
OHRs Version 11.2 Full Provincial Functional/Accounting Centre List

Changes for OHRs Version 11.2 highlighted in yellow

In this document, highlighted yellow text shows key changes from Version 11.1 to Version 11.2 for 2021/22

TABLE OF CONTENTS

| | |
|--|-----------|
| 7*1 ADMINISTRATION AND SUPPORT SERVICES..... | 2 |
| 7*2 NURSING INPATIENT SERVICES (IP)..... | 7 |
| 7*3 AMBULATORY CARE SERVICES (AC)..... | 14 |
| 7*4 DIAGNOSTIC AND THERAPEUTIC SERVICES..... | 23 |
| 7*5 COMMUNITY HEALTH AND SOCIAL SERVICES (COM)..... | 29 |
| 7*7 RESEARCH..... | 46 |
| 7*8 EDUCATION..... | 47 |
| 7*9 UNDISTRIBUTED FUNCTIONAL CENTRES..... | 49 |
| 8*9 UNDISTRIBUTED ACCOUNTING CENTRES (UD)..... | 50 |

OHRs Version 11.1 Full Provincial Functional/Accounting Centres

NOTE: Unlike the other categories of accounts, functional centre accounts can be reported at the lowest level listed.
Health care organizations are encouraged to report at the lowest level of functional centre that applies within their organization.

7*1 ADMINISTRATION AND SUPPORT SERVICES

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME *** Important: Do Not Report Header (H) accounts *** | COMMENTS |
|--------|-----|----------------|--|--|
| MOHLTC | | 7* 1 10 | (AS) Administrative Services | All staff are reported as MOS in Executive Admin functional centres. Organizations without dedicated staff for some services may report related expenses under Admin. Refer to Chapter 4 |
| | | 7* 1 10 10 | AS Admin. Services - Executive Offices | |
| | | 7* 1 10 10 10 | AS Admin. Services - Exec. Offices – Director | |
| | | 7* 1 10 10 60 | AS Admin. Services - Exec. Offices – Med. Director | |
| | | 7* 1 10 25 | AS Admin. Services - Utilization Management | |
| | | 7* 1 10 30 | AS Admin. Services - Board of Trustees, Directors | |
| | | 7* 1 10 40 | AS Admin. Services - Public Relations | |
| | | 7* 1 10 50 | AS Admin. Services - Planning and Development | |
| | | 7* 1 10 53 | AS Admin. Services - Privacy Officer | |
| | | 7* 1 10 55 | AS Admin. Services - Risk Management | |
| | | 7* 1 10 55 10 | AS Admin. Services - Risk Mgmt – Infection Control | |
| | | 7* 1 10 55 20 | AS Admin. Services - Risk Mgmt – Claims Mgmt | |
| | | 7* 1 10 55 30 | AS Admin. Services - Risk Mgmt – Risk Identification | |
| | | 7* 1 10 60 | AS Admin. Services - Quality Assurance | |
| | | 7* 1 10 60 10 | AS Admin. Services - Quality Assurance – Medical | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME *** Important: Do Not Report Header (H) accounts *** | COMMENTS |
|--------|-----|-------------------|--|--|
| | | 7* 1 10 60 20 | AS Admin. Services - Quality Assurance – Nursing | |
| | | 7* 1 10 60 90 | AS Admin. Services - Quality Assurance – Other | |
| | | 7* 1 10 70 | AS Admin. Services - Internal Audit | |
| | | 7* 1 10 90 | AS Admin. Services - French Language Services | Mandatory reporting if service is provided |
| MOHLTC | | 7* 1 12 | AS Emergency Preparedness Services | |
| MOHLTC | | 7* 1 15 | AS Finance | |
| | | 7* 1 15 10 | AS Finance - General Accounting | |
| | | 7* 1 15 20 | AS Finance - Payroll | |
| | | 7* 1 15 30 | AS Finance - Accounts Receivable | |
| | | 7* 1 15 40 | AS Finance - Accounts Payable | |
| | | 7* 1 15 50 | AS Finance - Budget Control | |
| | ON | 7* 1 15 60 | AS Finance - Case Costing | |
| MOHLTC | | 7* 1 20 | AS Human Resources | |
| | | 7* 1 20 20 | AS Human Resources - Personnel Records | |
| | | 7* 1 20 30 | AS Human Resources - Comp. and Benefits Mgmt. | |
| | | 7* 1 20 40 | AS Human Resources - Labour Relations | |
| | | 7* 1 20 60 | AS Human Resources - Employee Health | |
| | | 7* 1 20 80 | AS Human Resources - Employee Assistance | |
| | ON | 7* 1 20 90 | AS Human Resources - Occupational Health & Safety Prevention | |
| MOHLTC | | 7* 1 22 | AS Staff Recruitment and Retention | Use to report if there is dedicated staff |
| MOHLTC | | 7* 1 25 | AS Information Systems Support | |
| | | 7* 1 25 20 | AS Info System Support - Data Processing | |
| | | 7* 1 25 40 | AS Info System Support - Systems Engineering | |
| | | 7* 1 25 40 10 | AS Info System Support - System Development | |
| | | 7* 1 25 40 20 | AS Info System Support - Operations Research | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME *** Important: Do Not Report Header (H) accounts *** | COMMENTS |
|---------------|-----------|----------------|--|--|
| | | 7* 1 25 40 30 | AS Info System Support - Technical Support | |
| | ON | 7* 1 25 50 | AS Info System Support - Implementation and Maintenance | Use to report staff supporting IS systems |
| MOHLTC | | 7* 1 30 | AS Communications | |
| | | 7* 1 30 20 | AS Communications - Telecommunications | |
| | | 7* 1 30 40 | AS Communications - Visitor Information | |
| | | 7* 1 30 60 | AS Communications - Mail Service | |
| MOHLTC | | 7* 1 35 | AS Materials Management | |
| | | 7* 1 35 05 | AS Mat. Mgmt. - Administration | |
| | | 7* 1 35 10 | AS Mat. Mgmt. - Purchasing | |
| | | 7* 1 35 15 | AS Mat. Mgmt. - Capital Asset Control | |
| | | 7* 1 35 20 | AS Mat. Mgmt. - Receiving and Shipping | |
| | | 7* 1 35 30 | AS Mat. Mgmt. - Stores | |
| | | 7* 1 35 40 | AS Mat. Mgmt. - Reprocessing | |
| | | 7* 1 35 40 20 | AS Mat. Mgmt. - Reprocessing - Collection | |
| | | 7* 1 35 40 40 | AS Mat. Mgmt. - Reprocessing - Decontamination | |
| | | 7* 1 35 40 60 | AS Mat. Mgmt. - Reprocessing - Sterilization | |
| | | 7* 1 35 40 80 | AS Mat. Mgmt. - Reprocessing - Packing | |
| | | 7* 1 35 50 | AS Mat. Mgmt. - Printing | |
| | Home Care | 7* 1 35 55 | AS Mat. Mgmt. - Contract Management | |
| | | 7* 1 35 60 | AS Mat. Mgmt. - Distribution: Internal | |
| | | 7* 1 35 70 | AS Mat. Mgmt. - Distribution: External | |
| | ON | 7* 1 35 99 | AS Mat. Mgmt. - Combined Functions | |
| MOHLTC | | 7* 1 40 | AS Volunteer Services | If no dedicated staff report in FC 7* 1 10 |
| MOHLTC | | 7* 1 45 | AS Housekeeping | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME *** Important: Do Not Report Header (H) accounts *** | COMMENTS |
|--------|-----|----------------|--|---|
| MOHLTC | | 7* 1 50 | AS Laundry and Linen | Recoveries and Expenses MUST net to zero for Hospitals |
| | | 7* 1 50 20 | AS Laundry and Linen - Laundry | |
| | | 7* 1 50 40 | AS Laundry and Linen - Linen | |
| MOHLTC | | 7* 1 53 | AS Plant Administration | All staff are reported as MOS |
| MOHLTC | | 7* 1 55 | AS Plant Operation | Community Health Care Organizations– use this account to report rent and utilities. If renting: compensation, contracted-out expenses and statistics are not required |
| | | 7* 1 55 10 | AS Plant Operation - General | |
| | | 7* 1 55 20 | AS Plant Operation - Incinerator | |
| MOHLTC | | 7* 1 60 | AS Plant Security | |
| | | 7* 1 60 20 | AS Plant Security - Security | |
| | | 7* 1 60 40 | AS Plant Security Fire and Safety | |
| MOHLTC | | 7* 1 65 | AS Plant Maintenance | Health Care Organizations without dedicated staffing for Plant Maintenance may report related expenses in FC 7* 1 55 Plant Operation |
| | | 7* 1 65 20 | AS Plant Maintenance - Grounds | |
| | | 7* 1 65 40 | AS Plant Maintenance - Buildings | |
| | | 7* 1 65 60 | AS Plant Maintenance - Building Service Equipment | |
| | | 7* 1 65 80 | AS Plant Maintenance - Major Equipment | |
| MOHLTC | | 7* 1 75 | AS Bio-Medical Engineering/Medical Physics | |
| | | 7* 1 75 20 | AS Bio-Medical Engineering | |
| | | 7* 1 75 20 20 | AS Bio-Medical Equipment Maintenance | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME *** Important: Do Not Report Header (H) accounts *** | COMMENTS |
|--------|-----|----------------|--|---|
| | | 7* 1 75 20 40 | AS Bio-Medical Technology Implementation | |
| | | 7* 1 75 40 | AS Medical Physics | |
| MOHLTC | | 7* 1 79 | AS Interpretation/Translation | |
| MOHLTC | | 7* 1 80 | AS Registration (Admitting) | |
| | | 7* 1 80 20 | AS Registration - Inpatient | |
| | | 7* 1 80 40 | AS Registration - Outpatient | |
| | | 7* 1 80 60 | AS Registration - Emergency | |
| | | 7* 1 80 80 | AS Booking - Centralized | |
| | | 7* 1 80 80 20 | AS Booking - Operating Room | |
| | | 7* 1 80 80 40 | AS Booking - Outpatient | |
| MOHLTC | | 7* 1 82 | AS Admission/Discharge Coordinator | |
| | | 7* 1 82 10 | AS A/D Coordination - Admission | |
| | | 7* 1 82 20 | AS A/D Coordination - Discharge | |
| H | | 7* 1 85 | AS SERVICE RECIPIENT TRANSPORT | |
| MOHLTC | | 7* 1 85 20 | AS SR Transport - Central Patient Portering | |
| MOHLTC | | 7* 1 85 40 | AS SR Transport - Ambulance Services | Fund Type 1 or 3. Report associated revenues in this functional centre. |
| MOHLTC | ON | 7* 1 86 | AS Non Service Recipient Transport | |
| MOHLTC | | 7* 1 90 | AS Health Records | |
| | | 7* 1 90 05 | AS Health Records - Administration | |
| | | 7* 1 90 20 | AS Health Records - Transcription | |
| | | 7* 1 90 20 10 | AS Health Records - Medical Transcription | |
| | | 7* 1 90 20 20 | AS Health Records - Non-Medical Transcription | |
| | | 7* 1 90 40 | AS Health Records - Record Processing | |
| | | 7* 1 90 40 10 | AS Health Records - Clerical Record Processing | |
| | | 7* 1 90 40 20 | AS Health Records - Data Collection | |
| | | 7* 1 90 40 30 | AS Health Records - Release of Patient Information | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME *** Important: Do Not Report Header (H) accounts *** | COMMENTS |
|--------|-----|----------------|--|--|
| | | 7* 1 90 60 | AS Health Records - Health Data & Information Services | |
| MOHLTC | | 7* 1 95 | AS Food Services | For Hospitals, outpatient food expenses must be distributed to Outpatient functional centres using F 45100 |
| | | 7* 1 95 05 | AS Food Services Admin. | |
| | | 7* 1 95 20 | AS Food Services Production | |
| | | 7* 1 95 30 | AS Food Services Tray Assembly & Distribution | |
| | | 7* 1 95 40 | AS Food Services Ware Washing | |

7*2 NURSING INPATIENT SERVICES (IP)

