# Table of Contents

## Contents

**Chapter 1: Create an OCF-18 & Tab 1** ................................................................. 4  
To Create an OCF-18: .................................................................................................. 4  
OCF-18 TABS .............................................................................................................. 5  
Claim Identifier ............................................................................................................. 7  
Plan Identifier ............................................................................................................... 7  
Part 1 – Applicant Information .................................................................................... 7  
Part 2 – Auto Insurer Information .............................................................................. 8  
  Policy Holder Details................................................................................................. 9  
Part 3 – Other Insurer Information .......................................................................... 9  
**Chapter 2: Tab 2** .................................................................................................. 11  
Part 4 – Signature of Health Practitioner .................................................................. 11  
  Name of Provider.................................................................................................... 11  
Is this injury subject to a guideline? ........................................................................... 11  
Is the signature on file? ............................................................................................. 12  
Is the Health Practitioner certifying the plan also the Regulated Health Professional who is preparing and supervising the plan? ........................................................................ 13  
Part 5 – Signature of Regulated Health Professional ................................................ 14  
**Chapter 3: Tab 3** .................................................................................................. 15  
Part 6 – Injury and Sequelae Information .................................................................. 15  
Part 7 – Prior and Concurrent Condition .................................................................. 16  
Part 8 – Activity Limitations ..................................................................................... 17  
**Chapter 4: Tab 4** .................................................................................................. 19
Part 9 – Goals, Outcome Evaluation Methods and Barriers to Recovery .............................................. 19
Part 10 – Signature of Applicant .................................................................................................................. 20

**Chapter 5: Tab 5** ....................................................................................................................................... 21

Part 12 – Proposed Goods or Services Requiring Insurer Approval .......................................................... 21
  
  Code .......................................................................................................................................................... 21
  Attribute .................................................................................................................................................. 22
  Provider Reference .................................................................................................................................. 22
  Quantity and unit measure ....................................................................................................................... 23
  Cost ............................................................................................................................................................ 24
  Total count .............................................................................................................................................. 24
  Total cost ................................................................................................................................................ 26
  Proposed Tax ......................................................................................................................................... 26
  Totaling .................................................................................................................................................. 27
  Calculate ................................................................................................................................................ 28
  Explanation of Good & Services ............................................................................................................. 29

**Chapter 6: Tab 6** ........................................................................................................................................ 30

Additional Comments & Attachments ........................................................................................................ 30
  How should attachments be sent? ........................................................................................................... 30
  Signature(s) on OCF-18 - Printing the completed OCF ........................................................................ 31
Chapter 1: Create an OCF-18 & Tab 1

An OCF-18 is a treatment and assessment plan used for patients with injuries that are not suitable for treatment under the Minor Injury Guideline (MIG). To learn which patients are eligible for treatment under the MIG, refer to the Statutory Accident Benefits Schedule (SABS), Section 3 (Definitions and Interpretation).

To Create an OCF-18:

- Login to HCAI at www.hcai.ca
- The default home screen is the Plans tab and the Work in Progress sub-tab.
- At the top of the page, select OCF-18 from the dropdown list and click CREATE NEW. A blank OCF-18 will open in a new window.
OCF-18 TABS

The OCF-18 in HCAI is organized under six tabs. These tabs correspond to the parts of the paper OCF-18 form and include similar sections. To navigate between the tabs, simply click on the number along the top or bottom of the screen, or use the NEXT button located beside the tabs.

Once you have begun working on your OCF-18, you can click the SAVE button at any point to ensure your progress so far is saved. This will create a draft version of the OCF-18, which will appear on the Plans global tab and the Draft sub-tab. Working off a recently created draft can save steps when creating new OCF-18s.

Do not use draft OCFs older than one year to create a new plan or invoice.

Old versions of OCF forms are not compatible with the HCAI system and using old drafts will cause submission errors. Be sure to delete drafts older than one year in HCAI.

