BRITISH COLUMBIA | Health InsuranceBC

MEDICAL SERVICES PLAN (MSP)
PAY PRACTITIONER CLAIM

PV

CLAIMS MUST BE SUBMITTED WITHIN 90 DAYS. PLEASE DO NOT FAX THIS FORM.

To ensure this claim is processed, please follow instructions on page 2.

A B C D
USE CAPITAL LETTERS ONLY

PATIENT INFORMATION

PERSONAL HEALTH NUMBER (PHN)

DEPENDANT

PATIENT LEGAL FIRST NAME

SECOND NAME INITIAL

PATIENT LEGAL LAST NAME

PATIENT BIRTHDATE (MM / YYYY)

MVA RELATED? YES

IF YES, MVA CLAIM NUMBER

CORRESPONDENCE ATTACHED

SUBMISSION CODE

PLAN REFERENCE NUMBER OF ORIGINAL CLAIM

SERVICE(S)

DATE OF SERVICE MONTH	DAY	YEAR	NO. OF SERVICES	S.C.C.	FEE ITEM	AMOUNT BILLED	TIME CALLED START	RENDERED FINISH	DIAGNOSTIC CODE	LOC. OF SERV.

HOSPITAL VISITS

DATE OF SERVICE MONTH	DAY FROM - TO	YEAR	NO. OF SERVICES	S.C.C.	FEE ITEM	AMOUNT BILLED	DIAGNOSTIC CODE	LOC. OF SERV.

STATE TYPE OF PROCEDURE OR OPERATION

PRACTITIONER INFORMATION

PRACTITIONER LAST NAME OR CLINIC NAME

FIRST NAME INITIAL

PRACTITIONER SIGNATURE

PAYMENT NUMBER

PRACTITIONER NUMBER

SPEC. CODE

REFERRED BY

PRACTITIONER NUMBER

REFERRED BY (PRACTITIONER LAST NAME)

FIRST NAME INITIAL

COVERAGE PRE-AUTHORIZATION NUMBER

REFERRED TO

PRACTITIONER NUMBER

REFERRED TO (PRACTITIONER LAST NAME)

FIRST NAME INITIAL

Mailing Address: Health Insurance BC, Medical Services Plan, PO Box 9689 Stn Prov Govt, Victoria BC V8W 9P8
Tel: (Lower Mainland) 604 456-6950, (Rest of BC) 1 866 456-6950 Web: **www.hibc.gov.bc.ca**

HLTH 1915 V3 Rev. 2012/08/16

PRINT

RESET

INSTRUCTIONS FOR COMPLETING AND SUBMITTING THIS CLAIM

Only the following claim types can be submitted by mail using this downloadable “fill, print and mail” Claim Form:

- Correctional facilities claims
- Dental claims
- Reciprocal claims
- Claims for patients covered under the Critical Care Coverage Program

If a practitioner can demonstrate that they reside in a community without internet access or that obtaining internet access will cause significant financial hardship, they can submit their claims via mail using a Claim Form. To receive paper copies of the Claims Form, practitioners must request an exemption in writing demonstrating that obtaining internet access will cause significant hardship. Requests for an exemption should be sent to Health Insurance BC at the address listed at the bottom of page 1. All other forms must be submitted electronically

Mail the completed form to the address that appears at the bottom of page 1 of this form.

Claims must be submitted to the Medical Services Plan (MSP) within 90 days of the date of service.

PATIENT INFORMATION

In order for MSP to process this claim, the following areas must be completed:

- patient’s PERSONAL HEALTH NUMBER
- PATIENT’S LEGAL FIRST NAME, first initial of SECOND NAME (if you legally have a second name), and LAST NAME
- PATIENT BIRTHDATE (month and year)

PRACTITIONER AND SERVICES INFORMATION

Please ensure that all the areas listed below are completed. Otherwise, we will be unable to process your claim.

- DATE OF SERVICE
- NO. (number) OF SERVICES
- S.C.C. (service clarification code)—if applicable
- FEE ITEM
- AMOUNT BILLED
- DIAGNOSTIC CODE
- PRACTITIONER LAST NAME OR CLINIC NAME
- PRACTITIONER SIGNATURE
- PAYMENT NUMBER
- PRACTITIONER NUMBER

Please allow 4 to 6 weeks for processing claims for routine medical services. Specialist services may require additional processing time.