

APPLICATION FOR MSP BILLING NUMBER (MIDWIVES)

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

1. PERSONAL INFORMATION			
SURNAME	GIVEN NAME (F	RST) GIV	EN NAME (SECOND)
LEGAL NAME			
DATE MM DD YYYY OF BIRTH	M F 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		СІТҮ	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 REGISTRATION (MM / DD / YYYY)	REGISTRATION #
3. PAYMENT			

To apply for Direct Bank Payment from MSP BC, please complete the Application for Direct Bank Payment (HLTH 2832), https://www2.gov.bc.ca/assets/gov/health/forms/2832fil.pdf

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	SIGNATURE			
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.	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**