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|-----|----------------|--|--|
| H | | 7* 2 05 | IP NURSING ADMINISTRATION | |
| MOHLTC | | 7* 2 05 10 | IP Nursing Administration | All staff are reported as MOS |
| MOHLTC | | 7* 2 05 20 | IP Clinical Resources (Centralized) | All staff are reported as UPP |
| | | 7* 2 05 20 10 | IP Clinical Res. General | |
| | | 7* 2 05 20 20 | IP Clinical Res. IV Therapy | |
| | | 7* 2 05 20 30 | IP Clinical Res. Telemetry Monitoring | |
| | | 7* 2 05 20 40 | IP Clinical Res. Enterostomy Therapy | |
| | | 7* 2 05 20 92 | IP Clinical Res. Transplant Coord./Organ Procurement | Mandatory if funded transplant activity or if expensed |
| | | 7* 2 05 20 94 | IP Clinical Res. Palliative Care Team | |
| MOHLTC | ON | 7* 2 06 | IP Program Management Administration | All staff are reported as MOS |
| H | | 7* 2 07 | IP MEDICAL RESOURCES | Report in Inpatient functional centres when possible. |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|---------------|-----|-------------------|---|----------|
| MOHLTC | ON | 7* 2 07 10 | IP Medical Resources Psychiatrists | |
| MOHLTC | ON | 7* 2 07 20 | IP Medical Resources All Other Medical Staff | |
| MOHLTC | ON | 7* 2 07 30 | IP Medical Resources Hospitalists | |
| MOHLTC | | 7* 2 10 | IP Medical Inpatient Services | |
| | | 7* 2 10 10 | IP Medical – General | |
| | | 7* 2 10 20 | IP Medical – Endocrinology | |
| | | 7* 2 10 25 | IP Medical – Clinical Investigation | |
| | | 7* 2 10 30 | IP Medical – Communicable Diseases | |
| | | 7* 2 10 35 | IP Medical – Dermatology | |
| | ON | 7* 2 10 44 | IP Medical – Cardiology | |
| | | 7* 2 10 45 | IP Medical – Family Practice | |
| | | 7* 2 10 50 | IP Medical – Gastroenterology | |
| | | 7* 2 10 55 | IP Medical – Metabolic | |
| | ON | 7* 2 10 61 | IP Medical – Neurology | |
| | ON | 7* 2 10 66 | IP Medical – Oncology | |
| | | 7* 2 10 75 | IP Medical – Rheumatology | |
| | | 7* 2 10 80 | IP Medical – Respiriology | |
| | | 7* 2 10 85 | IP Medical – Assessment Unit | |
| | ON | 7* 2 10 86 | IP Medical – Nephrology | |
| | | 7* 2 10 90 | IP Medical – Hematology | |
| | ON | 7* 2 10 94 | IP Medical – Palliative Care | |
| MOHLTC | | 7* 2 20 | IP Surgical Inpatient Services | |
| | | 7* 2 20 10 | IP Surgical – Surgical | |
| | | 7* 2 20 25 | IP Surgical – Dental | |
| | ON | 7* 2 20 28 | IP Surgical – Trauma (Post Surgery) | |
| | | 7* 2 20 30 | IP Surgical – Ear, Nose and Throat | |
| | | 7* 2 20 35 | IP Surgical – Gynecology | |
| | ON | 7* 2 20 42 | IP Surgical – Cardiac | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|-----|-------------------|---|---|
| | | 7* 2 20 45 | IP Surgical – Plastic | |
| | | 7* 2 20 55 | IP Surgical – Oral/Facial | |
| | ON | 7* 2 20 61 | IP Surgical – Neurosurgery | |
| | ON | 7* 2 20 62 | IP Surgical – Ophthalmology | |
| | ON | 7* 2 20 66 | IP Surgical – Oncology | |
| | | 7* 2 20 70 | IP Surgical – Thoracic | |
| | ON | 7* 2 20 72 | IP Surgical – Orthopedic | |
| | | 7* 2 20 75 | IP Surgical – Urology | |
| | | 7* 2 20 80 | IP Surgical – Vascular | |
| | ON | 7* 2 20 92 | IP Surgical – Transplant | |
| MOHLTC | | 7* 2 30 | IP Combined Medical/Surgical | Not to be used for greater than 60 beds unless in multiple small sites. |
| H | | 7* 2 40 | IP INTENSIVE CARE UNIT (ICU) | Use only if advanced technology is used |
| MOHLTC | | 7* 2 40 10 | IP ICU – Medical | |
| MOHLTC | | 7* 2 40 20 | IP ICU – Surgical | |
| MOHLTC | ON | 7* 2 40 28 | IP ICU – Trauma | |
| MOHLTC | | 7* 2 40 30 | IP ICU – Combined Med/Surgical | Used by hospitals with single ICU |
| MOHLTC | ON | 7* 2 40 35 | IP ICU – Burn | |
| MOHLTC | ON | 7* 2 40 42 | IP ICU – Cardiac (Surgical) | |
| MOHLTC | | 7* 2 40 44 | IP ICU – Coronary Care (Med.) | |
| MOHLTC | | 7* 2 40 50 | IP ICU – Neonatal Level III Nursery | Must be reported if receiving Level III funding |
| MOHLTC | ON | 7* 2 40 61 | IP ICU – Neurosurgery | |
| MOHLTC | | 7* 2 40 70 | IP ICU – Pediatric | |
| MOHLTC | | 7* 2 40 80 | IP ICU – Respiriology | |
| MOHLTC | ON | 7* 2 40 92 | IP ICU – Transplant | |
| H | | 7* 2 42 | IP CARDIAC MONITORED CARE | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----|-------------------|---|--|
| MOHLTC | ON | 7* 2 42 10 | IP Cardiac Monitored Care - Medical | |
| MOHLTC | ON | 7* 2 42 20 | IP Cardiac Monitored Care - Surgical | |
| MOHLTC | ON | 7* 2 42 30 | IP Cardiac Monitored Care - Combined | |
| MOHLTC | ON | 7* 2 42 42 | IP Cardiac Monitored Care - Cardiac | |
| MOHLTC | ON | 7* 2 42 44 | IP Cardiac Monitored Care - Coronary | |
| H | | 7* 2 43 | IP MONITORED/STEP DOWN CARE | |
| MOHLTC | ON | 7* 2 43 10 | IP Monitored/Step Down Care - Medical | |
| MOHLTC | ON | 7* 2 43 20 | IP Monitored/Step Down Care - Surgical | |
| MOHLTC | ON | 7* 2 43 30 | IP Monitored/Step Down Care - Combined | |
| H | | 7* 2 50 | IP OBSTETRICS | For comparative purposes detailed functional centres will be rolled to FC 7* 2 50 90 excluding Level 2 Nursery |
| | | 7* 2 50 20 | IP Obstetrics - Suite (L & D) | |
| | | 7* 2 50 20 20 | IP Obstetrics - Labour and Delivery Rooms | |
| | | 7* 2 50 20 40 | IP Obstetrics - Recovery Room | |
| | | 7* 2 50 20 60 | IP Obstetrics - Caesarean Section Room | |
| | ON | 7* 2 50 30 | IP Obstetrics - Birthing Centre | Includes pre/post hospitalization care |
| | | 7* 2 50 40 | IP Obstetrics - Ante/Postpartum | |
| | | 7* 2 50 40 20 | IP Obstetrics - General Ante/Postpartum | |
| | | 7* 2 50 40 40 | IP Obstetrics - High Risk Ante partum | |
| | | 7* 2 50 60 | IP Obstetrics - Combined Care | |
| | | 7* 2 50 60 10 | IP Obstetrics - General Combined Care | |
| | | 7* 2 50 60 20 | IP Obstetrics - High Risk Combined Care | |
| | | 7* 2 50 80 | IP Obstetrics - Nursery | |
| | | 7* 2 50 80 20 | IP Obstetrics - General Nursery | |
| MOHLTC | | 7* 2 50 80 40 | IP Obstetrics - Intermediate Nursery (Level 2) | Mandatory reporting if approved Level II funding received |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----|-------------------|---|---|
| MOHLTC | | 7* 2 50 90 | IP Obstetrics Labour, Delivery, Recovery, Postpartum (LDRP) | |
| MOHLTC | | 7* 2 60 | IP Operating Room (OR) | |
| | | 7* 2 60 20 | IP OR General Surgical | |
| | | 7* 2 60 25 | IP OR Dental | |
| | ON | 7* 2 60 28 | IP OR Trauma | |
| | | 7* 2 60 30 | IP OR Cystology | |
| | ON | 7* 2 60 42 | IP OR Cardiac | |
| | | 7* 2 60 45 | IP OR Plastic Surgery | |
| | ON | 7* 2 60 61 | IP OR Neurosurgery | |
| | ON | 7* 2 60 62 | IP OR Ophthalmology | |
| | ON | 7* 2 60 72 | IP OR Orthopedic | |
| | ON | 7* 2 60 92 | IP OR Transplant | |
| MOHLTC | ON | 7* 2 62 | IP OR/PARR Combined | Small hospitals may combine OR and PARR |
| MOHLTC | | 7* 2 65 | IP Post-Anesthetic Recovery Rooms (PARR) | |
| | | 7* 2 65 20 | IP PARR General | |
| | ON | 7* 2 65 42 | IP PARR Cardiac | |
| | ON | 7* 2 65 61 | IP PARR Neurosurgery | |
| MOHLTC | | 7* 2 70 | IP Pediatric | |
| | | 7* 2 70 10 | IP Pediatric – Medical | Use FC 7* 2 76 50 for Mental Health |
| | | 7* 2 70 20 | IP Pediatric – Surgical | |
| H | | 7* 2 76 | IP MENTAL HEALTH AND ADDICTIONS | |
| MOHLTC | ON | 7* 2 76 25 | IP Mental Health – Acute | |
| H | | 7* 2 76 45 | IP ADDICTIONS | |
| MOHLTC | ON | 7* 2 76 45 15 | IP Short Term Residential | |
| MOHLTC | ON | 7* 2 76 45 25 | IP Detoxification | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----|-------------------|---|----------|
| MOHLTC | ON | 7* 2 76 45 30 | IP Combined | |
| MOHLTC | ON | 7* 2 76 45 99 | IP Other Addictions | |
| MOHLTC | ON | 7* 2 76 50 | IP Mental Health – Child/Adolescent | |
| H | | 7* 2 76 55 | IP MENTAL HEALTH – FORENSIC | |
| MOHLTC | ON | 7* 2 76 55 20 | IP Mental Health – Forensic Provincial | |
| MOHLTC | ON | 7* 2 76 55 40 | IP Mental Health – Forensic Regional Secure | |
| MOHLTC | ON | 7* 2 76 55 60 | IP Mental Health – Forensic General Protected | |
| MOHLTC | ON | 7* 2 76 90 | IP Mental Health – Psychiatric Crisis Unit | |
| H | | 7* 2 76 95 | IP MENTAL HEALTH – LONGER TERM | |
| MOHLTC | ON | 7* 2 76 95 20 | IP Mental Health – LT Dual Diagnosis | |
| MOHLTC | ON | 7* 2 76 95 30 | IP Mental Health – LT Combined | |
| MOHLTC | ON | 7* 2 76 95 81 | IP Mental Health – LT Rehabilitation | |
| MOHLTC | ON | 7* 2 76 95 96 | IP Mental Health – LT Geriatrics | |
| MOHLTC | ON | 7* 2 76 95 99 | IP Mental Health – LT Other Longer Term | |
| H | | 7* 2 81 | IP REHABILITATION | |
| MOHLTC | ON | 7* 2 81 10 | IP Medical Rehabilitation | |
| | ON | 7* 2 81 10 11 | IP Rehabilitation – Respiratory | |
| | ON | 7* 2 81 10 12 | IP Rehabilitation – Rheumatology | |
| | ON | 7* 2 81 10 13 | IP Rehabilitation – Back Pain | |
| | ON | 7* 2 81 10 14 | IP Rehabilitation – Stroke | |
| | ON | 7* 2 81 10 61 | IP Rehabilitation – Neurology | |
| | ON | 7* 2 81 10 72 | IP Rehabilitation – Musculoskeletal | |
| | ON | 7* 2 81 10 95 | IP Rehabilitation – Chronic Pain | |
| | ON | 7* 2 81 10 96 | IP Rehabilitation – Geriatric | |
| H | | 7* 2 81 20 | IP SURGICAL REHABILITATION | |
| MOHLTC | ON | 7* 2 81 20 28 | IP Rehabilitation – Trauma | |
| MOHLTC | ON | 7* 2 81 20 35 | IP Rehabilitation – Burns | |
| MOHLTC | ON | 7* 2 81 20 42 | IP Rehabilitation – Cardiac | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----|-------------------|---|---|
| MOHLTC | ON | 7* 2 81 20 61 | IP Rehabilitation – Head Injury/Acquired Brain Injury (ABI) | |
| MOHLTC | ON | 7* 2 81 20 63 | IP Rehabilitation – Spinal Cord | |
| MOHLTC | ON | 7* 2 81 20 72 | IP Rehabilitation – Orthopedic (including Hips/Knees) | |
| MOHLTC | ON | 7* 2 81 20 73 | IP Rehabilitation – Amputee | |
| MOHLTC | ON | 7* 2 81 30 | IP Rehabilitation – Combined | |
| MOHLTC | ON | 7* 2 81 66 | IP Rehabilitation – Oncology | |
| H | | 7* 2 95 | IP LONG TERM CARE | |
| MOHLTC | | 7* 2 95 20 | IP LTC - Complex Continuing Care | Complex Continuing Care facilities are encouraged to report lower level |
| | ON | 7* 2 95 20 05 | IP LTC - Complex Continuing Care - Short-term Assessment | |
| | ON | 7* 2 95 20 10 | IP LTC - Complex Continuing Care - Complex Care - Adults | |
| | ON | 7* 2 95 20 20 | IP LTC - Complex Continuing Care - Transitional Care | |
| | ON | 7* 2 95 20 30 | IP LTC - Complex Continuing Care - Combined Care | |
| | ON | 7* 2 95 20 35 | IP LTC - Complex Continuing Care - Ventilator Dependent | |
| | ON | 7* 2 95 20 76 | IP LTC - Complex Continuing Care - Behavioural Health | |
| | ON | 7* 2 95 20 81 | IP LTC - Complex Continuing Care - Reactivation/Restorative | |
| | ON | 7* 2 95 20 94 | IP LTC - Complex Continuing Care - Palliative/Hospice | |
| | ON | 7* 2 95 20 96 | IP LTC - Complex Continuing Care - Complex Care-Geriatric | |
| MOHLTC | | 7* 2 95 25 | IP LTC - Complex Continuing Care -Secure Unit | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|-----|----------------|--|--|
| MOHLTC | | 7* 2 95 60 | IP LTC - Intermediate Care (ELDCAP) and Interim LTC | Interim LTC is reported as Fund Type 2. |
| MOHLTC | | 7* 2 95 80 | IP LTC - Supervisory/Limited Personal Care | Hospitals with LTC beds included in legal corporation must report using 7* 5 92 LTCH Residential functional centres. |
| MOHLTC | | 7* 2 97 | IP LTC - All Inclusive Complex Continuing Care (CCC) | Contracted-Out by third party service provider |

7*3 AMBULATORY CARE SERVICES (AC)