Tab 1

- Claim Identifier
- Plan Identifier
- Part 1 – Applicant/Patient Information
- Part 2 – Auto Insurer Information
- Part 3 – Other Insurer Information

Tab 2

- Part 4 – Signature of Health Practitioner
- Part 5 – Signature of Regulated Health Professional
Tab 3
- Part 6 – Injury and Sequelae Information
- Part 7 – Prior and Concurrent Condition
- Part 8 – Activity Limitations

Tab 4
- Part 9 – Plan Goals, Outcome Evaluation Methods and Barriers to Recovery
- Part 10 – Signature of Applicant

Tab 5
- Part 12 – Proposed Goods or Services Requiring Insurer Approval

Tab 6
- Additional Comments
Claim Identifier

- All fields marked with an asterisk (*) are mandatory.
- Enter Claim Number and/or Policy Number
  - The Applicant/Patient must provide the Claim Number (if known) and their Policy Number.
  - The Claim Number and Policy Number can be obtained from the insurance Adjuster.
  - The Policy Number is also available on the Motor Vehicle Liability Insurance Card (pink slip).
  - The Claim Number and Policy Number may be the same.

- Enter the date of the accident, using the drop-down calendar or by typing in the year, month and date (YYYY/MM/DD)
  - If the Applicant/Patient has overlapping injuries from more than one accident, use the date of the accident that is most relevant to the injuries being treated.

Plan Identifier

- This information will be populated when the Plan is submitted. No action is required.

Part 1 – Applicant Information

- The Applicant/Patient or substitute decision-maker should provide this information to the Facility.
- Enter the date of birth of the Applicant/Patient using the drop-down calendar.
- Select the gender of the Applicant/Patient using the radio buttons.
- Enter the Last Name, then the First Name of the Applicant/Patient.
Input the Applicant/Patient's address.

Part 2 – Auto Insurer Information

The Applicant/Patient or substitute decision-maker should provide this information to the Facility, including:

- The Insurance Company Name and Branch Name, both of which can be selected from the drop-down list.
- The Adjuster name and contact details, if available.

What about independent adjusting companies and independent Adjusters?

Independent adjusting companies may be hired by Insurers to adjudicate Claims, but the HCAI application does not list independent adjusting companies.

To direct OCFs appropriately, you should ask the Applicant/Patient or the independent Adjuster the name of the licensed Insurer that insures the Applicant/Patient. Some insurance companies may list independent adjusting companies as a “Branch”.

Either a Claim Number or Policy Number must be provided.
Policy Holder Details

- If the injured person seeking treatment is the Policy Holder, select “Yes” to the question “Is the Policy Holder the same as the Applicant?”
- If the injured person is not the Policy Holder, select “No”. Two new fields appear. Enter the last name of the Policy Holder. The name of the Policy Holder can be obtained from the pink slip or the proof of insurance form.

Part 3 – Other Insurer Information

- The Applicant/Patient, guardian or substitute decision-maker can advise whether the Applicant/Patient has other insurance.
  - In Ontario, the auto insurance system requires other insurance plans be accessed before auto insurance health benefits are accessed.
- Health benefits may be available from the Ministry of Health and Long Term Care (MOH) or through the Applicant/Patient’s personal, spousal or parental extended health plan to pay or partially pay expenses listed in the form.
- Space is available for up to two other Insurers in the event that the Applicant/Patient is covered by more than one policy (for example, both the Applicant/Patient and the Applicant/Patient’s partner or legal guardian have extended health benefits).
- If the Applicant/Patient does have other insurance, select the “Yes” radio button.
  - Indicate whether MOH coverage applies.
  - Enter the details of Other Insurer 1 and 2, if applicable.
  - These fields are not mandatory if you do not have this information.

1 Refer to the following link for more information on what goods and services are available through MOH and who is eligible for those goods/services. [http://www.health.gov.on.ca/en/public/publications/ohip/motorvehicle.aspx](http://www.health.gov.on.ca/en/public/publications/ohip/motorvehicle.aspx)
If there is Other Insurance Coverage, select “Yes” and enter the details in the fields that appear as applicable.
Part 4 – Signature of Health Practitioner

Name of Provider

- Using the drop-down menu, select the Health Practitioner from your Facility’s Provider list
  - If the Health Practitioner is external to your facility and not in your HCAI Provider list, select “Other”.
    - New fields appear.
    - Enter the Health Practitioner’s Name, Profession and College Registration Number.

Is this injury subject to a guideline?

