



DIAGNOSTIC FACILITY SERVICES
ASSIGNMENT OF PAYMENT &
MEDICAL DIRECTOR AUTHORIZATION

Before completing this form, refer to the Assignment of Payment Completion Checklist (www.gov.bc.ca/assignmentofpayment) to ensure all required information is included in your submission. Only complete and authorized Assignment of Payment forms will be accepted for processing.

All information on this form must be authorized by the assigning practitioner (the "Assignor"). As this is a legal document, if there are any changes to this submission after it has been received by Diagnostic Facilities Administration, a new Assignment of Payment form must be completed and authorized by the Assignor.

To submit an Assignment of Payment form, scan the completed form and upload at: www.gov.bc.ca/assignmentofpaymentupload

PART A: PRACTITIONER, PAYMENT AND FACILITY NUMBERS

Form section for Part A containing fields for Name of Practitioner, MSP Practitioner Number, Name of Diagnostic Facility(s), Payment Number(s), and Facility Number(s).

PART B: MODALITY

Please check only the services for which you are assigning payment. Services with (\*) require additional credentialing. For those with public facility privileges, credentialing must be processed through the affiliated health authority. For those working SOLELY in privately-owned facilities, credentialing is processed through the College of Physicians and Surgeons of BC. IMPORTANT: Services indicated here MUST match the approval of the facility(s) listed above for the Assignment of Payment to be processed.

Form section for Part B with two columns: Public Health Authority and Privately Owned. Each column contains checkboxes for various medical modalities such as Electrocardiography, Radiology, Ultrasound, etc.

PART C: EFFECTIVE DATE OF SERVICE

Payment may be assigned for a minimum of one (1) day to a maximum of two (2) years. The effective date of service is the start date indicated below. The maximum allowable time to submit claims to the Medical Services Plan is 90 days following the effective date of service.

This Assignment of Payment form must be fully processed within 90 days of stated effective date of service in order to receive payment from the Medical Services Plan. Please allow a minimum of 30 days in order for this Assignment of Payment to be fully processed.

If this Assignment of Payment ends before the final date shown here, Diagnostic Facilities Administration must be notified. Complete and submit a Cancellation of Assignment of Payment form, found at: www.gov.bc.ca/assignmentofpayment.

Form section for Part C containing date fields (FROM: YYYY MM DD, TO: YYYY MM DD) and checkboxes for Locum, New Full Time Staff Member, New Service, and Renewal.

PART D: MEDICAL DIRECTOR / DELEGATED SIGNING AUTHORITY

This form must be authorized by the facility medical executive responsible for the modality(s) indicated in Part B, confirming the aforementioned Practitioner is joining the above facility(s) and department(s) to provide coverage as specified in Part C. This authority may be delegated, but the facility medical executive remains responsible for the information authorized. The delegated signing authority must identify the medical executive on whose behalf they are authorizing the information.

Where applicable, an organization's Regional Medical Director, with oversight for the modality indicated in Part B, may also authorize the content of this form.

Form section for Part D containing signature and title fields for Facility Medical Director or Delegated Signing Authority and Regional Medical Director (if applicable).

## PART E: PRACTITIONER AND PAYEE AUTHORIZATION

I, the Practitioner (the "Assignor") named above, hereby assign to the Diagnostic Facility (the "Assignee") named above, all payments owing to me by the Medical Services Commission (MSC) of British Columbia for the performance and billing of the restricted outpatient services indicated in Part B. This Assignment of Payment (AOP) applies to all claims submitted, in the format approved by the MSC bearing my Practitioner Number and the above notes Payment Number(s) and Facility Number(s).

I authorize the MSC to direct the Medical Services Plan payments to any address specified by the diagnostic facility from time to time.

I confirm that I have read and understand the Preamble to the MSC Payment Schedule. I understand that I must comply with the Medicare Protection Act, the Medical and Health Care Services Regulation and all requirements of the MSC Payment Schedule.

I understand that payment by the MSC to the diagnostic facility under this AOP discharges the MSC of any indebtedness for those same accounts to me, and releases the MSC of any indebtedness to me, my executors, my administrators or other assignees for the amounts paid.

ASSIGNOR (PRACTITIONER)		PAYEE	
Signature of the Assignor (Practitioner)		Signature of the Payee	
Email Address of Practitioner	Date Signed (YYYY / MM / DD)	Print Name of Payee	Date Signed (YYYY / MM / DD)

## PART F: CONFIRMATION OF APPROVAL

Processing an Assignment of Payment can take up to 30 days as it involves two separate steps:

1. The Ministry of Health is responsible for **vetting and approving all information submitted**, and then establishing the practitioner/facility connection;
2. Health Insurance BC (HIBC) is responsible for establishing the practitioner/payee connection.

### Final processing is completed by HIBC.

For an individual to receive email notification that the Ministry of Health has **approved and completed initial processing** of an Assignment of Payment, provide their name, title and email address below.

Name	Title	Email

For final confirmation of processing, and billing status of an Assignment of Payment, contact Health Insurance BC toll-free at 1-866-456-6950.

## IMPORTANT NOTICE TO PRACTITIONERS AND PAYEES

Excerpt from Preamble C.9, Medical Services Commission Payment Schedule

An "Assignment of Payment" is a legal agreement by which an attending practitioner designates payment for his/her services to another party. In this circumstance, the designated party may use the attending practitioner's practitioner number in combination with its own payment number when submitting claims to the Medical Services Plan (MSP).

For full text of Preamble C9, Medical Services Commission Payment Schedule, see page 11 at <http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/1-preamble.pdf>.

To limit liability:

- In the case of practitioners providing limited or locum coverage, the time period indicated on the form must be the same as the time period assigned for the limited or locum coverage.
- Practitioners who have made a two (2) year Assignment of Payment to a diagnostic facility must advise the Diagnostic Facilities Administration if he/she ceases to be associated with the diagnostic facility before the assignment expires.

## DEFINITION OF TERMS

Definitions for all Assignment of Payment terms (i.e. Practitioner/Assignor; Payee; Effective Date) can be found in the Assignment of Payment User Guide at [www.gov.bc.ca/assignmentofpayment](http://www.gov.bc.ca/assignmentofpayment).

## FREEDOM OF INFORMATION / PROTECTION OF PRIVACY

Your personal information is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of administration of the *Medicare Protection Act*, as it relates to the processing of your Practitioner's Assignment of Payment form and for record keeping. If you have any questions about the collection of your personal information, please contact Diagnostic Facilities Administration at: DFAdmin@gov.bc.ca

## FOR OFFICE USE ONLY – DFA AUTHORIZATION

Print Name	Date YYYY      MM      DD	Authorized Signature
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