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|-----|----------------|--|---|
| MOHLTC | | 7* 3 05 | AC Ambulatory Care Administration | All staff are reported as MOS |
| | ON | 7* 3 05 10 | AC Ambulatory Care – General | |
| | ON | 7* 3 05 20 | AC Ambulatory Care – Ontario Telemedicine Network (OTN) | Do not use for service recipient activities |
| MOHLTC | | 7* 3 06 | AC Program Management Administration | All staff are reported as MOS |
| H | | 7* 3 07 | AC MEDICAL RESOURCES | Use if expenses cannot be assigned to direct Ambulatory Care FC |
| MOHLTC | ON | 7* 3 07 10 | AC Medical Resources - Psychiatrists | |
| MOHLTC | ON | 7* 3 07 20 | AC Medical Resources - Other Medical Staff | |
| MOHLTC | ON | 7* 3 07 30 | AC Medical Resources - Hospital On-Call Coverage | |
| MOHLTC | ON | 7* 3 07 35 | AC Medical Resources UAP - Visiting Specialist Clinics | |
| H | | 7* 3 10 | AC EMERGENCY (ER) | NACRS mandatory functional centre |
| MOHLTC | | 7* 3 10 20 | AC Emergency – General | |
| MOHLTC | | 7* 3 10 22 | AC Emergency – Alternate Funding | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|---------------|-----------|-------------------|--|--|
| MOHLTC | ON | 7* 3 10 25 | AC Emergency – Hospital Urgent Care Centre | |
| MOHLTC | | 7* 3 10 28 | AC Emergency – Trauma | |
| MOHLTC | | 7* 3 10 40 | AC Emergency – Interim Assessment/Clinical Decision Unit | Observation Unit |
| MOHLTC | | 7* 3 10 76 | AC Emergency – Mental Health Services | |
| MOHLTC | | 7* 3 20 | AC Poison Information Centre | |
| H | | 7* 3 30 | AC TELE-HEALTH | Not to be used for videoconferencing services |
| MOHLTC | ON | 7* 3 30 20 | AC Tele-health – Provincial - Telephone Advice | |
| MOHLTC | ON | 7* 3 30 30 | AC Tele-Health/ Virtual Health - Hospital Emergency Advice Centre | Revised Account Name and Definition as of April 1, 2021 |
| H | | 7* 3 40 | AC SPECIALTY DAY/NIGHT CARE | |
| MOHLTC | | 7* 3 40 05 | AC Day/Night Care – General | Do not use for L&D patients |
| MOHLTC | | 7* 3 40 10 | AC Day/Night Care – Medical | Do not use for L&D patients |
| | ON | 7* 3 40 10 10 | AC Day/Night Care – Medical General | |
| | ON | 7* 3 40 10 20 | AC Day/Night Care – Medical AIDS | |
| MOHLTC | | 7* 3 40 15 | AC Day/Night Care – Diabetes | |
| MOHLTC | ON | 7* 3 40 42 | AC Day/Night Care – Cardiac | Must report if funded by Priority Program |
| | ON | 7* 3 40 42 10 | AC Day/Night Care – Cardiac General | |
| | ON | 7* 3 40 42 20 | AC Day/Night Care – Cardiac Hemodynamic | |
| MOHLTC | | 7* 3 40 55 | AC Day/Night Care – Endoscopy | NACRS mandatory functional centre |
| MOHLTC | | 7* 3 40 65 | AC Day/Night Care – Metabolic | |
| MOHLTC | ON | 7* 3 40 66 | AC Day/Night Care – Oncology | NACRS mandatory functional centre |
| | | 7* 3 40 66 10 | AC Day/Night Care - Oncology – Chemotherapy | Only required if separate functional centre |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|---------------|-----------|-------------------|---|---|
| | | 7* 3 40 66 20 | AC Day/Night Care - Oncology – Other Supportive Therapy | Only required if separate functional centre |
| H | | 7* 3 40 76 | AC DAY/NIGHT CARE – MENTAL HEALTH/ADDICTIONS | Must report if MH funded |
| MOHLTC | ON | 7* 3 40 76 25 | AC Day/Night Care - MH Acute | |
| MOHLTC | ON | 7* 3 40 76 45 | AC Day/Night Care - Addiction | |
| MOHLTC | ON | 7* 3 40 76 50 | AC Day/Night Care - MH Child / Adolescent | |
| MOHLTC | ON | 7* 3 40 76 55 | AC Day/Night Care - MH Forensic Psychiatric | |
| MOHLTC | ON | 7* 3 40 76 95 | AC Day/Night Care - MH Longer Term Care | |
| H | | 7* 3 40 86 | AC RENAL DIALYSIS | NACRS mandatory functional centre |
| MOHLTC | ON | 7* 3 40 86 10 | AC Day/Night Care - Hemodialysis | |
| MOHLTC | ON | 7* 3 40 86 20 | AC Day/Night Care –In Facility Teaching Home Dialysis- Combined | |
| MOHLTC | ON | 7* 3 40 86 30 | AC Day/Night Care –In Facility Teaching Home Hemodialysis | |
| MOHLTC | ON | 7* 3 40 86 40 | AC Day/Night Care –In Facility Teaching Home Peritoneal Dialysis | |
| MOHLTC | ON | 7* 3 40 86 50 | AC Day/Night Care - Peritoneal Dialysis | |
| MOHLTC | ON | 7* 3 40 86 60 | AC Day/Night Care - Self-Care Hemodialysis | |
| MOHLTC | ON | 7* 3 40 94 | AC Day/Night Care – Palliative | |
| MOHLTC | ON | 7* 3 40 96 | AC Day/Night Care - Geriatric | |
| | ON | 7* 3 40 96 20 | AC Day/Night Care - Geriatric - General | |
| | ON | 7* 3 40 96 40 | AC Day/Night Care - Geriatric Assessment and Evaluation | |
| | ON | 7* 3 40 96 80 | AC Day/Night Care - Geriatric Social Support | |
| | ON | 7* 3 40 96 81 | AC Day/Night Care - Geriatric Rehabilitation/Activation | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|-----|-------------------|---|---|
| H | | 7* 3 50 | AC AMBULATORY CARE CLINICS | Report small volumes in the Combined FC |
| MOHLTC | | 7* 3 50 05 | AC Clinic – Administration | All staff are reported as MOS |
| MOHLTC | | 7* 3 50 10 | AC Clinic – Medical | |
| | | 7* 3 50 10 10 | AC Clinic Medical – General | |
| | | 7* 3 50 10 15 | AC Clinic Medical – Sexually Transmitted Diseases | |
| | ON | 7* 3 50 10 18 | AC Clinic Medical – Autologous Blood | |
| | ON | 7* 3 50 10 19 | AC Clinic Medical – (Aids)/HIV | Mandatory reporting if service is provided |
| | | 7* 3 50 10 20 | AC Clinic Medical – Allergy | |
| | | 7* 3 50 10 25 | AC Clinic Medical – Anticoagulant | |
| | | 7* 3 50 10 30 | AC Clinic Medical – Chiropody | Mandatory reporting if service is provided |
| | | 7* 3 50 10 35 | AC Clinic Medical – Communicable Diseases | |
| | | 7* 3 50 10 40 | AC Clinic Medical – Dermatology Clinic Medical | |
| | | 7* 3 50 10 45 | AC Clinic Medical – Enterostomal Therapy | |
| | | 7* 3 50 10 50 | AC Clinic Medical – Gastroenterology | |
| | | 7* 3 50 10 55 | AC Clinic Medical – Hematology | |
| | ON | 7* 3 50 10 56 | AC Clinic Medical – Hemophiliac | Required reporting if funded |
| | | 7* 3 50 10 60 | AC Clinic Medical – Hypertension | |
| | | 7* 3 50 10 65 | AC Clinic Medical – Immunology | |
| | | 7* 3 50 10 70 | AC Clinic Medical – Pre-Admission | |
| | | 7* 3 50 10 75 | AC Clinic Medical – Pain Management | |
| | | 7* 3 50 10 80 | AC Clinic Medical – Podiatry | Mandatory reporting if service is provided |
| | | 7* 3 50 10 85 | AC Clinic Medical – Respiriology | Includes Asthma Clinic |
| | ON | 7* 3 50 10 86 | AC Clinic Medical – Nephrology | Mandatory reporting if service is provided |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|---------------|-----|-------------------|---|--|
| | | 7* 3 50 10 87 | AC Clinic Medical – Cystic Fibrosis | |
| | ON | 7* 3 50 10 88 | AC Clinic Medical – Sexual Assault and Domestic Violence | Mandatory reporting if service is provided |
| | | 7* 3 50 10 90 | AC Clinic Medical – Travel and Inoculation | |
| MOHLTC | | 7* 3 50 15 | AC Clinic Surgical | |
| | | 7* 3 50 15 10 | AC Clinic Surgical – General | |
| | | 7* 3 50 15 20 | AC Clinic Surgical – Dental | Mandatory reporting if service is provided |
| | | 7* 3 50 15 25 | AC Clinic Surgical – Ear, Nose and Throat | |
| | | 7* 3 50 15 30 | AC Clinic Surgical – Minor | |
| | | 7* 3 50 15 35 | AC Clinic Surgical – Oral/Facial | |
| | | 7* 3 50 15 40 | AC Clinic Surgical – Orthodontic | Mandatory reporting if service is provided |
| | | 7* 3 50 15 45 | AC Clinic Surgical – Pre-Admission | |
| | | 7* 3 50 15 50 | AC Clinic Surgical – Thoracic | |
| | | 7* 3 50 15 60 | AC Clinic Surgical – Urology | |
| | | 7* 3 50 15 87 | AC Clinic Surgical – Bone Marrow | |
| | ON | 7* 3 50 15 92 | AC Clinic Surgical – Transplant | Mandatory reporting if service is provided |
| H | | 7* 3 50 17 | AC CLINIC COMBINED | Specific clinic profile activity accounts S 5 ** ** is required |
| MOHLTC | ON | 7* 3 50 17 10 | AC Clinic Combined – General Med/Surg. | |
| MOHLTC | ON | 7* 3 50 17 20 | AC Clinic Combined – Obs./Gynecological | |
| MOHLTC | ON | 7* 3 50 17 30 | AC Clinic Combined – Maternal Child Health | Report one visit for both mother and baby |
| MOHLTC | | 7* 3 50 25 | AC Clinic Family Practice | |
| MOHLTC | | 7* 3 50 35 | AC Clinic – Gynecology | |
| | | 7* 3 50 35 10 | AC Clinic Gynecology - General Gynecology | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|---------------|-----------|-------------------|---|----------------------------|
| | | 7* 3 50 35 30 | AC Clinic Gynecology - Colposcopy | |
| | | 7* 3 50 35 40 | AC Clinic Gynecology - Family Planning | |
| | | 7* 3 50 35 50 | AC Clinic Gynecology - Infertility | |
| | | 7* 3 50 35 60 | AC Clinic Gynecology - Therapeutic Abortion | |
| | | 7* 3 50 35 70 | AC Clinic Gynecology - Well Women | |
| H | | 7* 3 50 40 | AC CLINIC METABOLIC | |
| MOHLTC | | 7* 3 50 40 10 | AC Clinic Metabolic - General | |
| MOHLTC | ON | 7* 3 50 40 20 | AC Clinic Metabolic - Diabetes – Combined | |
| MOHLTC | ON | 7* 3 50 40 22 | AC Clinic Metabolic - Diabetes – Pediatric | |
| MOHLTC | ON | 7* 3 50 40 24 | AC Clinic Metabolic - Diabetes – Adult | |
| MOHLTC | ON | 7* 3 50 42 | AC Clinic Cardiac | |
| | ON | 7* 3 50 42 10 | AC Clinic Cardiac – General Cardiology | |
| | ON | 7* 3 50 42 20 | AC Clinic Cardiac – Cardiovascular Surgery | |
| | ON | 7* 3 50 42 30 | AC Clinic Cardiac – Congenital | |
| | ON | 7* 3 50 42 40 | AC Clinic Cardiac – Pacemaker | |
| | ON | 7* 3 50 42 60 | AC Clinic Cardiac – Rehabilitation | |
| | ON | 7* 3 50 42 70 | AC Clinic Cardiac – Valve | |
| MOHLTC | | 7* 3 50 43 | AC Clinic Endocrinology | |
| MOHLTC | | 7* 3 50 50 | AC Clinic Obstetrics | Do not use for L&D clients |
| | | 7* 3 50 50 20 | AC Clinic Obstetrics - General Ante partum | |
| | | 7* 3 50 50 60 | AC Clinic Obstetrics - High Risk Ante/Postpartum | |
| | | 7* 3 50 50 80 | AC Clinic Obstetrics - Postpartum | |
| MOHLTC | ON | 7* 3 50 61 | AC Clinic Neurology | |
| | ON | 7* 3 50 61 10 | AC Clinic Neurology - General Neurology | |
| | ON | 7* 3 50 61 20 | AC Clinic Neurology - General Neurosurgery | |
| | ON | 7* 3 50 61 30 | AC Clinic Neurology - Convulsive Disorders | |
| | ON | 7* 3 50 61 40 | AC Clinic Neurology - Migraine | |
| | ON | 7* 3 50 61 50 | AC Clinic Neurology - Neuromuscular Disorders | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|---------------|-----------|-------------------|---|-----------------------------------|
| | ON | 7* 3 50 61 60 | AC Clinic Neurology - Vertigo | |
| | ON | 7* 3 50 61 80 | AC Clinic Neurology - Multiple Sclerosis | |
| MOHLTC | ON | 7* 3 50 62 | AC Clinic Ophthalmology - Ophthalmology | |
| | ON | 7* 3 50 62 10 | AC Clinic Ophthalmology - General Ophthalmology | |
| | ON | 7* 3 50 62 20 | AC Clinic Ophthalmology - Contact Lens | |
| | ON | 7* 3 50 62 30 | AC Clinic Ophthalmology - Cryosurgery | |
| | ON | 7* 3 50 62 35 | AC Clinic Ophthalmology - Visudyne | |
| | ON | 7* 3 50 62 40 | AC Clinic Ophthalmology - Flourescein | |
| | ON | 7* 3 50 62 50 | AC Clinic Ophthalmology - Glaucoma | |
| | ON | 7* 3 50 62 60 | AC Clinic Ophthalmology - Laser | |
| | ON | 7* 3 50 62 70 | AC Clinic Ophthalmology - Orthoptic | |
| | ON | 7* 3 50 62 80 | AC Clinic Ophthalmology - Tonography | |
| | ON | 7* 3 50 62 90 | AC Clinic Ophthalmology - Ultrasound | |
| H | | 7* 3 50 66 | AC CLINIC ONCOLOGY | |
| MOHLTC | ON | 7* 3 50 66 05 | AC Clinic Onc. – Systemic - Pre and Post | Report treatment in FC 7* 3 40 66 |
| MOHLTC | ON | 7* 3 50 66 15 | AC Clinic Onc. – Radiation - Pre and Post | Report treatment in FC 7* 4 66 |
| MOHLTC | ON | 7* 3 50 66 20 | AC Clinic Onc. – Surgical - Pre and Post | |
| MOHLTC | ON | 7* 3 50 66 30 | AC Clinic Onc. – Combined | |
| MOHLTC | | 7* 3 50 70 | AC Clinic Pediatric | |
| | | 7* 3 50 70 10 | AC Clinic Pediatric - General | |
| | | 7* 3 50 70 20 | AC Clinic Pediatric - Well Baby | |
| | | 7* 3 50 70 30 | AC Clinic Pediatric - Child Protection | |
| | | 7* 3 50 70 35 | AC Clinic Pediatric - Spina Bifida | |
| | | 7* 3 50 70 50 | AC Clinic Pediatric - Growth and Development | |
| | | 7* 3 50 70 55 | AC Clinic Pediatric - Scoliosis | |
| | | 7* 3 50 70 65 | AC Clinic Pediatric - Neonatology | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|---------------|-----|-------------------|---|----------------------------------|
| | | 7* 3 50 70 75 | AC Clinic Pediatric - Pediatric Connective Tissues | |
| | | 7* 3 50 70 85 | AC Clinic Pediatric - Juvenile Convulsive Disorders | |
| H | | 7* 3 50 72 | AC CLINIC ORTHOPEDIC | |
| MOHLTC | ON | 7* 3 50 72 10 | AC Clinic Orthopedic - General | |
| MOHLTC | ON | 7* 3 50 72 20 | AC Clinic Orthopedic - Fracture | Mandatory if service is provided |
| MOHLTC | ON | 7* 3 50 72 30 | AC Clinic Orthopedic - Orthotics | Mandatory if service is provided |
| MOHLTC | ON | 7* 3 50 72 40 | AC Clinic Orthopedic - Plaster Room | |
| MOHLTC | ON | 7* 3 50 72 50 | AC Clinic Orthopedic - Sports Medicine | |
| MOHLTC | | 7* 3 50 75 | AC Clinic Plastic | |
| | | 7* 3 50 75 10 | AC Clinic Plastic – General | |
| | | 7* 3 50 75 20 | AC Clinic Plastic – Burn | Mandatory if service is provided |
| | | 7* 3 50 75 30 | AC Clinic Plastic – Cosmetic | |
| | | 7* 3 50 75 40 | AC Clinic Plastic – Hand | |
| | | 7* 3 50 75 50 | AC Clinic Plastic – Reconstructive | |
| H | | 7* 3 50 76 | AC CLINIC MENTAL HEALTH - MENTAL HEALTH AND ADDICTIONS | |
| MOHLTC | ON | 7* 3 50 76 10 | AC Clinic Mental Health – Assessment Psychiatry | |
| MOHLTC | ON | 7* 3 50 76 25 | AC Clinic Mental Health – Acute Psychiatry | |
| MOHLTC | ON | 7* 3 50 76 45 | AC Clinic Mental Health – Addiction | |
| MOHLTC | ON | 7* 3 50 76 50 | AC Clinic Mental Health – Child Adolescent | |
| MOHLTC | ON | 7* 3 50 76 55 | AC Clinic Mental Health – Forensic | |
| MOHLTC | ON | 7* 3 50 76 60 | AC Clinic Mental Health – Spousal Battering | |
| MOHLTC | ON | 7* 3 50 76 65 | AC Clinic Mental Health – Stress Management | |
| MOHLTC | ON | 7* 3 50 76 70 | AC Clinic Mental Health – Eating Disorders | |
| MOHLTC | ON | 7* 3 50 76 90 | AC Clinic Mental Health – Psychiatric Crisis Spec. | |
| MOHLTC | ON | 7* 3 50 76 95 | AC Clinic Mental Health – Longer Term Mental Health | |
| H | | 7* 3 50 81 | AC CLINIC REHABILITATION | |
| MOHLTC | ON | 7* 3 50 81 10 | AC Clinic Rehabilitation – Medical | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|---------------|-----------|-------------------|---|-------------------------------------|
| MOHLTC | ON | 7* 3 50 81 28 | AC Clinic Rehabilitation – Trauma | |
| MOHLTC | ON | 7* 3 50 81 30 | AC Clinic Rehabilitation – Combined | |
| MOHLTC | ON | 7* 3 50 81 35 | AC Clinic Rehabilitation – Burn | |
| MOHLTC | ON | 7* 3 50 81 42 | AC Clinic Rehabilitation – Cardiac | |
| MOHLTC | ON | 7* 3 50 81 61 | AC Clinic Rehabilitation – Head Injury / ABI | |
| MOHLTC | ON | 7* 3 50 81 63 | AC Clinic Rehabilitation – Spinal Cord | |
| MOHLTC | ON | 7* 3 50 81 66 | AC Clinic Rehabilitation – Oncology | |
| MOHLTC | ON | 7* 3 50 81 72 | AC Clinic Rehabilitation – Orthopedic | |
| MOHLTC | ON | 7* 3 50 81 73 | AC Clinic Rehabilitation – Amputee | |
| MOHLTC | ON | 7* 3 50 81 75 | AC Clinic Rehabilitation – Urodynamic | |
| MOHLTC | | 7* 3 50 95 | AC Clinic Rheumatology | |
| | | 7* 3 50 95 20 | AC Clinic Rheumatology – General | |
| | | 7* 3 50 95 40 | AC Clinic Rheumatology – Gold Treatment | |
| | | 7* 3 50 95 60 | AC Clinic Rheumatology – Lupus | |
| | | 7* 3 50 95 80 | AC Clinic Rheumatology – Scleroderma | |
| MOHLTC | ON | 7* 3 50 96 | AC Clinic Geriatric | |
| | ON | 7* 3 50 96 10 | AC Clinic Geriatric - General | |
| | ON | 7* 3 50 96 20 | AC Clinic Geriatric - Assessment | |
| MOHLTC | | 7* 3 55 | AC Private Clinics | MD holds Health Record NOT Hospital |
| MOHLTC | | 7* 3 60 | AC Day Surgery Operating Room | |
| MOHLTC | | 7* 3 62 | AC Day Surgery Combined OR & PARR | |
| MOHLTC | | 7* 3 65 | AC Day Surgery Post-Anesthetic Recovery Room | |
| MOHLTC | | 7* 3 67 | AC Day Surgery Pre- and Post-Operative Care | |
| MOHLTC | | 7* 3 69 | AC Day Surgery Combined OR, PARR & Pre and Post Care | |

