

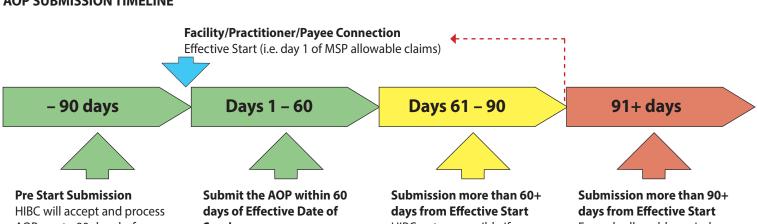
## **DIAGNOSTIC FACILITIES SERVICES** ASSIGNMENT OF PAYMENT AND MEDICAL DIRECTOR AUTHORIZATION MAIL-IN CONTACT INFORMATION

This form to be used only when the individual submitting an Assignment of Payment (AOP) form has not set up authentication through a mobile BC Services Card. To submit AOP forms electronically, submitter authentication is required. To set up authentication through a mobile BC Services Card, go to: www.gov.bc.ca/mobilebcservicescard.

If the individual submitting AOP forms cannot set up authentication through a mobile BC Services Card, they may submit AOP forms, with completed Mail-In Contact Information, to: Health Insurance BC Provider Programs, PO Box: 9480, Victoria, BC, V8W 9E7.

## PLEASE COMPLETE ONE CONTACT INFORMATION FORM FOR EACH ASSIGNMENT OF PAYMENT FORM SUBMITTED

For more information see:
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AOPs up to 90 days before Effective Date of Service

Can result in late payments

HIBC not responsible if payment loss occurs from late submissions

Exceeds allowable period; submit new AOP with Start Date moved forward (within 90 days); expect billing rejection for services provided more than 90 days prior to full AOP processing