BRITISH COLUMBIA | Health InsuranceBC

MEDICAL SERVICES PLAN (MSP)
PAY PATIENT CLAIM

PP

CLAIMS MUST BE SUBMITTED WITHIN 90 DAYS. PLEASE DO NOT FAX THIS FORM.

To ensure this claim is processed, please follow instructions on page 2.

A B C D
USE CAPITAL LETTERS ONLY

PATIENT INFORMATION

PERSONAL HEALTH NUMBER (PHN) | DEPENDANT | PATIENT BIRTHDATE (MM / DD / YYYY)

PATIENT LEGAL FIRST NAME | SECOND NAME INITIAL | PATIENT LEGAL LAST NAME

MVA RELATED? ☐ YES | IF YES, MVA CLAIM NUMBER

PATIENT OR PARENT/GUARDIAN SIGNATURE

CORRESPONDENCE ATTACHED | SUBMISSION CODE | PLAN REFERENCE NUMBER OF ORIGINAL CLAIM

SERVICE(S)

DATE OF SERVICE MONTH	DAY	YEAR	NO. OF SERVICES	S.C.C.	FEE ITEM	AMOUNT BILLED	TIME CALLED START	TIME RENDERED FINISH	DIAGNOSTIC CODE	SERV. LOC. CODE

NOTES/ADDITIONAL INFORMATION

PAYMENT MAILING ADDRESS

WHOSE ADDRESS IS THIS? ☐ PRACTITIONER ☐ PATIENT

APT / UNIT | STREET NUMBER | STREET NAME

CITY | PROVINCE B C | POSTAL CODE

PRACTITIONER INFORMATION

PRACTITIONER LAST NAME | PRACTITIONER FIRST NAME

PAYMENT NUMBER | PRACTITIONER NUMBER | SPEC. CODE | FACILITY NUMBER | PRACTITIONER SIGNATURE

REFERRED BY ☐ | PRACTITIONER NUMBER | REFERRED BY (PRACTITIONER LAST NAME) | FIRST NAME INITIAL

REFERRED TO ☐ | PRACTITIONER NUMBER | REFERRED TO (PRACTITIONER LAST NAME) | FIRST NAME INITIAL

Mailing Address: Health Insurance BC, Medical Services Plan, PO Box 9689 Stn Prov Govt, Victoria BC V8W 9P8
Tel: (Lower Mainland) 604 456-6950, (Rest of BC) 1 866 456-6950 Web: **www.hibc.gov.bc.ca**

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Save | Print | Clear Form

INSTRUCTIONS FOR COMPLETING AND SUBMITTING THIS CLAIM

Only the following claim types can be submitted by mail using this downloadable "fill, print and mail" Claim Form:

- Pay patient claims for opted-out practitioners

If a practitioner can demonstrate that they reside in a community without internet access or that obtaining internet access will cause significant financial hardship, they can submit their claims via mail using a Claim Form. To receive paper copies of the form, practitioners must request an exemption in writing demonstrating that obtaining internet access will cause significant hardship. Requests for an exemption should be sent to Health Insurance BC at the address listed at the bottom of page 1. All other claims must be submitted electronically.

Mail the completed form to the address that appears at the bottom of page 1 of this form. **Please do not include your receipts(s) with this claim.**

Claims must be submitted to the Medical Services Plan (MSP) within 90 days of the date of service.

PATIENT AND PAYMENT INFORMATION

In order for MSP to process this claim, the following areas must be completed:

- patient's PERSONAL HEALTH NUMBER
- PATIENT'S LEGAL FIRST NAME, first initial of SECOND NAME (if you legally have a second name), and LAST NAME
- PATIENT BIRTHDATE (day, month and year)
- PATIENT SIGNATURE (or signature of parent/guardian)
- PAYMENT MAILING ADDRESS - ensure the address inserted is the address to which payment should be made

PRACTITIONER AND SERVICES INFORMATION

Also, please ensure that your practitioner has completed the areas listed below on your behalf. If these areas are not complete, please return the form to your practitioner, as we will be unable to process your claim.

- DATE OF SERVICE
- NO. (number) OF SERVICES
- S.C.C. (service clarification code)—if applicable
- FEE ITEM
- AMOUNT BILLED
- DIAGNOSTIC CODE
- SERVICE LOCATION CODE
- PRACTITIONER LAST NAME
- PRACTITIONER FIRST NAME
- PRACTITIONER SIGNATURE
- PAYMENT NUMBER
- PRACTITIONER NUMBER

Please allow 4 to 6 weeks for processing claims for routine medical services. Specialist services may require additional processing time.

MOVING?

When you move, please go to **www.hibc.gov.bc.ca**, choose "B.C. Residents" and click on "Change Your Address" to immediately update your address. Or call us – from the Lower Mainland at 604-683-7151 or from the rest of BC at 1-800-663-7100.