7*4 DIAGNOSTIC AND THERAPEUTIC SERVICES

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|-----|----------------|---|---|
| MOHLTC | | 7* 4 06 | D&T Program Management Administration | All staff are reported as MOS |
| H | | 7* 4 10 | LAB CLINICAL LABORATORY | Small hospitals can use FC 7* 4 10 99 to report all Lab activities. |
| MOHLTC | | 7* 4 10 10 | LAB Administration | All staff are reported as MOS |
| MOHLTC | | 7* 4 10 21 | LAB Pre/Post Analysis | |
| | | 7* 4 10 21 10 | LAB Specimen Procurement | |
| | | 7* 4 10 21 20 | LAB Specimen Receipt & Dispatch | |
| MOHLTC | | 7* 4 10 25 | LAB Clinical Chemistry | |
| | | 7* 4 10 25 10 | LAB Routine Chemistry | |
| | | 7* 4 10 25 20 | LAB Urinalysis | |
| | | 7* 4 10 25 30 | LAB Therapeutic Drug Monitoring/Toxicology | |
| | | 7* 4 10 25 40 | LAB Radio Immunoassay/Enzyme Immunoassay | |
| | | 7* 4 10 25 50 | LAB Specialty Chemistry | |
| | | 7* 4 10 25 60 | LAB Prenatal Genetics Screening | Mandatory reporting if service is provided |
| | | 7* 4 10 25 70 | LAB Biochemical Genetics | Mandatory reporting if service is provided |
| | | 7* 4 10 25 80 | LAB Blood Gas | |
| | | 7* 4 10 25 90 | LAB Point of Care Testing | |
| MOHLTC | | 7* 4 10 30 | LAB Clinical Hematology | |
| | | 7* 4 10 30 20 | LAB Routine Hematology | |
| | | 7* 4 10 30 40 | LAB Coagulation | |
| | | 7* 4 10 30 60 | LAB Special Hematology | |
| MOHLTC | | 7* 4 10 35 | LAB Transfusion Medicine | |
| | | 7* 4 10 35 10 | LAB Routine Transfusion Services | |
| | | 7* 4 10 35 20 | LAB Special Transfusion Services | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----|-------------------|---|---|
| | | 7* 4 10 35 30 | LAB Cryopreservation | |
| MOHLTC | | 7* 4 10 41 | LAB Anatomical Pathology | |
| | | 7* 4 10 41 20 | LAB Surgical Pathology | |
| | | 7* 4 10 41 40 | LAB Autopsy Pathology | |
| MOHLTC | | 7* 4 10 42 | LAB Cytopathology | |
| MOHLTC | | 7* 4 10 43 | LAB Electron Microscopy | |
| MOHLTC | | 7* 4 10 45 | LAB Clinical Microbiology | |
| | | 7* 4 10 45 10 | LAB Bacteriology | |
| | | 7* 4 10 45 20 | LAB Serology | |
| | | 7* 4 10 45 30 | LAB Mycology | |
| | | 7* 4 10 45 40 | LAB Parasitology | |
| | | 7* 4 10 45 50 | LAB Virology | |
| | | 7* 4 10 45 55 | LAB Environmental Testing | |
| MOHLTC | | 7* 4 10 50 | LAB Immunology | |
| MOHLTC | | 7* 4 10 60 | LAB Histocompatibility & Immunogenetics | |
| MOHLTC | | 7* 4 10 85 | LAB Diagnostic Genetics | |
| | | 7* 4 10 85 10 | LAB Cytogenetics | |
| | | 7* 4 10 85 20 | LAB Molecular Genetics | |
| MOHLTC | ON | 7* 4 10 99 | LAB Combined/Multi Functions (Core Lab) | Small hospitals may use to report all activity |
| H | | 7* 4 15 | MI MEDICAL IMAGING | Small hospitals may use FC 71 4 15 99 |
| MOHLTC | | 7* 4 15 10 | MI Administration | All staff are reported as MOS |
| MOHLTC | ON | 7* 4 15 12 | MI Administration-PACS | PACS - Picture Archiving and Communication System. All staff are reported as MOS. |
| MOHLTC | | 7* 4 15 18 | MI Radiography | |
| MOHLTC | | 7* 4 15 20 | MI Mammography | |
| | | 7* 4 15 20 10 | MI Screening Mammography | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|-----|-------------------|---|---|
| | | 7* 4 15 20 20 | MI Diagnostic Mammography | |
| MOHLTC | | 7* 4 15 24 | MI Interventional Radiology | |
| | | 7* 4 15 24 10 | MI Vascular Interventional Radiology | |
| | | 7* 4 15 24 20 | MI Non-Vascular Interventional Radiology | |
| MOHLTC | | 7* 4 15 25 | MI Computed Tomography | Mandatory reporting if service is provided |
| MOHLTC | | 7* 4 15 30 | MI Ultrasound | |
| | | 7* 4 15 30 20 | MI Abdominal Ultrasound | |
| | | 7* 4 15 30 30 | MI Echocardiography Ultrasound | |
| | | 7* 4 15 30 40 | MI Pelvic Ultrasound | |
| | | 7* 4 15 30 60 | MI Ophthalmological Ultrasound | |
| | | 7* 4 15 30 80 | MI Neurological Ultrasound | |
| | | 7* 4 15 30 90 | MI Vascular Ultrasound | |
| | ON | 7* 4 15 30 99 | MI Combined Ultrasound Functions | |
| MOHLTC | | 7* 4 15 35 | MI Nuclear Medicine | |
| | | 7* 4 15 35 10 | MI General Nuclear Medicine | |
| | | 7* 4 15 35 20 | MI Nuclear Med. Single Photon Emission Computed Tomography/Computed Tomography (SPECT/CT) | |
| | | 7* 4 15 35 30 | MI Nuclear Med. Medical Isotope Manufacturing | |
| MOHLTC | ON | 7* 4 15 44 | MI Cardiac Catheterization Lab | Mandatory reporting if service is provided NACRS mandatory functional centre |
| | ON | 7* 4 15 44 10 | MI Cardiac Catheterization Interventional | |
| | ON | 7* 4 15 44 20 | MI Cardiac Catheterization Diagnostic Services | |
| MOHLTC | | 7* 4 15 60 | MI Positron Emission Tomography/Computed Tomography (PET/CT) | |
| | | 7* 4 15 60 10 | MI General Positron Emission Tomography/Computed Tomography (PET/CT) | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|-----|----------------|--|---|
| | | 7* 4 15 60 30 | MI PET/CT Medical Isotope Manufacturing | |
| MOHLTC | | 7* 4 15 70 | MI Magnetic Resonance Imaging | Mandatory reporting if service is provided |
| MOHLTC | ON | 7* 4 15 99 | MI Combined Functions | Small hospitals may use to report all activity |
| H | | 7* 4 25 | ED ELECTRODIAGNOSTIC LABORATORIES | |
| MOHLTC | | 7* 4 25 10 | ED EEG (Electroencephalography) | |
| MOHLTC | | 7* 4 25 20 | ED EMG (Electromyography) | |
| MOHLTC | | 7* 4 25 30 | ED Evoked Potentials | |
| MOHLTC | | 7* 4 25 40 | ED Polysomnography (formerly Sleep Studies) | |
| MOHLTC | | 7* 4 25 50 | ED Intensive Monitoring | |
| MOHLTC | | 7* 4 25 60 | ED ENG/EOG (Electroneurogram/Electrooculography) | |
| MOHLTC | ON | 7* 4 25 99 | ED Electro-diagnosis – Combined Functions | Small hospitals may use to report all activity. Hospitals without dedicated staff may report in the 7* 4** functional centre providing the service. |
| H | | 7* 4 30 | NV NON-INVASIVE CARDIOLOGY AND VASCULAR LABORATORIES | |
| MOHLTC | | 7* 4 30 20 | NV Non-Invasive Cardiology Laboratories | |
| | | 7* 4 30 20 20 | NV Echocardiography | |
| | | 7* 4 30 20 40 | NV Ambulatory Monitoring (formerly Holter) | |
| | | 7* 4 30 20 60 | NV Exercise Stress Test | |
| | | 7* 4 30 20 80 | NV Electrophysiology | |
| | | 7* 4 30 20 90 | NV ECG (Electrocardiography) | |
| | ON | 7* 4 30 20 99 | NV Non - Invasive Cardiology – Combined | |
| MOHLTC | | 7* 4 30 40 | NV Vascular Laboratories | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|---------------|-----------|----------------|---|---|
| H | | 7* 4 35 | RS Respiratory Services | |
| MOHLTC | | 7* 4 35 10 | RS Respiratory Services Administration | |
| MOHLTC | | 7* 4 35 25 | RS Routine/Critical Care | |
| | | 7* 4 35 25 10 | RS Routine | |
| | | 7* 4 35 25 20 | RS Critical Care | |
| MOHLTC | | 7* 4 35 30 | RS Hyperbaric Chamber | Mandatory reporting if service is provided |
| MOHLTC | | 7* 4 35 42 | RS Pulmonary Function Laboratory | |
| MOHLTC | | 7* 4 35 50 | RS Anesthesia | |
| MOHLTC | | 7* 4 35 70 | RS Multi-Functional | |
| MOHLTC | ON | 7* 4 36 | Cardiovascular (CV) Perfusion | Mandatory reporting if service is provided |
| H | | 7* 4 40 | PH PHARMACY | |
| MOHLTC | ON | 7* 4 40 05 | PH General Pharmacy | Drug Distribution and Clinical Pharmacy workload required. |
| | | 7* 4 40 10 | PH Pharmacy Administration | |
| | | 7* 4 40 60 | PH Clinical Pharmacy | |
| | | 7* 4 40 60 10 | PH Clinical Pharmacy Drug Information | |
| | | 7* 4 40 60 20 | PH Clinical Pharmacy Other | |
| | | 7* 4 40 70 | PH Drug Procurement and Distribution | |
| MOHLTC | ON | 7* 4 44 | TH Combined Therapeutics | Report in this functional centre if less than 5 Therapy FTEs per facility |
| MOHLTC | | 7* 4 45 | TH Clinical Nutrition | |
| MOHLTC | | 7* 4 49 | TH Rehabilitation Services Clinical Management | All staff are reported as MOS |
| MOHLTC | | 7* 4 50 | TH Physiotherapy | |
| H | | 7* 4 55 | TH OCCUPATIONAL THERAPY | |
| MOHLTC | | 7* 4 55 20 | TH Occupational Therapy - General | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|---------------|-----------|-------------------|---|--|
| MOHLTC | ON | 7* 4 55 76 | TH Occupational Therapy - Mental Health | |
| MOHLTC | ON | 7* 4 55 76 10 | TH Occupational Therapy - MH - General | |
| MOHLTC | ON | 7* 4 55 76 20 | TH Occupational Therapy - MH Vocational Workshop | |
| H | | 7* 4 60 | TH AUDIOLOGY & SPEECH/LANGUAGE PATHOLOGY | |
| MOHLTC | | 7* 4 60 20 | TH Speech/Language Pathology | |
| MOHLTC | | 7* 4 60 40 | TH Audiology | |
| MOHLTC | | 7* 4 65 | TH Rehabilitation Engineering | |
| | | 7* 4 65 20 | TH Rehabilitation Engineering – Prosthetics | |
| | | 7* 4 65 40 | TH Rehabilitation Engineering – Orthotics | |
| | | 7* 4 65 60 | TH Rehabilitation Engineering – Seating Systems | |
| MOHLTC | ON | 7* 4 66 | RAD Radiation Oncology | |
| | ON | 7* 4 66 10 | RAD Treatment Planning | |
| | ON | 7* 4 66 20 | RAD Mould Room | |
| | ON | 7* 4 66 30 | RAD Treatment | |
| MOHLTC | | 7* 4 70 | TH Social Work | |
| | | 7* 4 70 10 | TH Social Work - General | |
| | | 7* 4 70 20 | TH Social Work - Family Therapy | |
| | ON | 7* 4 70 30 | TH Social Work - Community Integration | |
| MOHLTC | ON | 7* 4 72 | TH Addictions Counselors | |
| MOHLTC | ON | 7* 4 74 | TH Genetics Counseling | |
| MOHLTC | | 7* 4 75 | TH Psychology and Psychometrics | Report Behavioural Therapists in this FC |
| | | 7* 4 75 20 | TH Psychology and Psychometrics - Clinical Psychology | |
| | | 7* 4 75 40 | TH Psychology and Psychometrics - Neuro-Psychology | |
| MOHLTC | | 7* 4 80 | TH Spiritual Care | |
| MOHLTC | | 7* 4 85 | TH Therapeutic Recreation | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|-----|----------------|--|---|
| | ON | 7* 4 85 10 | TH Recreation Therapy - Goal Oriented | |
| | ON | 7* 4 85 20 | TH Recreation Therapy - Participation | |
| MOHLTC | | 7* 4 90 | TH Child Life | Report MH Youth Workers in Inpatient Nursing FC |