- Answer the question: “Is this impairment predominantly a minor injury as referred to in the Minor Injury Guideline applicable to the accident?”
  - The possible answers to this question are “Yes”, “No” and “Not Applicable.”
- If the impairment is not predominantly a minor injury as referred to in the MIG, select “No”.
- If the date of accident was before September 1, 2010, select “Not Applicable” to indicate that injury is subject to the Pre-Approved Framework.
• If the impairment is predominantly a minor injury as referred to in the MIG, select “Yes”.
• A new field, labelled “Circumstance” appears. Use this field to select the applicable circumstance for why an OCF-18 is being submitted:
  o Additional treatment goods and/or services are required under the MIG, or
  o The Applicant/Patient has a pre-existing medical condition that was documented before the accident and that will prevent maximal recovery if the Applicant/Patient is subject to the $3,500 limit or is limited to the goods and services authorized under the Minor Injury Guideline.
    ▪ If the second Circumstance is selected, an explanation must be provided in the text field that appears.
• You may indicate that you will be sending attachments as documented evidence for the pre-existing condition.
  o To include attachments, in Tab 6 of the Additional Comments section mark the box “Attachments being sent, if any” and provide details of the number and type of attachments in the text field.
  o Attachments are sent directly to the Insurer, not to HCAI.

Is the signature on file?

The health practitioner or the regulated health professional who signs the OCF-18 must review the Treatment and Assessment Plan with the Applicant/Patient.

Once the OCF-18 is complete, it must be printed and physically signed by the Health Practitioner (and Regulated Health Professional, if applicable) and stored in the Applicant/Patient file at your facility.

• Select the “Yes” or “No” radio button to indicate that the signature is on file and the OCF-18 has been reviewed by the practitioner.
o The OCF-18 cannot be submitted unless the answer to this question is “Yes”.
o Use the drop-down calendar menu or type in the date of signature (YYYY/MM/DD) in the field beside “Signed Date.”

Is the Health Practitioner certifying the plan also the Regulated Health Professional who is preparing and supervising the plan?

The Financial Services Commission of Ontario (FSCO) has implemented business rules for OCF signatures.

Part 4 of an OCF-18 must be signed by a Health Practitioner who does not have to be affiliated with your facility.

Part 5 must be signed by a Regulated Health Professional or a Health Practitioner who is affiliated with your facility.

For more information on Signatures and the OCF-18, please review the Quick Start Guide on HCAinfo’s Health Care Portal under the OCF-18 > Step 2 instructions.

- Select “Yes” if the Health Practitioner is in your Providers list and is going to supervise the Treatment Plan. (Signature in Part 5 not required.)
- Select “No” if the Health Practitioner is in your Provider List, but is not going to supervise the Treatment Plan. (Signature in Part 5 is required.)
- If the Health Practitioner who signed Part 4 is external to your facility, “No” will automatically be selected for this question. A Regulated Health Professional that is in your Providers List must sign Part 5.
Part 5 – Signature of Regulated Health Professional

- The signature of a regulated health professional is required in cases where the Health Practitioner is not associated with the Health Care Facility that is submitting the plan, or when the Health Practitioner has not prepared or will not supervise the plan.
- Select the name of the Regulated Health Professional who has prepared and will supervise the Plan from the drop-down list.
- Select “Yes” or “No” in response to the question “Is the signature on file?”
  - Insert the date when the Regulated Health Professional signed the OCF-18 using the drop-down calendar menu or by typing in the date of signature (YYYY/MM/DD).

Part 5 will only appear if you select “No” to the question: “Is the Health Practitioner certifying the plan also the Regulated Health Professional who is preparing and supervising the plan?”
Part 6 – Injury and Sequelae Information

List the injuries and sequelae that are a direct result of the automobile accident. Standard, non-editable descriptions will be provided with the corresponding injury code (ICD-10-CA).

- If you know the ICD-10-CA code, you may enter it and click on the “Confirm Codes” button.
- To search for a code from the ICD-10-CA list, click on the button to open the Injury Code Lookup window.
  - Select the “Series” first, using the drop-down menu.
  - Once a “Series” has been selected, you can pick a “Category” from the drop-down menu and click on the button.
- A list of applicable codes appears. Click on the button to include the code in the plan. Each code should be listed only once, regardless of how many Health Care Providers will be engaged in the treatment.
- The first line item should reflect the primary injury/problem for which you are proposing services, with the most significant injury first.
- In a case where multiple injuries may be classified as the most significant, list the injury requiring the most services first.
- The use of ICD-10-CA codes is intended to classify problems; it is not the equivalent of communicating a diagnosis.

Adding additional lines for injury/sequelae codes

- To add lines for additional injuries, simply click on the button near the bottom right of the Injury and Sequelae Codes section.
For more information, refer to Appendix A, which is the partial pick list of injury and sequelae codes available on HCAInfo within the Health Care Portal under the OCF-18 > Step 3 tab, or contact your Health Professional Association.

