



APPLICATION FOR MSP BILLING NUMBER (PHYSICIANS)

To be completed by new applicants who do not have a valid MSP billing number, are registered with the BC College of Physicians and Surgeons and wish to obtain a Medical Services Plan billing number.

1. PERSONAL INFORMATION

Form with fields for Surname, Given Name (First/Second), Date of Birth, Citizenship, Business Mailing Address, Home Address, Phone/Fax/Email numbers.

2. EDUCATION AND CERTIFICATION

Form with fields for Medical School, Royal College Specialty, Royal College Sub-Specialty, Non Royal College Specialty, and their respective graduation/certification dates.

3. REGISTRATION: COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

Form with fields for Date of Registration, College ID #, Restrictions, License type (Full, Temporary, Education), Effective Date, and Cancellation Date.

4. PAYMENT

Form with checkboxes for Hospital or Agency Funded, APB Salaried or Sessional, Fee for Service, and Other. Includes instruction to attach a blank sample cheque for Direct Bank Payment.

5. SIGNATURE

Signature and Date fields.

Personal information on this form is collected under the authority of the Medicare Protection Act and will be used to process your application for a Medical Services Plan Billing number and for record keeping.