



Ontario Health Coalition

Cataract surgery: What patients can and cannot be charged for

June 12, 2026

The Ontario Health Coalition receives many [complaints from patients](#) who report being charged [hundreds to thousands of dollars](#) for medically necessary cataract surgery, almost always in private (for-profit) clinics. Here are the facts.

OHIP covers all medically necessary surgeries and diagnostics.

Under the [Canada Health Act](#) (federal legislation) and [Commitment to the Future of Medicare Act](#) (Ontario's legislation), all medically necessary surgeries – including cataract surgery – and diagnostic tests (like lab tests, MRIs, CT scans & eye measurement tests for cataract surgery) are covered under OHIP. **Patients cannot be charged for services that are covered by OHIP.** In fact, it is an offense under the Commitment to the Future of Medicare Act, Ontario (2004) to charge a patient for a medically necessary surgery or test. If you have been charged unlawfully for a surgery or test then the provincial government is supposed to get you reimbursement & offenders are supposed to be fined.

Selling queue jumping is prohibited.

Under the Canada Health Act and Commitment to the Future of Medicare Act, **patients cannot buy their way to the front of the line, pushing other patients back.** No private clinic can tell patients that they can get care faster if they pay a fee. Again, under Ontario law, this is an offense.

The following information is from [the Ministry of Health](#):

Laser cataract surgery is covered by OHIP.

Cataract and intraocular lens exchange surgeries are covered by OHIP, regardless of how the surgery is performed (e.g., by laser, scalpel or other). Any clinic telling you otherwise is misinforming you.

Purchasing medically unnecessary services cannot be a condition of receiving medically necessary health care services.

Patients cannot be told to pay for unnecessary extra measurement tests and so-called “upgraded” lenses to get the medically necessary surgery. Private clinics are not allowed to tell patients they have to pay for a “special” lens in order to get cataract surgery at that clinic.

Physicians/clinics must provide patients with sufficient information so that they can make a voluntary informed decision.

So-called “upgraded” lenses often are not actually for cataract surgery but for some other optic “correction”. We are putting these words in quotes because it is a “buyer beware” situation. The lens you need for cataract surgery is covered. Other lenses do other things. Some people buy lenses that they are told will improve their vision and they won't require glasses. To be clear, those are not for cataract surgery. Some lenses work well and some do not. Please research the options you are considering from credible medical sources (not private clinics trying to make money). Some patients tell us that they are unable to drive at night after getting so-called “upgraded” lenses that do not work as they were told.

Patients have the right to informed consent. That means full information. Private clinics cannot manipulate patients into believing that they will not have good results if they get the OHIP-covered service. Cataract surgery is one of the safest surgeries with a very high success rate of 98%. Patients are often not told that “OHIP-covered” eye surgery has an extremely high rate of success and is all that they need. Patients cannot be told that the “OHIP-covered” surgery is unsafe or inadequate, “basic” or otherwise substandard to manipulate them into paying more or buying medically unnecessary tests and lenses.

There is no “standard” lens that is the only type of lens covered by OHIP.

Physicians must assess and test all patients to determine the necessary individualized lens that the patient needs. This individualized lens is covered by OHIP. That lens is unique to your eye. The assessments and tests done to determine the type of lens the patient needs are up to date and good quality.

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If patients voluntarily choose to purchase added services, then they are entitled to receive credit for the cost of the medically needed service.

For example, if a cataract surgery patient voluntarily chooses to purchase lenses that are medically unnecessary, then they must receive credit for the cost of the medically necessary lenses. The credit must appear in their invoice.

The equipment used and the personnel required to perform the surgery or service

are covered by OHIP and are not the financial responsibility of the patient.

Eye drops or ointments used in the clinic before or after cataract surgery are covered by OHIP. Other eye drops are not covered by OHIP but may be by the ODB.

From communications with the Ministry of Health and Ontario Drug Benefit (ODB) program in 2026: Eye drops used in a clinic to facilitate cataract surgery are covered by OHIP as a part of the surgery. Eye drops that are prescribed for patients to take home before or after the surgery are not covered by OHIP. We called and found that some of the take-home eye drops are covered by the [ODB program if you are eligible for the ODB](#) (this includes people age 65 and older, long-term care home residents, people living in a Community Home for Opportunity, home care recipients, Ontario Works/ODSP recipients, people enrolled in the Trillium Drug Plan. At that link (<https://www.ontario.ca/page/get-coverage-prescription-drugs>) you can search for particular drugs to see if they are covered. Just scroll down to the “search for covered drugs” button. You can call the ODB program with questions at 1-888-405-0405.