7*5 COMMUNITY HEALTH AND SOCIAL SERVICES (COM)

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|-------|----------------|--|--|
| MOHLTC | | 7* 5 05 | COM Clinical Management | Use if staff is responsible for more than 1 FC. All staff are reported as MOS. |
| H | | 7* 5 07 | COM MEDICAL RESOURCES | Report in the appropriate treatment FC when possible |
| MOHLTC | ON | 7* 5 07 10 | COM Medical Resources - Psychiatrists | |
| MOHLTC | ON | 7* 5 07 20 | COM Medical Resources - Other Medical Staff | |
| MOHLTC | CMH&A | 7* 5 08 | COM CMH&A Centralized/Coordinated Access | |
| H | | 7* 5 09 | COM CASE MANAGEMENT | |
| MOHLTC | COM | 7* 5 09 30 | COM Case Management | |
| H | | 7* 5 09 70 | COM CASE MANAGEMENT – CTC | |
| MOHLTC | CTC | 7* 5 09 70 02 | COM Case Management - CTC – Service Coordination/Case Management | |
| MOHLTC | CTC | 7* 5 09 70 04 | COM Case Management - CTC – Service Navigation | |
| MOHLTC | CMH | 7* 5 09 76 | COM Case Management /Supportive Counselling & Services - Mental Health | |
| H | | 7* 5 09 78 | COM CASE MANAGEMENT ADDICTIONS | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-------|-------------------|--|----------|
| MOHLTC | CMH&A | 7* 5 09 78 10 | COM Case Management/Supportive Counselling & Services- Addictions Supportive Housing | |
| MOHLTC | CMH | 7* 5 09 78 11 | COM Case Management Addictions – Substance Abuse | |
| H | | 7* 5 10 | COM CLINICS/PROGRAMS | |
| MOHLTC | COM | 7* 5 10 05 | COM Clinics/Programs - Primary Care Practice | |
| MOHLTC | ON | 7* 5 10 10 | COM Clinics/Programs - Walk In Clinic | |
| MOHLTC | COM | 7* 5 10 15 | COM Clinics/Programs - Nursing Clinic | |
| MOHLTC | COM | 7* 5 10 20 | COM Clinics/Programs - General Clinic | |
| MOHLTC | ON | 7* 5 10 30 | COM Clinics/Programs - Combined Clinic | |
| H | | 7* 5 10 40 | COM CLINICS/PROGRAMS - THERAPY CLINIC | |
| MOHLTC | COM | 7* 5 10 40 10 | COM Clinics/Programs - Therapy Clinic – General | |
| MOHLTC | COM | 7* 5 10 40 20 | COM Clinics/Programs - Therapy Clinic – Foot Care | |
| MOHLTC | COM | 7* 5 10 40 30 | COM Clinics/Programs - Therapy Clinic – Naturopathy | |
| MOHLTC | COM | 7* 5 10 40 40 | COM Clinics/Programs - Therapy Clinic – Pharmacy Consultation | |
| MOHLTC | COM | 7* 5 10 40 45 | COM Clinics/Programs - Therapy Clinic – Nutrition | |
| MOHLTC | COM | 7* 5 10 40 50 | COM Clinics/Programs - Therapy Clinic – Physiotherapy | |
| MOHLTC | COM | 7* 5 10 40 55 | COM Clinics/Programs - Therapy Clinic – Occupational Therapy | |
| MOHLTC | COM | 7* 5 10 40 60 | COM Clinics/Programs - Therapy Clinic – Counselling | |
| MOHLTC | COM | 7* 5 10 40 62 | COM Clinics/Programs - Therapy Clinic – Speech and Language Pathology | |
| MOHLTC | COM | 7* 5 10 40 64 | COM Clinics/Programs - Therapy Clinic – Massage Therapy | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|-----|-------------------|---|----------|
| MOHLTC | COM | 7* 5 10 45 | COM Clinics/Programs - Oral Health Clinic | |
| H | | 7* 5 10 50 | COM CLINICS/PROGRAMS - CHRONIC DISEASE CLINIC | |
| MOHLTC | COM | 7* 5 10 50 10 | COM Clinics/Programs - Chronic Disease – General Clinic | |
| MOHLTC | COM | 7* 5 10 50 20 | COM Clinics/Programs - Chronic Disease – Diabetes Clinic | |
| MOHLTC | COM | 7* 5 10 50 30 | COM Clinics/Programs - Chronic Disease – Asthma/COPD Clinic | |
| MOHLTC | COM | 7* 5 10 50 40 | COM Clinics/Programs - Chronic Disease – Hepatitis C and/or HIV/AIDS Clinic | |
| MOHLTC | COM | 7* 5 10 50 50 | COM Clinics/Programs - Chronic Disease – Cardiac Rehabilitation Clinic | |
| MOHLTC | COM | 7* 5 10 55 | COM Clinics/Programs - CHC Other Clinic | |
| H | | 7* 5 10 66 | COM CLINICS/PROGRAMS ONCOLOGY | |
| MOHLTC | ON | 7* 5 10 66 10 | COM Clinics/Programs - Oncology - Treatment Outreach Clinic | |
| MOHLTC | ON | 7* 5 10 66 20 | COM Clinics/Programs - Oncology - Preventative Clinics | |
| H | | 73 5 10 70 | COM CLINICS/PROGRAMS - CHILDREN TREATMENT CENTRES | MCCSS |
| MOHLTC | CTC | 73 5 10 70 02 | COM Clinics/Programs - CTC - Child Behaviour Intervention | |
| MOHLTC | CTC | 73 5 10 70 04 | COM Clinics/Programs - CTC - SSAH Phase II – Children | |
| MOHLTC | CTC | 73 5 10 70 06 | COM Clinics/Programs - CTC - CFI Operating Non Residential | |
| MOHLTC | CTC | 73 5 10 70 08 | COM Clinics/Programs - CTC - Infant Development | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----|-------------------|--|--|
| MOHLTC | CTC | 73 5 10 70 10 | COM Clinics/Programs - CTC - Children Other | |
| MOHLTC | CTC | 73 5 10 70 12 | COM Clinics/Programs - CTC - Child Treatment Services – Operating Non-Residential | |
| MOHLTC | CTC | 73 5 10 70 14 | COM Clinics/Programs - CTC - Respite - In-Home | |
| MOHLTC | CTC | 73 5 10 70 15 | COM Clinics/Programs - CTC - Respite Supports - Out of Home Supports | |
| MOHLTC | CTC | 73 5 10 70 16 | COM Clinics/Programs - CTC - Children's Mental Health 0-6 | |
| MOHLTC | CTC | 73 5 10 70 18 | COM Clinics/Programs - CTC - Assessment & Counseling | |
| MOHLTC | CTC | 73 5 10 70 30 | COM Clinics/Programs - CTC - ISNC - MCSS/MCYS/Education | |
| MOHLTC | CTC | 73 5 10 70 35 | COM Clinics/Programs - CTC - Special Needs Resourcing First Nations | |
| MOHLTC | CTC | 73 5 10 70 60 | COM Clinics/Programs - CTC - Children Speech & Language | |
| MOHLTC | CTC | 72 5 10 70 61 | COM Clinics/Programs - CTC - Head Injury/Acquired Brain Injury | |
| MOHLTC | CTC | 72 5 10 70 63 | COM Clinics/Programs - CTC - Cleft Lip/Palate Dental Treatment Service | |
| MOHLTC | CTC | 7* 5 10 70 99 | COM Clinics/Programs - CTC - Other Services Not Elsewhere Identified | Fund Type 2 (MOHLTC) or Fund Type 3 (MCCSS) |
| H | | 7* 5 10 76 | COM CLINICS/PROGRAMS MENTAL HEALTH | |
| MOHLTC | CMH | 7* 5 10 76 12 | COM Clinics/Programs - MH Counseling and Treatment | |
| MOHLTC | ON | 7* 5 10 76 20 | COM Clinics/Programs - MH Assertive Community Treatment Teams | |
| MOHLTC | ON | 7* 5 10 76 30 | COM Clinics/Programs - MH Community Clinic | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----|-------------------|---|----------------------------|
| MOHLTC | CMH | 7* 5 10 76 40 | COM Clinics/Programs - MH Vocational /Employment | |
| MOHLTC | CMH | 7* 5 10 76 41 | COM Clinics/Programs - MH Clubhouses | |
| MOHLTC | CMH | 7* 5 10 76 50 | COM Clinics/Programs - MH Child/Adolescent | |
| MOHLTC | CMH | 7* 5 10 76 51 | COM Clinics/Programs - MH Early Intervention | |
| MOHLTC | CMH | 7* 5 10 76 55 | COM Clinics/Programs - MH Forensic | |
| MOHLTC | CMH | 7* 5 10 76 56 | COM Clinics/Programs - MH Diversion and Court Support | |
| MOHLTC | CMH | 7* 5 10 76 60 | COM Clinics/Programs - MH Abuse Services | |
| MOHLTC | CMH | 7* 5 10 76 70 | COM Clinics/Programs - MH Eating Disorders | |
| MOHLTC | CMH | 7* 5 10 76 81 | COM Clinics/Programs - MH Social Rehab./Recreation | |
| MOHLTC | CMH | 7* 5 10 76 96 | COM Clinics/Programs - MH Psycho-geriatric | |
| MOHLTC | CMH | 7* 5 10 76 99 | COM Clinics/Programs - Other MH Services Not Elsewhere Identified | Fund Type 2 or Fund Type 3 |
| H | | 7* 5 10 78 | COM CLINICS/PROGRAMS - ADDICTIONS | |
| MOHLTC | CMH | 7* 5 10 78 11 | COM Clinics/Programs - Addictions Treatment- Substance Abuse | |
| MOHLTC | CMH | 7* 5 10 78 12 | COM Clinics/Programs - Addictions Treatment- Problem Gambling | |
| MOHLTC | CMH | 7* 5 10 78 20 | COM Clinics/Programs - Addictions Withdrawal Mgmt. | |
| H | | 7* 5 15 | COM CRISIS INTERVENTION | |
| MOHLTC | | 7* 5 15 10 | COM Crisis Intervention - Hot Lines | |
| MOHLTC | | 7* 5 15 15 | COM Crisis Intervention - Abuse Services | |
| MOHLTC | | 7* 5 15 20 | COM Crisis Intervention - Quick Response | |
| MOHLTC | | 7* 5 15 25 | COM Crisis Intervention - Victim Services | |
| MOHLTC | | 7* 5 15 30 | COM Crisis Intervention - Combined | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----|-------------------|---|----------------------------------|
| MOHLTC | | 7* 5 15 76 | COM Crisis Intervention - Mental Health | Excludes Crisis Support Beds. |
| H | | 7* 5 20 | COM DAY/NIGHT CARE | |
| MOHLTC | ON | 7* 5 20 30 | COM Day/Night Combined | |
| H | | 7* 5 20 70 | COM DAY/NIGHT CARE - CHILDREN TREATMENT CENTRE | |
| MOHLTC | CTC | 73 5 20 70 02 | COM D/N Care - CTC - Autism - Intervention Program | |
| MOHLTC | CTC | 7* 5 20 70 03 | COM D/N Care - CTC - Autism - Transition Supports | |
| MOHLTC | CTC | 73 5 20 70 04 | COM D/N Care - CTC - School Support Program | |
| MOHLTC | CTC | 73 5 20 70 05 | COM D/N Care - CTC - Court Ordered Funding | |
| MOHLTC | CTC | 73 5 20 70 06 | COM D/N Care - CTC - Other ASD Support | ASD (Autism Spectrum Disorder) |
| MOHLTC | CTC | 73 5 20 70 07 | COM D/N Care - CTC - ASD Respite Services | |
| MOHLTC | CTC | 73 5 20 70 08 | COM D/N Care - CTC - ASD - ABA - Services and Supports | ABA (Applied Behaviour Analysis) |
| MOHLTC | CTC | 73 5 20 70 10 | COM D/N Care - CTC - Out of Home | |
| MOHLTC | CTC | 73 5 20 70 12 | COM D/N Care - CTC - Respite - Out of Home | |
| MOHLTC | CTC | 7* 5 20 70 99 | COM D/N Care - CTC - Other Services Not Elsewhere Identified | Fund Type 2 or Fund Type 3 |
| H | | 7* 5 20 76 | COM DAY/NIGHT CARE MENTAL HEALTH | |
| MOHLTC | ON | 7* 5 20 76 10 | COM Day/Night Care Mental Health - General | |
| MOHLTC | ON | 7* 5 20 76 70 | COM Day/Night Care Mental Health - Eating Disorder | |
| H | | 7* 5 20 78 | COM DAY/EVENING ADDICTIONS TREATMENT | |
| MOHLTC | ON | 7* 5 20 78 10 | COM Day/Evening Addictions - Treatment | |
| H | | 7* 5 20 81 | COM DAY CARE - REHABILITATION | |
| MOHLTC | ON | 7* 5 20 81 10 | COM Day Care - Rehab Medical | |
| MOHLTC | ON | 7* 5 20 81 28 | COM Day Care - Rehab Trauma | |
| MOHLTC | ON | 7* 5 20 81 30 | COM Day Care - Rehab Combined | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----|-------------------|---|--|
| MOHLTC | ON | 7* 5 20 81 35 | COM Day Care - Rehab Burn | |
| MOHLTC | ON | 7* 5 20 81 42 | COM Day Care - Rehab Cardiac | |
| MOHLTC | ON | 7* 5 20 81 61 | COM Day Care - Rehab Head Injury/Acquired Brain Injury | |
| MOHLTC | ON | 7* 5 20 81 63 | COM Day Care - Rehab Spinal Cord | |
| MOHLTC | ON | 7* 5 20 81 66 | COM Day Care - Rehab Oncology | |
| MOHLTC | ON | 7* 5 20 81 72 | COM Day Care - Rehab Orthopedic | |
| MOHLTC | ON | 7* 5 20 81 73 | COM Day Care - Rehab Amputee Rehab | |
| MOHLTC | CTC | 7* 5 20 81 74 | COM Day Care - Rehab Care Pediatric | |
| MOHLTC | ON | 7* 5 20 96 | COM Day Care Regional Geriatric | |
| MOHLTC | CTC | 7* 5 25 | COM Other Funded Children's Services | |
| H | | 7* 5 30 | COM IN-HOME CARE | |
| MOHLTC | ON | 7* 5 30 05 | COM In-Home Care Clinical Management | All staff are reported as MOS |
| H | | 7* 5 30 40 | COM IN-HOME HEALTH PROFESSIONAL SERVICES (HPS) – HOME CARE | Home Care use FC 72 5 30 * * * * CTC sector use FC 73 5 30 * * * * |
| MOHLTC | COM | 7* 5 30 40 11 | COM In-Home HPS - Nursing - Visiting | |
| MOHLTC | COM | 7* 5 30 40 12 | COM In-Home HPS - Nursing - Shift | |
| MOHLTC | COM | 7* 5 30 40 13 | COM In-Home HPS - Remote – Managed Home Care | |
| MOHLTC | COM | 7* 5 30 40 20 | COM-In-Home HPS - Wound Care Outcome Based | |
| MOHLTC | COM | 7* 5 30 40 25 | COM-In-Home HPS - Orthopedic Care Outcome Based | |
| MOHLTC | COM | 7* 5 30 40 30 | COM In-Home HPS – Family Managed Home Care (FMHC) | |
| MOHLTC | COM | 7* 5 30 40 35 | COM In-Home HPS - Respiratory Services | |
| MOHLTC | COM | 7* 5 30 40 40 | COM In-Home HPS - Medication Management | |
| MOHLTC | COM | 7* 5 30 40 45 | COM In-Home HPS - Nutrition/Dietetic | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----|-------------------|---|--|
| MOHLTC | COM | 7* 5 30 40 50 | COM In-Home HPS - Physiotherapy | |
| MOHLTC | COM | 7* 5 30 40 55 | COM In-Home HPS - Occupational Therapy | |
| MOHLTC | COM | 7* 5 30 40 62 | COM In-Home HPS - Speech Lang. Path. | |
| MOHLTC | COM | 7* 5 30 40 70 | COM In-Home HPS - Social Work | |
| MOHLTC | COM | 7* 5 30 40 75 | COM In-Home HPS - Psychology | |
| H | | 7* 5 30 42 | COM PRIVATE/HOME SCHOOL HEALTH PROFESSIONAL SERVICES (SHPS) | Home Care use FC 72 5 30 ** ** CTC sector use FC 73 5 30 ** ** |
| MOHLTC | COM | 7* 5 30 42 11 | COM Private/Home SHPS- Nursing - Visiting | |
| MOHLTC | COM | 7* 5 30 42 12 | COM Private/Home SHPS- Nursing - Shift | |
| MOHLTC | COM | 7* 5 30 42 30 | COM Private/Home School SHPS – Family Managed Home Care (FMHC) | |
| MOHLTC | COM | 7* 5 30 42 45 | COM Private/Home SHPS- Nutrition/Dietetic | |
| MOHLTC | COM | 7* 5 30 42 50 | COM Private/Home SHPS- Physiotherapy | |
| MOHLTC | COM | 7* 5 30 42 55 | COM Private/Home SHPS- Occupational Therapy | |
| MOHLTC | COM | 7* 5 30 42 62 | COM Private/Home SHPS- Speech Lang. Path. | |
| H | | 7* 5 30 44 | COM PUBLIC SCHOOLHEALTH PROFESSIONAL SERVICES (SHPS) | Home Care use FC 72 5 30 ** ** CTC sector use FC 73 5 30 ** ** |
| MOHLTC | COM | 7* 5 30 44 11 | COM Public SHPS- Nursing - Visiting | |
| MOHLTC | COM | 7* 5 30 44 12 | COM Public SHPS - Nursing - Shift | |
| MOHLTC | COM | 7* 5 30 44 45 | COM Public SHPS - Nutrition/Dietetic | |
| MOHLTC | COM | 7* 5 30 44 50 | COM Public SHPS - Physiotherapy | |
| MOHLTC | COM | 7* 5 30 44 55 | COM Public SHPS - Occupational Therapy | |
| MOHLTC | COM | 7* 5 30 44 62 | COM Public SHPS - Speech Lang. Pathology | |
| MOHLTC | | 7* 5 30 66 | COM Oncology Home Care | |
| H | | 7* 5 30 76 | COM MENTAL HEALTH HOME CARE | |
| MOHLTC | ON | 7* 5 30 76 10 | COM MH Home Care - Psychiatric Follow-Up | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----------|-------------------|--|----------|
| MOHLTC | ON | 7* 5 30 76 25 | COM MH Home Care - Psychiatric Acute | |
| MOHLTC | ON | 7* 5 30 76 50 | COM MH Home Care - Child/Adolescent | |
| MOHLTC | ON | 7* 5 30 76 55 | COM MH Home Care - Forensic Psychiatry | |
| MOHLTC | ON | 7* 5 30 76 81 | COM MH Home Care - Psychiatric Rehab | |
| MOHLTC | ON | 7* 5 30 76 90 | COM MH Home Care - Psychiatric Crisis | |
| MOHLTC | ON | 7* 5 30 76 95 | COM MH Home Care - Longer Term | |
| MOHLTC | ON | 7* 5 30 76 96 | COM MH Home Care - Geriatric Psych. Assessment | |
| H | ON | 7* 5 30 78 | COM ADDICTIONS HOME CARE | |
| MOHLTC | ON | 7* 5 30 78 10 | COM Addictions Home Care - Addictions | |
| H | | 7* 5 30 80 | COM HOME CARE | |
| MOHLTC | ON | 7* 5 30 80 05 | COM Home Care - Community Paramedicine | |
| MOHLTC | ON | 7* 5 30 86 | COM Dialysis Home Care | |
| H | | 7*5 30 92 | COM PERSONAL CARE HOME CARE | |
| MOHLTC | LTCH | 7*5 30 92 10 | COM Personal Care Home Care – LTCH Multidisciplinary Personal Care Outreach | |
