



BRITISH
COLUMBIA

Health
InsuranceBC

**APPLICATION FOR BILLING NUMBER
(NURSE PRACTITIONER/REGISTERED NURSE/
LICENSED PRACTICAL NURSE)**

This form must be completed before a number can be issued.

☐ NURSE PRACTITIONER ☐ PROVISIONAL NURSE PRACTITIONER ☐ REGISTERED NURSE ☐ LICENSED PRACTICAL NURSE

1. PERSONAL INFORMATION

SURNAME		GIVEN NAME (FIRST)		GIVEN NAME (SECOND)	
LEGAL NAME					
DATE OF BIRTH	MM	DD	YYYY	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OTHER	CITIZENSHIP
					If non-Canadian, indicate your status in Canada and enclose a copy of your Work Permit and/or Landed Immigrant status papers.
BUSINESS MAILING ADDRESS			CITY		POSTAL CODE
PHONE NUMBER		FAX NUMBER		EMAIL ADDRESS	
HOME ADDRESS (NUMBER AND STREET)			CITY		POSTAL CODE
PHONE NUMBER		FAX NUMBER		EMAIL ADDRESS	

2. REGISTRATION

NAME OF COLLEGE	DATE OF FULL PRACTISING REGISTRATION MM DD YYYY	COLLEGE REGISTRATION #

3. SPECIAL CERTIFICATION AS PER CRNBC STANDARDS, LIMITS AND CONDITIONS

(Applicable for Nurse Practitioners only) website: www.crnbc.ca

COPY OF CERTIFICATE MUST BE SUBMITTED WITH APPLICATION	
<input type="checkbox"/> FAMILY	<input type="checkbox"/> ADULT
<input type="checkbox"/> PAEDIATRIC	<input type="checkbox"/> NEONATAL PROVISIONAL

4. DECLARATION AND SIGNATURE

I understand that MSP is a public system based on trust, but also that my claims are subject to audit and financial recovery for claims contrary to the <i>Medicare Protection Act</i> (the "Act"). I undertake to not submit false or misleading claims information, and acknowledge that doing so is an offence under the Act and may be an offence under the Criminal Code of Canada. Further, I agree that I will meet the requirements of the Act and related Payment Schedule regarding claims for payment, including that prior to submitting a claim I must create: (a) an adequate medical record, if I am a medical practitioner; or (b) an adequate clinical record, if I am a health care practitioner.	SIGNATURE
	DATE SIGNED

Personal information is collected under the authority of the *Medicare Protection Act* and section 26 (a), (c) and (e) of the *Freedom of Information and Protection of Privacy Act* for the purposes of administration of the Medical Services Plan. If you have any questions about the collection and use of your personal information, please contact the Health Insurance BC Chief Privacy Office at Health Insurance BC, Chief Privacy Office, PO Box 9035 STN Prov Govt, Victoria BC V8W 9E3 or call 604-683-7151 (Vancouver) or 1-800-663-7100 (toll free).

Mailing Address: Provider Programs, PO Box 9480 Stn Prov Govt, Victoria BC V8W 9E7
Tel: (Lower Mainland) 604 456-6950, (Rest of BC) 1 866 456-6950 FAX: 250 405-3592 Web: www.hibc.gov.bc.ca