

DIAGNOSTIC FACILITY SERVICES  
**ASSIGNMENT OF PAYMENT &  
MEDICAL DIRECTOR AUTHORIZATION**

Only complete and authorized Assignment of Payment (AOP) forms will be accepted for processing. For definitions of terms, and to ensure all required information is included in your submission please refer to the Assignment of Payment Completion Instructions and Frequently Asked Questions found at [www.gov.bc.ca/assignmentofpayment](http://www.gov.bc.ca/assignmentofpayment)

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

**PART A: PRACTITIONER, PAYMENT AND FACILITY NUMBERS (recommend completion by the Payee)**

Name of Practitioner (the "Assignor") - Last Name, First Name		MSP Practitioner Number
Facility(s) indicated here MUST match the approval of the services indicated in Part B for the AOP form to be processed		
Name of Diagnostic Facility(s) (the "Assignee")	Payment Number(s)	Facility Number(s)

**PART B: MODALITY (recommend completion by the Payee)**

Please indicate the services for which the practitioner is assigning payment. Services with (\*) require confirmation of credentialing. For those within a public facility, 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) in Part A for the AOP form to be processed.

Public Health Authority	Privately Owned
<input type="radio"/> Electromyography * <input type="radio"/> Electroencephalography * <input type="radio"/> Nuclear Medicine * <input type="radio"/> Polysomnography * <input type="radio"/> Pulmonary Function * <input type="radio"/> Radiology <input type="checkbox"/> Bone Densitometry <input type="checkbox"/> CT Colonography * <input type="checkbox"/> Cardiac CT/CT Coronary Angiography * <input type="checkbox"/> Digital Breast Tomosynthesis <input type="radio"/> Ultrasound <input type="checkbox"/> Doppler Studies <input type="checkbox"/> Nuchal Translucency * <input type="checkbox"/> Transthoracic Echocardiography * <input type="checkbox"/> Transesophageal Echocardiography *	<input type="radio"/> Electromyography * <input type="radio"/> Polysomnography * <input type="radio"/> Pulmonary Function * <input type="checkbox"/> Category IIA * <input type="checkbox"/> Category IIB * <input type="checkbox"/> Category IVA * <input type="radio"/> Radiology <input type="checkbox"/> Bone Densitometry <input type="checkbox"/> Digital Breast Tomosynthesis <input type="radio"/> Ultrasound <input type="checkbox"/> Non-Cardiac Doppler Studies <input type="checkbox"/> Nuchal Translucency *

If selecting services with an asterisk (\*), confirmation of appropriate practitioner credentialing from the College of Physicians and Surgeons of BC or the applicable Health Authority to perform the services noted above **must** be attached and uploaded with this form. Is confirmation of appropriate credentials attached? ☐ Yes

**PART C: EFFECTIVE DATE OF SERVICE (recommend completion by the Payee)**

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 start date.

This AOP form must be fully processed within 90 days of the start date 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 the practitioner ceases to provide services before the end date, complete and submit a Cancellation of Assignment of Payment form, found at: [www.gov.bc.ca/assignmentofpayment](http://www.gov.bc.ca/assignmentofpayment).

This Assignment of Payment is effective for the following time period:		Please check one:	
START: YYYY MM DD	END: YYYY MM DD	<input type="radio"/> Locum † <input type="radio"/> New Full Time Staff Member † <input type="radio"/> New Part Time Staff Member † <input type="radio"/> New Service / Modality †	<input type="radio"/> Renewal (no medical director authorization required) † These AOP forms require Medical Director authorization in Part D

**PART D: PRACTITIONER AND PAYEE AUTHORIZATION (to be completed by the practitioner and payee)**

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 (authorized representative of organization receiving payment)	
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 E: MEDICAL DIRECTOR / DELEGATED SIGNING AUTHORITY (do not sign for renewals)**

This form must be authorized by the Medical Director responsible for the modality(s) indicated in Part B, confirming the practitioner is joining the facility(s) noted in Part A for the dates specified in Part C. The Medical Director may delegate signing authority at their discretion; however, the Medical Director remains responsible for all information authorized. If a delegate is signing, the delegate must identify the Medical Director on whose behalf they are authorizing the information.

Medical director authorization is only required for Locum, New Full Time Staff Member, New Part Time Staff Member, or New Service Assignment of Payment forms.

**Facility Medical Director (if Delegate please complete all fields)**

Medical Director Name		Signature of Medical Director / Delegated Signing Authority			
Delegate Name	Delegate Title				
		Date Signed	YYYY	MM	DD

**PART F: CONFIRMATION OF APPROVAL**

**All information submitted will be reviewed and approved by Health Insurance BC (HIBC). Processing may take up to 30 days. Once the AOP form is approved and processing is complete, a confirmation email will be sent to the individual who submitted the AOP form.**

**Contact HIBC toll-free at 1-866-456-6950 or email [HIBC.AOP@gov.bc.ca](mailto:HIBC.AOP@gov.bc.ca) with any questions about your AOP.**

**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.

**DEFINITIONS**

**Credentialing:** The provincial standard established as a requirement to perform and bill a particular outpatient service or fee code. For services with an asterisk (\*), confirmation of appropriate practitioner credentialing is required. More information and a confirmation of credentialing template are found at: [www.gov.bc.ca/assignmentofpayment](http://www.gov.bc.ca/assignmentofpayment)

**Effective Date of Service:** The start/end dates of the assignment of payment. For the AOP form, practitioners must have a continuous effective date of service, with a maximum of two (2) years (e.g., START 2017/01/01: END 2018/12/31). For Medical Imaging, the effective date of service is the date service is performed (not the date practitioner starts work).

**Locum:** A practitioner with appropriate medical staff privileges who substitutes on a temporary basis for another practitioner. Locums may cover for either Full Time Staff Members or Part-Time Staff members.

**Medical Director:** The practitioner responsible for the modality/services indicated in Part B, at the facility listed in Part A.

**New Full Time Staff Member:** A practitioner working at a diagnostic facility on a full-time basis, usually providing service at least 9 months or greater of the year.

**New Part-Time Staff Member:** A practitioner working at a diagnostic facility on a part-time basis, usually providing service for a period of less than 9 months of the year.

**New Service/Modality:** Provision of a new service or modality by a practitioner who is already working/providing services at a facility where that practitioner has an existing assignment of payment in place.

**Payee:** The authorized representative of the organization receiving payment.

**Renewal:** Applies to a practitioner who will be providing the same services as those listed on their previous AOP form, without any break in the coverage period.

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 Health Insurance BC at: [HIBC.AOP@gov.bc.ca](mailto:HIBC.AOP@gov.bc.ca)