| MOHLTC | ON | 7* 5 30 94 | COM Palliative Home Care | |
| H | | 7* 5 35 40 | COM IN-HOME SUPPORT SERVICES | |
| MOHLTC | COM | 7* 5 35 40 10 | COM In-Home Support - Personal Support Services | |
| MOHLTC | COM | 7* 5 35 40 20 | COM In-Home Support - Homemaking Services | |
| MOHLTC | COM | 7* 5 35 40 30 | COM In-Home Support - Comb. PS and HM Services | |
| MOHLTC | COM | 7* 5 35 40 40 | COM In-Home Support Services – Family Managed Home Care (FMHC) | |
| H | | 7* 5 35 42 | COM-PRIVATE/HOME-SCHOOL HEALTH PERSONAL SUPPORT SERVICES (SHPSS) | |
| MOHLTC | Home Care | 7* 5 35 42 10 | COM Private/Home SHPSS | |
| MOHLTC | Home Care | 7* 5 35 45 | COM Respite Service | |
| H | | 7* 5 40 | COM RESIDENTIAL SERVICES | |
| H | | 7* 5 40 76 | COM RESIDENTIAL - MENTAL HEALTH | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----------|-------------------|---|----------|
| MOHLTC | CMH | 7* 5 40 76 10 | COM Res. Mental Health - Homes for Special Care | |
| MOHLTC | CMH | 7* 5 40 76 30 | COM Res. Mental Health - Support within Housing | |
| MOHLTC | CMH | 7* 5 40 76 40 | COM Res. Mental Health - Housing Bricks & Mortar | |
| MOHLTC | CMH | 7* 5 40 76 50 | COM Res. Mental Health - Rent Supplement Program | |
| MOHLTC | CMH | 7* 5 40 76 60 | COM Res. Mental Health - Short Term Crisis Support Beds | |
| H | | 7* 5 40 78 | COM RESIDENTIAL - ADDICTIONS | |
| MOHLTC | CMH | 7* 5 40 78 11 | COM – Res. Addictions - Treatment Services- Substance Abuse | |
| MOHLTC | CMH | 7* 5 40 78 12 | COM – Res. Addictions - Treatment Services- Problem Gambling | |
| MOHLTC | CMH | 7* 5 40 78 30 | COM – Res. Addictions - Supportive Treatment | |
| MOHLTC | CMH | 7* 5 40 78 40 | COM – Res. Addictions - Housing Bricks & Mortar | |
| MOHLTC | CMH | 7* 5 40 78 45 | COM – Res. Addictions - Withdrawal Management Centres | |
| MOHLTC | CMH | 7* 5 40 78 50 | COM – Res. Addictions - Substance Abuse – Rent Supplement Program | |
| H | | 7* 5 40 95 | RESIDENTIAL HOSPICE- END OF LIFE (EOL) | |
| MOHLTC | Home Care | 7* 5 40 95 11 | Residential Hospice – EOL - Nursing Visiting | |
| MOHLTC | Home Care | 7* 5 40 95 12 | Residential Hospice – EOL - Nursing Shift | |
| MOHLTC | Home Care | 7* 5 40 95 30 | Residential Hospice – EOL - Combined PS and HM Services | |
| MOHLTC | Home Care | 7* 5 40 95 45 | Residential Hospice – EOL - Nutrition/Dietetics | |
| MOHLTC | Home Care | 7* 5 40 95 50 | Residential Hospice – EOL - Physiotherapy | |
| MOHLTC | Home Care | 7* 5 40 95 55 | Residential Hospice – EOL - Occupational Therapy | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|-----------|-------------------|--|----------|
| MOHLTC | Home Care | 7* 5 40 95 62 | Residential Hospice – EOL - Speech/Language Pathology | |
| MOHLTC | Home Care | 7* 5 40 95 70 | Residential Hospice – EOL - Social Work | |
| H | | 7* 5 50 | COM HEALTH PROMOTION, EDUCATION AND COMMUNITY DEVELOPMENT | |
| MOHLTC | ON | 7* 5 50 10 | COM Health Prom/Educ.& Com. Dev. - General | |
| MOHLTC | ON | 7* 5 50 12 | COM Health Prom/Educ.& Com. Dev. - Health Promotion & Community Development | |
| MOHLTC | COM | 7* 5 50 14 | COM Health Prom/Educ. & Com. Dev. – Community Engagement and Capacity Building | |
| H | | 7* 5 50 35 | COM HEALTH PROM/EDUC. & COM. DEV. - COM CHRONIC DISEASE EDUCATION, AWARENESS AND PREVENTION | |
| MOHLTC | COM | 7* 5 50 35 10 | COM Health Prom/Educ.& Com. Dev. - COM Chronic Disease Education, Awareness and Prevention - General | |
| MOHLTC | COM | 7* 5 50 35 20 | COM Health Prom/Educ.& Com. Dev. - COM Chronic Disease Education, Awareness and Prevention - Diabetes | |
| MOHLTC | COM | 7* 5 50 35 30 | COM Health Prom/Educ.& Com. Dev. - COM Chronic Disease Education, Awareness and Prevention – Asthma/COPD | |
| MOHLTC | CHC | 7* 5 50 35 40 | COM Health Prom/Educ.& Com. Dev. - COM Chronic Disease Education, Awareness and Prevention – Hepatitis C and / or HIV/AIDS | |
| MOHLTC | CHC | 7* 5 50 35 50 | COM Health Prom/Educ.& Com. Dev. - COM Chronic Disease Education, Awareness and Prevention – Cardiac Rehabilitation | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|-----|-------------------|--|---|
| H | | 7* 5 50 40 | COM HEALTH PROMOTION, EDUCATION AND COMMUNITY DEVELOPMENT – DIABETES STRATEGY | |
| MOHLTC | ON | 7* 5 50 40 10 | COM Health Prom/Educ.& Com Dev. – Diabetes Regional Coordination Centres | Report only if designated funding received |
| H | | 7* 5 50 41 | COM HEALTH PROMOTION, EDUCATION & COMMUNITY DEVELOPMENT - CHRONIC KIDNEY DISEASE (CKD) | |
| MOHLTC | ON | 7* 5 50 41 10 | COM Health Prom/Educ. & Com Dev. - CKD Regional Coordination Centres | Report only if designated funding received |
| H | | 7* 5 50 42 | COM HEALTH PROMOTION, EDUCATION AND COMMUNITY DEVELOPMENT – HEART AND STROKE | |
| MOHLTC | ON | 7* 5 50 42 10 | COM Health Prom/Educ.& Com. Dev - Heart and Stroke General | |
| MOHLTC | ON | 7* 5 50 42 20 | COM Health Prom/Educ.& Com. Dev - Stroke Strategy (Practice Guidelines) | |
| H | | 7* 5 50 45 | COM HEALTH PROM/EDUC.& COM. DEV. - PERSONAL HEALTH AND WELLNESS | |
| MOHLTC | CHC | 7* 5 50 45 05 | COM Health Prom/Educ.& Com. Dev. - Personal Health and Wellness – General | |
| MOHLTC | CHC | 7* 5 50 45 10 | COM Health Prom/Educ.& Com. Dev. - Personal Health and Wellness – Mental Wellness, Personal Health Practices and Coping Skills | |
| MOHLTC | CHC | 7* 5 50 45 20 | COM Health Prom/Educ.& Com. Dev. - Personal Health and Wellness – Oral Health | |
| MOHLTC | CHC | 7* 5 50 45 30 | COM Health Prom/Educ.& Com. Dev. - Personal Health and Wellness – Healthy Child | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----------|-------------------|--|----------------|
| MOHLTC | CHC | 7* 5 50 45 40 | COM Health Prom/Educ.& Com. Dev - Personal Health and Wellness – Youth Development | |
| MOHLTC | ON | 7* 5 50 50 | COM Health Prom/Educ.& Com. Dev. - Family Clinics | |
| | ON | 7* 5 50 50 10 | COM Health Prom/Educ.& Com. Dev. - Family Planning | |
| | ON | 7* 5 50 50 20 | COM Health Prom/Educ.& Com. Dev. - Pre-Natal Classes | |
| H | | 7* 5 50 66 | COM HEALTH PROMOTION/EDUCATION - ONCOLOGY | |
| MOHLTC | CCO | 7* 5 50 66 10 | COM Health Promotion/Education - Oncology General | |
| MOHLTC | CCO | 7* 5 50 66 20 | COM Health Promotion/Education - Oncology Practice Guidelines | |
| H | | 7* 5 50 75 | COM-HEALTH PROMOTION/EDUCATION - MENTAL HEALTH AND ADDICTIONS | |
| MOHLTC | Home Care | 7* 5 50 75 10 | COM Health Prom./Education - Mental Health and Addictions | Home Care only |
| H | | 7* 5 50 76 | COM HEALTH PROMOTION/EDUCATION - MENTAL HEALTH | |
| MOHLTC | ON | 7* 5 50 76 10 | COM Health Prom./Education MH - Awareness | |
| MOHLTC | ON | 7* 5 50 76 30 | COM Health Prom./Education MH - Women | |
| MOHLTC | ON | 7* 5 50 76 40 | COM Health Prom./Education MH – Community Development | |
| H | | 7* 5 50 78 | COM HEALTH PROMOTION/EDUCATION – ADDICTIONS | |
| MOHLTC | CMH | 7* 5 50 78 10 | COM Health Prom./Educ. Addictions - Drug Awareness | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----|-------------------|---|---------------------------------------|
| MOHLTC | CMH | 7* 5 50 78 20 | COM Health Prom./Educ. Addictions - Problem Gambling Awareness | |
| MOHLTC | CMH | 7* 5 50 78 40 | COM Health Prom./Educ. Addictions - Community Development - Substance Abuse | |
| H | | 7* 5 50 94 | COM HEALTH PROMOTION/EDUCATION - PALLIATIVE CARE | |
| MOHLTC | COM | 7* 5 50 94 10 | COM Health Prom./Educ. - Palliative Care Interdisciplinary | |
| MOHLTC | COM | 7* 5 50 94 90 | COM Health Prom./Educ. - Palliative Care Physician | |
| MOHLTC | COM | 7* 5 50 94 91 | COM Health Prom./Educ. - Palliative Care Pain and Symptom Management | |
| H | | 7* 5 50 96 | COM HEALTH PROMOTION, EDUCATION AND COMMUNITY DEVELOPMENT - GERIATRIC | |
| MOHLTC | COM | 7* 5 50 96 10 | COM Health Prom/Educ. & Com. Dev. - General Geriatric | |
| MOHLTC | COM | 7* 5 50 96 76 | COM Health Prom/Educ. & Com. Dev. - Psycho-Geriatric | Report if designated funding received |
| H | | 7* 5 99 | PROVINCIAL AND REGIONAL HOSPITAL SERVICES | |
| MOHLTC | | 7* 5 99 05 | Provincial & Regional Hospital Inter-Facility Patient Co-ordination & Transport | |
| H | | 7* 5 51 | COM CONSUMER/SURVIVOR/FAMILY INITIATIVES | |
| MOHLTC | CMH | 7* 5 51 76 11 | COM Consumer Survivor Initiatives - Peer/Self Help | |
| MOHLTC | CMH | 7* 5 51 76 12 | COM Consumer Survivor Initiatives - Alternative Businesses | |
| MOHLTC | CMH | 7* 5 51 76 20 | COM Consumer Survivor Initiatives - Family Initiatives | |
| H | | 7* 5 54 | COM COMMUNICABLE DISEASE PREVENTION AND CONTROL | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----|-------------------|---|---|
| MOHLTC | ON | 7* 5 54 10 | COM Comm. Disease Prev. and Control – General | |
| MOHLTC | ON | 7* 5 54 20 | COM Comm. Disease Prev. and Control – RICNs | (RICN) Regional Infection Control Networks |
| H | | 7* 5 55 | COM DISEASE AND INJURY PREVENTION AND CONTROL | |
| H | | 7* 5 55 66 | COM PREVENTION AND CONTROL - ONCOLOGY SCREENING | |
| MOHLTC | ON | 7* 5 55 66 10 | COM Prev. and Control - Breast Screening OBSP | |
| MOHLTC | | 7* 5 55 66 20 | COM Prev. and Control - Cervical Screening | |
| MOHLTC | | 7* 5 55 66 70 | COM Prev. and Control - Prostrate Cancer Screening | |
| MOHLTC | ON | 7* 5 55 66 90 | COM Prev. and Control - Other Oncology Screening | |
| H | | 7* 5 58 | COM HEALTH PROM./DISEASE PREV./CONTROL COMBINED | |
| MOHLTC | | 7* 5 58 05 | COM Prom. and Prev. - General | |
| H | | 7* 5 58 10 | COM PROM. AND PREV. - PUBLIC HEALTH (PH) | |
| MOHLTC | CTC | 7* 5 58 10 05 | COM Prom. and Prev. - PH General | |
| MOHLTC | CTC | 73 5 58 10 10 | COM Prom. and Prev. - PH Infant Hearing Program | Report using Fund Type 3 |
| MOHLTC | CTC | 73 5 58 10 15 | COM Prom. and Prev. - Blind Low Vision | Report using Fund Type 3 |
| MOHLTC | CTC | 73 5 58 10 60 | COM Prom. and Prev. - PH Preschool Speech and Language | Report using Fund Type 3 |
| MOHLTC | ON | 7* 5 58 20 | COM Prom. and Prev. - School Nurse | |
| MOHLTC | | 7* 5 60 | COM Environmental Health | |
| MOHLTC | | 7* 5 65 | COM Licensing | |
| H | | 7* 5 70 | COM INFORMATION AND REFERRAL SERVICE | |
| MOHLTC | COM | 7* 5 70 10 | COM Information and Referral Service – General | |
| MOHLTC | CMH | 7* 5 70 76 | COM Information and Referral Service – Provincial – Mental Health | For Provincial Organizations Only |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----|-------------------|--|---|
| H | | 7* 5 70 78 | COM INFORMATION AND REFERRAL SERVICE – PROVINCIAL – ADDICTIONS | For Provincial Organizations Only |
| MOHLTC | CMH | 7* 5 70 78 11 | COM Information and Referral Service – Provincial – Substance Abuse | For Provincial Organizations Only |
| MOHLTC | CMH | 7* 5 70 78 12 | COM Information and Referral Service – Provincial – Problem Gambling | For Provincial Organizations Only |
| MOHLTC | ON | 7* 5 75 | Provincial and Regional Health System Development | Report Health Links and other Integration Initiatives |
| H | | 7* 5 80 | LHIN OPERATIONS/INITIATIVES | On hold as of April 1, 2021 |
| MOHLTC | ON | 7* 5 80 10 05 | LHIN - Operations | |
| MOHLTC | ON | 7* 5 80 20 05 | LHIN - Digital Health | |
| MOHLTC | ON | 7* 5 80 30 05 | LHIN - Initiatives – Aboriginal Community Engagement | |
| MOHLTC | ON | 7* 5 80 30 10 | LHIN - Initiatives – French Language Services | |
| MOHLTC | ON | 7* 5 80 30 15 | LHIN - Initiatives – Clinical Leads | |
| H | | 7* 5 82 | COM IN-HOME AND COMMUNITY SERVICES (COM IH & CS) | |
| MOHLTC | COM | 7* 5 82 05 | COM IH & CS - Service Arrangement/Coordination | |
| MOHLTC | COM | 7* 5 82 09 | COM IH & CS - Case Management | |
| MOHLTC | COM | 7* 5 82 10 | COM IH & CS - Meals Delivery | |
| MOHLTC | COM | 7* 5 82 12 | COM IH & CS - Social and Congregate Dining | |
| MOHLTC | COM | 7* 5 82 14 | COM IH & CS - Transportation - Client | |
| MOHLTC | COM | 7* 5 82 15 | COM IH & CS- Crisis Intervention and Support | |
| MOHLTC | COM | 7* 5 82 20 | COM IH & CS - Day Services | |
| MOHLTC | COM | 7* 5 82 31 | COM IH & CS - Homemaking | |
| MOHLTC | COM | 7* 5 82 32 | COM IH & CS - Home Maintenance | |
| MOHLTC | COM | 7* 5 82 33 | COM IH & CS - Personal Support/Independence Training | |
| MOHLTC | COM | 7* 5 82 34 | COM IH & CS - Respite | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|------|-------------------|---|---|
| MOHLTC | COM | 7* 5 82 35 | COM IH & CS - Combined PS/HM/Respite Services | |
| MOHLTC | COM | 7* 5 82 40 | COM IH & CS - Overnight Stay Care | |
| MOHLTC | COM | 7* 5 82 45 | COM IH & CS - Assisted Living Services | |
| MOHLTC | COM | 7* 5 82 50 | COM IH & CS - Caregiver Support | |
| MOHLTC | COM | 7* 5 82 55 | COM IH & CS - Emergency Response Support Services | |
| MOHLTC | COM | 7* 5 82 60 | COM IH & CS - Visiting - Social and Safety | |
| MOHLTC | COM | 7* 5 82 65 | COM IH & CS - Visiting - Hospice Services | |
| MOHLTC | COM | 7* 5 82 70 | COM IH & CS - Foot Care Services | |
| MOHLTC | COM | 7* 5 82 75 | COM IH & CS - Vision Rehabilitation Services | |
| MOHLTC | COM | 7* 5 82 77 | COM IH & CS - Deaf, Deafened and Hard of Hearing Care Services | |
| MOHLTC | COM | 7* 5 82 80 | COM IH & CS - Elderly Person Centre Services | Ontario Seniors' Secretariat program use fund type 3 |
| H | | 7* 5 83 | CSS ABI SERVICES | |
| MOHLTC | CSS | 7* 5 83 20 | CSS ABI - Day Services | |
| MOHLTC | CSS | 7* 5 83 30 | CSS ABI - Vocational Training and Education Services | |
| MOHLTC | CSS | 7* 5 83 33 | CSS ABI - Personal Support/Independence Training | |
| MOHLTC | CSS | 7* 5 83 45 | CSS ABI - Assisted Living Services | |
| H | | 7* 5 84 | CSS COMMUNITY SUPPORT INITIATIVES | |
| MOHLTC | CSS | 7* 5 84 10 | CSS Com Support Init. - Support Service Training | |
| MOHLTC | CSS | 7* 5 84 20 | CSS Com Support Init. - Self Managed Attendant Services | |
| MOHLTC | CSS | 7* 5 84 30 | CSS Com Support Init. - Personal Support Worker Training | |
| MOHLTC | CHC | 7* 5 85 | CHC Client Support Services | |
| H | | 7* 5 92 | LTCH RESIDENTIAL | |
| MOHLTC | LTCH | 7* 5 92 10 | LTCH Residential - Level of Care | |
| MOHLTC | LTCH | 7* 5 92 30 | LTCH Residential - Convalescent Care | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|-----|----------------|---|----------|
| H | | 7* 5 99 | PROVINCIAL AND REGIONAL HOSPITAL SERVICES | |
| MOHLTC | | 7* 5 99 05 | Provincial & Regional Hospital Inter-Facility Patient Co-ordination & Transport | |

