

Return this form to:

Summary Report (OCF-11B)

DO NOT WRITE HERE	Claim Number
	Policy Number

The rest of the form must be completed by the Designated Assessment Centre. This form is only a summary of assessment findings. Please attach a copy of the complete assessment report which includes the reports and signatures of all assessors. (OCF-11A + OCF-11B + Assessment Report)

Assessment Statements

- additional sheets attached

Disability Assessment

Statement of whether the insured person continues to suffer from the disability in respect of which the benefit is being paid.

Name of Health Practitioner	Signature	Date	year	month	day
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You are a : Physician Chiropractor Dentist Optometrist Psychologist Physiotherapist

Medical/Rehabilitation Assessment

Statement of whether a claim in respect of medical or rehabilitation goods or services under Bill 164 or outlined in a Treatment Plan under Bill 59 are reasonable and necessary for the applicant's treatment or rehabilitation.

Recommendation(s) on future provision of goods and services for the applicant's treatment or rehabilitation.

Name of Health Practitioner	Signature	Date	year	month	day
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You are a : Physician Chiropractor Dentist Optometrist Psychologist Physiotherapist

Attendant Care Assessment

Determination in accordance with Form 1 of the amount to be paid by the insurer for the future provision of attendant care services.

Recommendations on the future provision of attendant care services to the insured person.

Name of Health Practitioner	Signature	Date	year	month	day
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You are a : Physician Chiropractor Dentist Optometrist Psychologist Physiotherapist

Catastrophic Impairment Assessment

Statement of whether the impairment sustained in the automobile accident is catastrophic.

Name of Health Practitioner	Signature	Date	year	month	day
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You are a : Physician Chiropractor Dentist Optometrist Psychologist Physiotherapist

Note: The fee for completing this report is not a health care benefit of the Ontario Ministry of Health. The fee and the cost of any examinations necessary to complete this form should be billed to the insurance company.