



ALTERNATIVE PAYMENTS PROGRAM (APP) APPLICATION FOR ADDITIONAL PAYMENT NUMBER

APP ONLY: Reserved "Y" status payee number

Empty box for reserved "Y" status payee number

SECTION A: RESPONSIBLE PARTY INFORMATION

Form for Section A: Responsible Party Information with fields for MSP Practitioner Number, Current Full Name, Current MSP Payment Number(s), and Mailing Address.

SECTION B: PAYEE INFORMATION

Form for Section B: Payee Information with fields for Sessional Commitment / Service Contract / Salary Contract Name and Service Description.

SECTION C: PAYMENT

Form for Section C: Payment with radio buttons for Contract, Sessional Arrangement, and Salary Contract, and a checkbox for encounter reporting only.

SECTION D: WEB/TELEPLAN (IF APPLICABLE)

Form for Section D: Web/Teleplan (if applicable) with a text field for Data Centre Number.

SECTION E: AUTHORIZATION

Form for Section E: Authorization with fields for Effective Date, Responsible Practitioner's MSP Number, Telephone Number, Fax Number, Name of Responsible Practitioner, and Email Address.

Note: For Payees where the care providers will be submitting \$0 encounters only and where no single provider under the Payee can be considered the Most Responsible Physician, Section E can be signed by the contract manager at the Health Authority. More information is available here: https://www.pcnbc.ca/en/pcn/permalink/pcn91

Mailing Address:

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