7*7 RESEARCH

Use FC 71 7 ** only for research financed by global funds. Research Grants use FC 73 7 ** Research

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|-----|----------------|--|----------|
| MOHLTC | | 7* 7 10 | RE Research - Administration | |
| MOHLTC | | 7* 7 20 | RE Research - Animal House | |
| MOHLTC | | 7* 7 30 | RE Research - Nursing | |
| H | | 7* 7 40 | RE RESEARCH - D & T SERVICES | |
| MOHLTC | | 7* 7 40 10 | RE D&T - General | |
| MOHLTC | | 7* 7 40 40 | RE D&T - Pharmacy | |
| MOHLTC | COM | 7* 7 50 | RE Research - Community Health and Social Service | |
| H | | 7* 7 60 | RE RESEARCH - MEDICAL | |
| MOHLTC | | 7* 7 60 10 | RE Medical - General | |
| MOHLTC | | 7* 7 60 40 | RE Medical - Clinical Trials Research | |
| MOHLTC | ON | 7* 7 66 | RE Research Oncology | |
| H | | 7* 7 76 | RE RESEARCH - MENTAL HEALTH | |
| MOHLTC | ON | 7* 7 76 10 | RE Mental Health General | |
| MOHLTC | ON | 7* 7 76 30 | RE Mental Health and Addictions Combined | |
| H | | 7* 7 78 | RE RESEARCH - ADDICTIONS | |
| MOHLTC | ON | 7* 7 78 10 | RE Addictions Substance Abuse | |
| MOHLTC | ON | 7* 7 78 20 | RE Addictions Problem Gambling | |

7*8 EDUCATION

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|---------------|-----|----------------|--|--|
| MOHLTC | | 7* 8 10 | EDU - Hospital Library | May report in EDU In-Service |
| MOHLTC | | 7* 8 20 | EDU - Audiovisual | May report in EDU In-Service |
| MOHLTC | | 7* 8 30 | EDU - Medical Illustration | |
| MOHLTC | | 7* 8 40 | EDU In-Service | For Health care organization staff and service providers |
| | | 7* 8 40 10 | EDU In-Service Administration & Support | |
| | | 7* 8 40 20 | EDU In-Service Nursing IP | |
| | | 7* 8 40 30 | EDU In-Service Ambulatory Care | |
| | | 7* 8 40 40 | EDU In-Service D & T | |
| | | 7* 8 40 50 | EDU In-Service Community & Social Services | |
| | | 7* 8 40 60 | EDU In-Service Medical | |
| MOHLTC | | 7* 8 50 | EDU Formal Education - Admin & Support Service | |
| MOHLTC | | 7* 8 60 | EDU Formal Education - Nursing | |
| | | 7* 8 60 10 | EDU Formal - RPN Education Programs | |
| | | 7* 8 60 20 | EDU Formal - Diploma RN Education Programs | |
| | | 7* 8 60 30 | EDU Formal - Baccalaureate Nursing Education | |
| | | 7* 8 60 40 | EDU Formal - Post-Bacc. Nursing Education Programs | |
| | | 7* 8 60 50 | EDU Formal - Continuing Nursing Education | |
| | | 7* 8 60 60 | EDU Formal - Refresher Nursing Program | |
| MOHLTC | | 7* 8 70 | EDU Formal Education - D & T Services | |
| | | 7* 8 70 10 | EDU Formal - Laboratory Technology | |
| | | 7* 8 70 15 | EDU Formal - Diagnostic Imaging Technology | |
| | | 7* 8 70 25 | EDU Formal - Electrodiagnostic Laboratories | |
| | | 7* 8 70 30 | EDU Formal - Non-Invasive and Vascular Laboratories | |
| | | 7* 8 70 35 | EDU Formal - Respiratory Services | |
| | | 7* 8 70 40 | EDU Formal - Pharmacy | |
| | | 7* 8 70 45 | EDU Formal - Clinical Nutrition | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|---------------|-----|-------------------|---|-------------|
| | | 7* 8 70 50 | EDU Formal - Physiotherapy | |
| | | 7* 8 70 55 | EDU Formal - Occupational Therapy | |
| | | 7* 8 70 60 | EDU Formal - Audiology & Speech/Lang Pathology | |
| | | 7* 8 70 65 | EDU Formal - Rehabilitation Engineering | |
| | ON | 7* 8 70 66 | EDU Formal - Radiation Oncology Technology | |
| | | 7* 8 70 70 | EDU Formal - Social Work | |
| | | 7* 8 70 75 | EDU Formal - Psychology | |
| | | 7* 8 70 85 | EDU Formal - Recreation | |
| | | 7* 8 70 90 | EDU Formal - Child Life | |
| H | | 7* 8 76 | EDU FORMAL EDUCATION - MENTAL HEALTH AND ADDICTION | |
| MOHLTC | ON | 7* 8 76 10 | EDU Formal - Mental Health | |
| MOHLTC | ON | 7* 8 76 30 | EDU Formal - Combined Mental Health/Addictions | |
| H | | 7* 8 78 | EDU FORMAL EDUCATION - ADDICTIONS | |
| MOHLTC | ON | 7* 8 78 10 | EDU Formal Education – Addictions-Substance Abuse | |
| MOHLTC | ON | 7* 8 78 20 | EDU Formal Education – Addictions-Problem Gambling | |
| MOHLTC | | 7* 8 80 | EDU Formal Education - Medical | Fund Type 2 |
| | | 7* 8 80 10 | EDU Formal - Medical Education Administration | |
| | | 7* 8 80 20 | EDU Formal - Undergraduate Medical Education | |
| | | 7* 8 80 30 | EDU Formal - Pre-Licensure Training Programs | |
| | | 7* 8 80 40 | EDU Formal - Family Medicine Training Programs | |
| | | 7* 8 80 50 | EDU Formal - Specialty Training Programs | |
| | | 7* 8 80 60 | EDU Formal - Other Training Programs | |

