



To withdraw from the LFP Payment Model, a practitioner must cancel their enrolment.
All information on this form must be completed by the practitioner.

Submit the completed form to:

- Mailing Address: 1515 Blanshard Street, Victoria BC V8W 9P4, PO Box 9649 STN PROV GOVT
- Fax: 250-952-1417

PART A: PRACTITIONER INFORMATION (REQUIRED)

Last Name of Practitioner	First Name of Practitioner	MSP Practitioner Number
Contact Email (required for confirmation of withdrawal)	Contact Phone Number	Contact Fax Number (optional)
<input type="checkbox"/> Physician (billed 98000)	Cancellation Date (YYYY / MM / DD)	
<input type="checkbox"/> Locum Physician (billed 98005)	Cancellation Date (YYYY / MM / DD)	

PART B: REASON FOR WITHDRAWAL

- ☐ Do not/no longer meet the Eligibility Criteria – please indicate reason in the comments section
- ☐ Enrolled in error
- ☐ Prefer to work under a different payment model
- ☐ No longer practicing in British Columbia
- ☐ Other – please explain in the comments section

Comments

PART C: DECLARATION AND PRACTITIONER SIGNATURE (REQUIRED)

I understand that:

- This is a legal document and I represent that the information that I have provided on this document is true to the best of my knowledge;
- A physician can voluntarily withdraw from the LFP Payment Model and transition to another payment model at any time but may not re-enroll for a period of 12 months unless approved in writing by the Medical Services Commission.

Signature of Practitioner	Date Signed (YYYY/MM/DD)
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