**Part 7 – Prior and Concurrent Condition**

- This part of the OCF-18 helps the Insurer to better understand the Applicant/Patient’s pre-accident and overall health status.
  - Use this section to inform the Insurer of any pre-existing condition(s) that may affect the Applicant/Patient’s response to treatment.
  - If “Yes” is selected as a response to any of the questions in this section, a new text field appears where you can enter any additional information around prior and concurrent conditions that may affect recovery.
  - **Please note:** If you are aware that an Applicant/Patient will receive treatment for a concurrent condition, this can be documented in Part 9, section D – Concurrent Treatment.
- Provide relevant information to the best of your knowledge and based on information from the Applicant/Patient.
  - A response of “Unknown” may prompt a request for further clarification from the Insurer.
  - **Note:** this section seeks information on pre-existing conditions that may affect the Applicant/Patient’s response to treatment. If there is a prior condition that has no bearing on the injury or its treatment, you do not have to list that condition.
- If additional space is required, use the space under “Additional Comments” in Tab 6.
Part 8 – Activity Limitations

- This section helps Insurers to understand activity limitations related to pre-accident work and activities of daily living. This section may be helpful to assist the insurer to understand how the injury/problem affects the injured person’s function.

- The responses are based on the current knowledge of the Health Care Provider and information provided by the Applicant/Patient.
  - If any responses to the questions in Section A are “Yes,” a new text field appears for you to provide a brief description of the activity limitations the Applicant/Patient is experiencing.
  - If you respond “No” in section C, a new text field appears for you to provide further explanation. Completing this section may require you to contact the employer, but is not intended to signify the need for a job-site assessment.
If you select “Yes” in part A or No in part C, you must add an explanation to the text field that appears.
Part 9 – Goals, Outcome Evaluation Methods and Barriers to Recovery

- The information in Part 9 should be consistent with the intervention (treatment) codes that are entered in Part 12.
  - For example, if you indicate that one of your goals is to increase range of motion of the knee, you may use 1.VG.02 (Exercise, knee joint) if you are treating a stiff knee.
- If you answer “Yes” to any part within section C or section D, a new text field appears to allow you to enter additional details as required.

If you select “Yes” to option C or D, you must add an explanation to the text field that appears.
Part 10 – Signature of Applicant

- As part of the process to obtain informed consent, the completed OCF 18 treatment plan must be reviewed with the Applicant/Patient or substitute decision-maker.
- If the Applicant/Patient or substitute decision-maker is in agreement with the plan outlined on the OCF 18, the form must be signed by the Applicant/Patient or substitute decision-maker in Part 10.
  - In some cases, the insurer may waive the requirement of the Applicant/Patient or substitute decision-maker.
  - **Please note:** in addition to signing Part 10, the Applicant/Patient or substitute decision-maker must also confirm that consent has been provided by initialing Part 12 (Proposed Goods and Services Requiring Insurer Approval) of the completed OCF 18.
- Answer the question “Is the applicant’s or substitute decision maker’s signature on file?”
  - Once the “Yes” radio button is selected, fields appear for you to enter the Applicant/Patient or substitute decision maker’s first name, last name and the date that they signed.
- Answer the question “Is the applicant’s or substitute decision maker’s signature waive by the insurer?”
  - Only if “Yes” is selected to this question can the OCF-18 be submitted without the Applicant/Patient’s signature.

Enter the First and Last Name as well as the signed date.
Part 12 – Proposed Goods or Services Requiring Insurer Approval

Use this section of the OCF-18 to outline the goods and services planned that require insurer approval.

This section is broken down into six parts:

**Code**

Note: The OCF-18 does not allow MIG codes.

- Enter the intervention code by typing it directly into the field under “Code” or use the code search utility by clicking the button, next to the code field.
- The “Search Goods and Services Codes” screen opens.
- Select either “CCI” (Canadian Classification of Interventions) or GAP (Goods, Administration and Other Codes).
  - GAP codes can be used for services that are not well reflected in the CCI.
Once you have selected CCI or GAP, the Section drop-down menu will populate.

Pick a Selection in order to have the Intervention drop-down menu populate.

Pick an Intervention in order to have the Group drop-down menu populate.

Finally, select a Group and hit the search button.

The search results appear. To add a code to your plan, click the ADD button.