7*9 UNDISTRIBUTED FUNCTIONAL CENTRES

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----|-------------------|---|-----------------------|
| MOHLTC | | 7* 9 10 | NSF Non-Service Recipient Food Services | |
| | | 7* 9 10 20 | NSF Non-Service Recipient Food - Cafeteria | |
| | | 7* 9 10 40 | NSF Non-Service Recipient Food - Catering | |
| | | 7* 9 10 60 | NSF Non-Service Recipient Food - Coffee Shop | |
| | | 7* 9 10 80 | NSF Non-Service Recipient Food - Vending | |
| | | 7* 9 10 85 | NSF Non-Service Recipient Food - Meals on Wheels | |
| | | 7* 9 10 90 | NSF Non-Service Recipient Food - Other | |
| H | | 7* 9 20 | (MKS) MARKETING SERVICES | |
| H | | 7* 9 20 20 | MKS SALES OF SERVICES | |
| MOHLTC | ON | 7* 9 20 21 | MKS Child Care | Service for Employees |
| MOHLTC | ON | 7* 9 20 26 | MKS Sale of Steam or Heat | |
| MOHLTC | ON | 7* 9 20 31 | MKS Patient/Resident Services | |
| MOHLTC | ON | 7* 9 20 32 | MKS Compensation (Union, other Legal Corp.) | Includes Secondments |
| MOHLTC | ON | 7* 9 20 39 | MKS Other Sales of Services | |
| H | | 7* 9 20 40 | MKS SALES OF GOODS | |
| MOHLTC | ON | 7* 9 20 41 | MKS Drugs – Retail Pharmacy | |
| MOHLTC | ON | 7* 9 20 42 | MKS Gift Shop | |
| MOHLTC | ON | 7* 9 20 59 | MKS Other Sales of Goods | |
| H | | 7* 9 20 60 | MKS RENTALS OF EQUIPMENT | |
| MOHLTC | ON | 7* 9 20 61 | MKS Telephones | |
| MOHLTC | ON | 7* 9 20 62 | MKS Televisions | |
| MOHLTC | ON | 7* 9 20 79 | MKS Other Rentals of Equipment | |
| H | | 7* 9 20 80 | MKS RENTALS OF LAND OR BUILDINGS | |
| MOHLTC | ON | 7* 9 20 81 | MKS Building Rentals | |
| MOHLTC | ON | 7* 9 20 82 | MKS Hostel | |
| MOHLTC | ON | 7* 9 20 83 | MKS Residence | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----|----------------|---|--|
| MOHLTC | ON | 7* 9 20 85 | MKS Parking | |
| MOHLTC | ON | 7* 9 20 99 | MKS Other Rentals of Land or Buildings | |
| MOHLTC | ON | 7* 9 40 | FR Fund Raising | Non-Ministry or LHM Provincial Health Agency (PHA) / Ontario Health(OH) funded. Community sectors report as fund type 3 |
| H | | 7* 9 50 | SB SCHOLARSHIPS/BURSARIES | |
| MOHLTC | ON | 7* 9 50 10 | SB Scholarships/Bursaries - General | |
| MOHLTC | CCO | 7* 9 50 66 | SB Scholarships/Bursaries - Oncology | |
| H | | 7* 9 95 | COMMUNITY SERVICES - OTHER SOURCES | |
| MOHLTC | COM | 73 9 95 05 | Community Services Funded by Other Sources | |

8*9 UNDISTRIBUTED ACCOUNTING CENTRES (UD)

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|-----|----------------|---|--|
| | | 8* 9 10 | Food Services Clearing Account | These must be cleared prior to submission, no reporting accepted |
| | | 8* 9 10 05 | Food Services Administration | |
| | | 8* 9 10 20 | Food Services Production | |
| | | 8* 9 10 30 | Food Services Tray Assembly and Distribution | |
| | | 8* 9 10 40 | Food Services Ware Washing | |
| MOHLTC | ON | 8* 9 11 | UD Operating Grants from Ministry / LHM Provincial Health Agency (PHA) | Global, Fiscal Allocation |
| H | | 8* 9 15 | UD INPATIENT/RESIDENT REVENUES | |
| MOHLTC | ON | 8* 9 15 10 | UD Standard Ward Rev –Acute Care | |
| MOHLTC | ON | 8* 9 15 13 | UD Standard Ward Rev - Mental Health | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|------|-------------------|---|-----------------------------|
| MOHLTC | ON | 8* 9 15 15 | UD Standard Ward Rev - Rehabilitation | |
| MOHLTC | | 8* 9 15 20 | UD Standard Ward Rev - Complex Continuing Care | |
| MOHLTC | ON | 8* 9 15 25 | UD Standard Ward Rev - ELDCAP | Also Interim Long-Term Care |
| MOHLTC | | 8* 9 15 30 | UD Standard Co-Payment - Complex Continuing Care | |
| MOHLTC | ON | 8* 9 15 35 | UD Standard Co-Payment - ELDCAP | |
| MOHLTC | ON | 8* 9 15 36 | UD Standard Co-Payment - ALC (Alternate Level of Care) | |
| MOHLTC | LTCH | 8* 9 15 37 | UD LTCH Standard Co-Payment - Long Stay, Basic | |
| MOHLTC | LTCH | 8* 9 15 38 | UD LTCH Standard Co-Payment - Short Stay/Respite | |
| MOHLTC | LTCH | 8* 9 15 39 | UD LTCH Standard Co-Payment - Short Stay Interim | |
| MOHLTC | | 8* 9 15 40 | UD Newborn Nursery Revenue | |
| MOHLTC | | 8* 9 15 50 | UD Differential Revenue - Acute | |
| | | 8* 9 15 50 20 | UD Acute Care - Semi-Private Acute Revenue | |
| | ON | 8* 9 15 50 30 | UD Acute Care - Melded Rate Acute Revenue | |
| | | 8* 9 15 50 40 | UD Acute Care - Private Acute Revenue | |
| MOHLTC | ON | 8* 9 15 55 | UD Differential Revenue - Rehabilitation | |
| | ON | 8* 9 15 55 20 | UD Differential Revenue Rehabilitation - Semi-Private | |
| | ON | 8* 9 15 55 30 | UD Differential Revenue Rehabilitation - Melded Rate | |
| | ON | 8* 9 15 55 40 | UD Differential Revenue Rehabilitation - Private | |
| MOHLTC | | 8* 9 15 60 | UD Differential Revenue - Complex Continuing Care | |
| | | 8* 9 15 60 20 | UD Differential Revenue - Complex Continuing Care - Semi-Private | |
| | | 8* 9 15 60 40 | UD Differential Revenue - Complex Continuing Care - Private | |
| MOHLTC | | 8* 9 15 65 | UD Differential Revenue ELDCAP | |
| | ON | 8* 9 15 65 20 | UD Differential Revenue ELDCAP - Semi-Private | Also Interim Long-Term Care |
| | ON | 8* 9 15 65 40 | UD Differential Revenue ELDCAP - Private | Also Interim Long-Term Care |
| MOHLTC | LTCH | 8* 9 15 66 20 | UD LTCH Revenue – LONG STAY, Semi-Private | |
| MOHLTC | LTCH | 8* 9 15 66 22 | UD LTCH Revenue – Short Stay Interim, Semi-Private | |
| MOHLTC | LTCH | 8* 9 15 66 30 | UD Revenue – Long Stay, 2-bed Room, Spousal Reunification | Fund Types 2, 3, 7 |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|----------|------|-------------------|---|-----------------------------|
| MOHLTC | LTCH | 8* 9 15 66 32 | UD Revenue – Short Stay Interim, 2-bed Room, Spousal Reunification | |
| MOHLTC | LTCH | 8* 9 15 66 40 | UD LTCH Revenue – LONG STAY Private | |
| MOHLTC | LTCH | 8* 9 15 66 42 | UD LTCH Revenue – Short Stay Interim, Private | |
| MOHLTC | | 8* 9 15 70 | UD Other Inpatient Revenue | High cost procedure revenue |
| MOHLTC | | 8* 9 15 76 | UD Differential Revenue - Mental Health | |
| | ON | 8* 9 15 76 20 | UD Differential Revenue - Mental Health - Semi Private | |
| | ON | 8* 9 15 76 40 | UD Differential Revenue - Mental Health - Private | |
| MOHLTC | | 8* 9 23 | UD Ambulance Revenues (Receiving Hospital) | |
| H | | 8* 9 25 | UD Provision for Doubtful IP/Resident Accounts (Bad Debts) | |
| MOHLTC | | 8* 9 25 10 | UD Standard Ward - Acute Care Bad Debts | |
| MOHLTC | | 8* 9 25 13 | UD Standard Ward - Mental Health Bad Debts | |
| MOHLTC | ON | 8* 9 25 15 | UD Standard Ward - Rehabilitation Bad Debts | |
| MOHLTC | | 8* 9 25 20 | UD Standard Ward - Complex Continuing Care - Bad Debts | |
| MOHLTC | ON | 8* 9 25 25 | UD Standard Ward - ELDCAP Bad Debts | Also Interim Long-Term Care |
| MOHLTC | | 8* 9 25 30 | UD Co-Payment - Complex Continuing Care Bad Debts | |
| MOHLTC | ON | 8* 9 25 35 | UD Co-Payment - ELDCAP Bad Debts | Also Interim Long-Term Care |
| MOHLTC | ON | 8* 9 25 36 | UD Co-payment ALC Bad Debts | |
| MOHLTC | LTCH | 8* 9 25 37 | UD Basic-LTCH Resident (Bad Debt) | |
| MOHLTC | | 8* 9 25 40 | UD Newborn Nursery Bad Debts | |
| MOHLTC | | 8* 9 25 50 | UD Differential - Acute Care Bad Debts | |
| | | 8* 9 25 50 20 | UD Semi-Private Acute Differential Bad Debts | |
| | ON | 8* 9 25 50 30 | UD Melded Rate Acute Differential Bad Debts | |
| | | 8* 9 25 50 40 | UD Private Acute Differential Bad Debts | |
| MOHLTC | ON | 8* 9 25 55 | UD Differential – Rehabilitation Bad Debts | |
| | ON | 8* 9 25 55 20 | UD Semi-Private Rehab Differential Bad Debts | |
| | ON | 8* 9 25 55 30 | UD Melded Rate Rehab Differential Bad Debts | |
| | ON | 8* 9 25 55 40 | UD Private Rehab Differential Bad Debts | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|------|-------------------|---|--|
| MOHLTC | | 8* 9 25 60 | UD Differential – Complex Continuing Care Bad Debts | |
| | | 8* 9 25 60 20 | UD Semi-Private Complex Continuing Care Differential Bad Debts | |
| | | 8* 9 25 60 40 | UD Private Complex Continuing Care Differential Bad Debts | |
| MOHLTC | | 8* 9 25 65 | UD Differential ELDCAP Bad Debts | Also Interim Long-Term Care |
| | ON | 8* 9 25 65 20 | UD Semi-Private ELDCAP Differential Bad Debts | |
| | ON | 8* 9 25 65 40 | UD Private ELDCAP Differential Bad Debts | |
| MOHLTC | LTCH | 8* 9 25 67 | UD Preferred Differential – LTCH Resident Bad Debt | |
| MOHLTC | | 8* 9 25 70 | UD Other Inpatient Bad Debts | |
| MOHLTC | ON | 8* 9 25 76 | UD Differential Mental Health Doubtful Accounts | |
| | ON | 8* 9 25 76 20 | UD Differential Mental Health Doubtful Accts Semiprivate | |
| | ON | 8* 9 25 76 40 | UD Differential Mental Health Doubtful Accts Private | |
| MOHLTC | | 8* 9 30 | UD Provision for OP/Client Accounts (Bad Debts) | |
| MOHLTC | | 8* 9 35 | UD Provision for Ambulance Accounts (Bad Debts) | |
| MOHLTC | | 8* 9 40 | UD Provision for Other Doubtful Accounts (Bad Debts) | |
| MOHLTC | | 8* 9 45 | UD Other Undistributed Revenues | Refer to instructions re NEER rebate |
| MOHLTC | | 8* 9 50 | UD Amortization - Undistributed | Hospitals must use secondary accounts to specify amortization for assets breakdown |
| | | 8* 9 50 20 | UD Land Improvement Amortization | |
| | | 8* 9 50 40 | UD Buildings Amortization | |
| | | 8* 9 50 60 | UD Building Service Equipment Amortization | |
| | | 8* 9 50 65 | UD Leasehold Improvements Amortization | |
| MOHLTC | | 8* 9 51 | UD Net Gain or Loss on Disposal | Use only for undistributed expenses |
| MOHLTC | | 8* 9 55 | UD Interest on Long Term Liabilities – Undistributed | |

| MOHLTC | ONT | ACCOUNT NUMBER | ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts ***** | COMMENTS |
|--------|-----|-------------------|---|--|
| MOHLTC | ON | 8* 9 56 | UD Accretion Expense on Long-Term Liabilities – Undistributed | NEW ACCOUNT Effective as of Q3 2021/22 Use only with accretion expense attributable to undistributed buildings, and building service equipment. |
| MOHLTC | | 8* 9 60 | UD Municipal Taxes | |
| MOHLTC | | 8* 9 65 | UD Employee Future Benefits Expense | |
| MOHLTC | | 8* 9 90 | AC Other Undistributed Expenses | |
| MOHLTC | ON | 8* 9 95 | UD Employee Benefits Debit Clearing Account | Must report if benefit account details are not provided in FCs. Sum of 8*995 and 8*996 should equal zero. |
| MOHLTC | ON | 8* 9 96 | UD Employee Benefits Credit Clearing Account | Must report if benefit account details are not provided in FCs. Sum of 8*995 and 8*996 should equal zero. |