

# How is your Home Oxygen Therapy funded?

≥ 65  
years  
of age



## Medical Criteria Has Been Met (≥65 years of age)

- With a valid Ontario health card, your home oxygen will be funded by the Ontario Ministry of Health (MOH).
- If for any reason your funding is not approved by MOH, you are responsible to pay for your home oxygen therapy.



## Insurance

- If you do not meet the Ministry of Health Criteria and require home oxygen, your insurance company may cover a portion of the cost.
- You are responsible for contacting your insurance provider to determine coverage and are financially responsible for the co-payment and deductible as an out of pocket expense.



## Private Pay

- If you do not meet the Ministry of Health Criteria and require home oxygen but do not have private insurance, you may opt to pay for the service privately. Please consult with your Therapist for service package options.



## Reassessment

- If you qualify for funding, MOH requires that you be reassessed at 90 days and annually. Not being reassessed could result in a lapse in funding and an outstanding bill. Your VitalAire therapist will arrange your reassessment at approximately:
  - 90 days: \_\_\_\_\_
  - 9 months: \_\_\_\_\_
  - One year: \_\_\_\_\_

Questions? Please call 1-800-567-0202 or see the reverse side of this form

## How is your home oxygen therapy funded?

If you qualify, the Home Oxygen Program from the Ontario Ministry of Health and Long Term Care (MOH) provides financial assistance to eligible residents of Ontario, who have a medical need for long term oxygen therapy.

You must meet medical criteria and have a valid OHIP card to qualify for funding.

MOH will cover 100% of the cost of your home oxygen if you medically qualify under the MOH criteria (for more information about this criteria, please visit the MOH website below):

<http://www.health.gov.on.ca/en/public/programs/adp/publications/oxygen.aspx>

VitalAire will co-ordinate all aspects of your funding if you medically qualify. However, any co-share payments are your responsibility.

If you have previously accessed palliative funding, you are unable to be funded via the palliative program a second time.

If you are **not eligible** for MOH funding, or if your funding is not approved, you are responsible for 100% of the costs of your home oxygen. Again, while your insurance company may cover a portion of the cost, you are responsible for contacting your insurance provider to determine coverage and are financially responsible for the up-front costs.

Before the Funding Application is submitted to MOH, please sign the Application form (verifying that the information is correct) as well as the VitalAire Consent Form and Pre-Authorized Payment Form. This will confirm that you are financially responsible for the entire charge should funding not be provided. This is an important step as MOH may not cover the total amount of the bill.

**If Ministry of Health is unable to approve funding, you will be notified directly by mail**

### Who is not covered by MOH?

MOH does not provide funding assistance to:

- Patients in acute or chronic care hospitals
- WSIB and Group A veterans in some situations
- People who do not have an OHIP card
- People who do not meet medical criteria