For more information on Codes, refer to Appendix B for the CCI Intervention/treatment Partial Pick List or Appendix C for a list of GAP codes, available within the Health Care Portal at HCAIinfo, under Step 5 of the OCF-18 instructions, or contact your Health Professional Association.

**Attribute**

- Next, you have the option of adding an Attribute code to indicate how the service was delivered – for example, the number of views in an X-ray study.
- Attribute is not mandatory, and can be left blank.

**Provider Reference**

- To select the Health Care Provider who will deliver care for the proposed good or service, click the button to open the Select a Provider page. Select the Provider from the list and their profession (if they have more than one assigned) and click the button.
- If more than one Health Care Provider will be involved in delivering the care, list the one who will be most responsible for each visit and who will most likely be listed on the Invoice.
  - **Please note:** in cases where a different Health Care Provider than the one listed on the OCF 18 ends up delivering the treatment, the name on the invoice can reflect that person’s name. The system will not force you to use the name of the individual listed on the OCF 18.

**One Provider and multiple line items**

Often, the same provider delivers much or all of the care for a patient. There is a shortcut to applying one Provider to multiple line items:

- Complete all fields except for the “Provider Reference” fields.
• Tick each box to the left of each completed line item.
• Click on the **APPLY PROVIDERS** button.
  o A new window opens.
  o Select the name of the Provider from the dropdown list and the applicable Provider Profession if they have more than one applied.
  o Click on the **SUBMIT** button.

---

**Quantity and unit measure**

• Enter the quantity and unit measure of service that will be provided during a single treatment visit or session.
  o For example:
    • 15 minutes = 0.25 HR
    • 1 procedure = 1 PR
    • 1 good (such as a back support) = 1 GD
    • 10 km = 10 KM
    • 1 session = 1 SN

• The measures available are:
  o GD for good (such as a back support)
  o HR for hour
  o KM for kilometer
  o PG for page
  o PR for procedure
  o SN for session
• Be sure to use the correct unit measure that corresponds to the service described. For example, all “Goods” (codes that begin with “G”) must use the GD measure or you will get an error.
• Disbursements, such as parking, may be conveyed using the “Other” GAP code (AXXOT) and the HR or PR measures.
• Mileage expense must be conveyed using the KM (kilometre) measure.
• Do not use the GD unit measure for documentation review or preparation. The unit measure HR is more appropriate.

Cost

• Report the cost per service by entering a value in the “Cost” field.
• If a Provider has an assigned Hourly Rate in HCAI, when they are assigned as a Provider Reference for a service measured in hours (HR), their hourly rate multiplied by the total number of hours will automatically populate the “Cost” field.
• To override this default, delete the value in the “Cost” field and enter a new value in this field.
  o Please note: the maximum fees payable for listed goods and services have been outlined by the Financial Services Commission of Ontario (FSCO) and are described in the Professional Services Guideline. Use this document as a guide when entering costs in HCAI.
• For example:
  o If the service is being delivered for 0.5 HR, the “Cost” column should reflect the cost to deliver that service by the Provider listed for 0.5 HR. Do not insert the hourly rate in this column.
  o For 15 minutes of massage, use 25% of the RMT’s hour fee to calculate the amount to enter in the cost column.

Total count

• Enter the total number of times the service will be delivered during the course of the Treatment Plan.
• For example:
  o If treatment is to be delivered twice per week for 6 weeks, with the exercise delivered during each visit, the total count entered would be 12.
  o If the assessment will only take place once during 6 weeks, then Total Count entered is 1.
• **Please note:** Many health professionals reassess patients prior to each treatment visit. This type of ongoing assessment may be included in the treatment fee.

**Create a Session**

Sessions are used when a Provider delivers multiple treatments to the Applicant/Patient during a single visit. To create a session:

- Enter the proposed goods and/or services, completing each field up to Total Count.
- Select the checkbox next to each line you wish to make into a session.
- Complete the “Estimated duration of the Plan” field.
- Click the **CREATE SESSION** button.
- HCAI automatically creates a Session for the selected lines.
- Complete the “Total Count” field for the Session.
**Total cost**

- This amount is automatically calculated by HCAI by multiplying the “Cost” per line item by the “Total Count” per line item.
- To calculate the Total cost for each line, click the **CALCULATE** button at the bottom of the screen.
  - For example:
    - If 0.25 HR of chiropractor time costs $26.00 and the Total Count is 12, HCAI will calculate 26 x 12 for a total of $312.

