returned response code descriptions to the user

HCV Basic service does not:

- Return any personal health information (PHI)
- Provide the corrected or updated health number
- Return new or updated version code
- Guarantee payment of any claim submitted for providing a health care service to
- Patients

Health Card Validation Support

The Health Card Validation Basic service is available 24 hours a day, seven days a week. If you have any questions, please contact Support at 1.866.339.1233 or hcvsupport@ontariomd.com. Support is available during regular business hours 9AM to 5PM Monday to Friday.

Before You Start

1. You need a personal computer with Internet access.
2. You need to have an OntarioMD.ca Portal account.
3. You need to be registered for [Secure Services](#).
4. [Staff may be granted access](#) to the Health Card Validation service by their sponsoring physician or a Sponsored Account Manager (SAM).
5. Optionally, you may use a card reader.

Using Health Card Validation

1. After signing in to the Portal, click on application launcher in the top right corner of the website header.



2. Health Card Validation will launch in a new browser tab or window. Hover over the help icons on this page if you have any questions.



OntarioMD

HEALTH CARD VALIDATION

Please type in the values below. ?
For Health Number and Version Code, you can also use a Card Reader. ?

Health Number REQUIRED

Version Code REQUIRED IF ON CARD

Physician's Billing Number REQUIRED

Fee Service (OPTIONAL)

Specialty ▾

Fee Service Code ▾ ?

Health Card Validation Support
For technical support, please contact [OntarioMD Support](#).
For questions regarding Response Codes, please contact [MOHLTC](#).

⚠ MOHLTC has a scheduled maintenance of the Health Card Validation service every Sunday from 5:00AM to 8:00AM. You may experience service outage during this period.

3. Type in the 10-digit Health Number. You can either enter the number manually or swipe the health card through a card reader. The Health Number is a required field and it should be: a. exactly 10 digits, as they appear on the face of a health card b. numbers only.
4. Type in the Version Code. If you are using a card reader, the version code will be populated as soon as you swipe the health card. The Version Code should be: a. 1 or 2 characters. Old red and white health cards may not have a version code; hence it is not a required field b. alphabets only
5. Type in the 6-digit Physician's Billing Number (also known as "OHIP Billing Number" or "Claim Submission Number (CSN)"). The Billing Number is a required field and it should be: a. exactly 6 digits (a shorter billing number, e.g. 12345, should be entered as 012345) b. numbers only c. the "Solo CSN" and not the "Group CSN"
6. If you want to verify a patient's eligibility for a fee service, select the "Fee Service" checkbox and the section will be enabled. Select Specialty and then the related Fee Service Code from the dropdown options.
7. Click the Submit Request button. Your request is now submitted to MOHLTC and Response Code, Service Response Code and the last Date of Service (if existed) are returned upon successful transaction. Detailed code descriptions are displayed upon hovering over the help icon beside the codes.



Note that OntarioMD has no information about the validity of the returned response codes. For information on the response codes please refer to the [MOHLTC Health Card Validation Reference Manual](#).

There are three colour scheme categories for the response code: green, yellow and red, depending on the eligibility status of a health card.

- **Red** (code range between 0 and 49) – indicates the health card is NOT valid; cardholder is NOT eligible or without assigned eligibility;
- **Green** (code range between 50 and 59) – indicates a valid health card; cardholder is eligible;
- **Yellow** (code range between 60 and 89) – indicates health card is NOT valid; cardholder is eligible.

Card Readers that work with Health Card Validation

The following card readers have been tested to populate the Health Number and Version Code fields with a swipe:

- Unitech K2724
- POSH MX53 – USB

Physicians have reported success using the following additional card reader:

- MAGTEK 21040140 – USB If you have tried a different card reader that worked with the Health Card Validation service, please email its make and model to hcvupport@ontariomd.com