

Social Assistance Verification (SAV) Portal

Information for Optometrists, Physicians & Community Physiotherapy Clinic Owners How to Register



- 1 Submit the completed SAV Portal PIN Request Form to MOHTLC at provregstnmoh@ontario.ca
- 2 MOHTLC will contact you by phone, after your request has been authenticated, to provide a SAV PIN for registration to the portal (different than your IVR#)
- 3 Information required before you begin:
*All information provided on your SAV Portal PIN Request Form needs to match the information entered into the portal registration form
- 4 Access the SAV Portal Link www.verify.sa.mccss.gov.on.ca
- 5 Click 'Register' to fill out the online registration form
- 6 Choose your credentials
- 7 Submit the application and keep the reference number provided
- 8 Open SAV Welcome email and click the hyperlink to activate your account (you may need to check your junk mail if you do not see the email within a couple seconds)
- 9 Log in using your new credentials
- 10 Enter the full SAV PIN for the registered location (enter without spaces)
- 11 Review and accept the Terms and Conditions of Use
- 12 Welcome to the SAV Portal!

What can I do in the SAV Portal once I have an account?

Add Additional Locations

- ➔ Register and manage additional practice locations from one account
- ➔ Change Passwords

User Maintenance

- ➔ Add/Edit delegate users (Access IDs are automatically assigned)
- ➔ Enable/Disable delegate users
- ➔ Search your user list



Ontario

SOCIAL ASSISTANCE VERIFICATION PORTAL PIN REQUEST FORM

The information collected on this form will support access to the Social Assistance Verification (SAV) Portal that will enable you to confirm the social assistance eligibility status of your patients.

INSTRUCTIONS

- Please complete this form if you have an optometry practice, a community physiotherapy practice or if you are a physician who submits claims for social assistance recipients using the K065 or K066 codes.
- This form is confidential when completed and signed. Completed forms can be sent to provregstnmoh@ontario.ca
- Please note, the completion of all fields below is mandatory

SERVICE PROVIDER INFORMATION

Organization Name:
(Legal Name of the Site)

Applicant last name:

Applicant first Name:

Middle Initial:

Billing Number:

Business phone No.:

Business Email Address of Applicant

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I,

(Please insert full name of applicant)

certify that the information provided on this form is true and correct to the best of my knowledge and consent to allow the Ministry of Health and Long-Term Care to share the above personal information with the Ministry of Community and Social Services, I also agree to allow the Ministry of Community and Social Services to collect and use my personal information in connection with the administration of the Social Assistance Verification Portal.

Signature:

Date:

(Signature of the applicant)

(dd/mm/yyyy)

NOTICE OF COLLECTION AND CONSENT TO COLLECT INFORMATION

The billing number is only required for the purposes of verification and will be collected by the Ministry of Community and Social Services for the purpose of administration of the Social Assistance Verification Portal. For more information about this collection by this Ministry, contact: SAVPortalSupport@ontario.ca

The Ministry of Community and Social Services may also use your information for internal audit purposes related to the administration of the social assistance health benefits, to conduct policy analysis, evaluation and research purposes. By signing this form, you consent to the collection and storage of your contact information to verify your application and access to the SAV Portal.