**Proposed Tax**

- If Tax is applicable to a line item, check the box under Proposed Tax next to the appropriate line.

**Calculate Costs from Rates**

If you wish to apply the Default Hourly Rate assigned to a Provider to your goods and services, use the **CALCULATE COSTS FROM RATES** button. You can also use this button to apply the Default per KM rate for your facility.

- Clicking this button will override any values entered in the “Cost” field for line items with the measure of HR or KM.
- **Please note:** in order to apply the default rates, the rates must already be entered in HCAI.
  - For more information on how to apply a Default Hourly Rate to a Provider or assign a Default per KM Rate to your facility, please review the Facility Management tab of the Web Facility Management page within the Health Care Portal of HCAInfo.
- To manually enter or override the rate, you can type in the amount in the “Cost” field.
Add more Items

- To add lines for additional Good and Services, simply select the number of items/lines you would to add from the dropdown and click on the ‘GO’ button.

![Add more Items: 5 Items GO](image)

Duration

- Enter the anticipated duration of the Treatment Plan and indicate how many treatment visits have already been delivered for this Plan.
  - For example, if you have assessed the Applicant/Patient and begun treatment during the initial visit, that would count as one visit.
  - The “Estimated duration of this plan” field must be completed to submit an OCF-18.

Consent

- Indicate either ‘Yes’ or ‘No’ to the question, “Has the applicant or substitute decision maker confirmed consent by initialing the proposed goods and services?”

![Estimated duration of this Plan field](image)

Totaling

- “Total Count” is the sum of the count of all proposed goods and services, which is calculated by HCAI.
- “Sub-total” is the sum of the cost of all proposed goods and services, which is calculated by HCAI.
- “Minus MOH” is the total of all Ministry of Health and Long-Term Care amounts that are payable to you for any of the goods and services listed above.
  - Please note: this number must be entered using a negative sign in order for this figure to be subtracted from the subtotal.
• “Other Insurer (1 + 2)” is the sum of all amounts payable to you from other Insurers.
  
  o Please note: this number must be entered using a negative sign in order for this figure to be subtracted from the subtotal.
• “Tax” is the total Proposed Tax for all goods and services listed above.
• “Auto Insurer Total” is the sum of all amounts in this section.

Calculate

When all of the proposed goods and/or services have been entered and any required fields in the Totaling section have been completed, click **CALCULATE**.

HCAI calculates Tax (HST) and adds the amount into the Auto Insurer Total.

If you wish to manually enter a different tax amount for your invoiced goods/services:

  • Click and uncheck the ** checkbox underneath the Totaling box labeled “Recalculate proposed tax to reflect HST on selected taxable items.”
  • Enter the new amount in the “Tax (if applicable)” field.
  • Click **CALCULATE** for the new “Auto Insurer Total.”
Explanation of Good & Services

Use the empty text field below the Totaling section to provide more detail if the CCI code doesn’t offer enough details. If there is not enough space in this section, you may also use the “Additional Comments” field in Tab 6.

Enter additional comments for the adjuster.
Additional Comments & Attachments

- HCAI enables Facilities to do the following:
  - Offer more information to Adjusters by using the space provided in Tab 6.
    - This may be important to help the adjuster better understand the injury and its effect on the Applicant/Patient as well as the rationale around treatment.
  - Advise Adjusters that additional documentation (attachments) is being sent which the Insurer requires to adjudicate the form.

How should attachments be sent?

- Attachments must be faxed/mailed directly to the Adjuster.
  - Attachments cannot be sent electronically via HCAI and should not be sent to HCAI.
- To indicate that an attachment is being sent to the Adjuster, check off “Attachments being sent, if any.”
  - If this box is ticked, the Facility must use the space below to describe the attachment being sent.
Signature(s) on OCF-18 - Printing the completed OCF

- Signatures are not transmitted to the Insurer; however, hard copies of the OCF must be printed, signed by the Provider(s) and the Applicant/Patient or substitute decision maker and kept on file at the Facility.
- Before obtaining signatures, the entire OCF should be completed.
- To print an OCF-18:
  - Click on the PRINT button located at the top and bottom of the OCF page.
  - Depending on your internet browser settings, the document may immediately download or you may need to select whether to open or save the document.
    - For more information on changing your internet browser’s pop-up settings, please review the Pop-ups section of the Computer Requirements & TIPS page within the Troubleshooting menu in the Health Care Portal on HCAinfo.

Click on the Print button.