



A Cancellation of Assignment of Payment form is required when the Assignment of Payment term has been terminated and services will no longer be provided by the assignor.

**Only complete and authorized Cancellation of Assignment of Payment forms will be accepted for processing.**

PART A: PRACTITIONER AND CANCELLATION INFORMATION			
Name of Practitioner (the "Assignor")			MSP Practitioner Number
Name of Diagnostic Facility(s) (the "Assignee")	Facility Number(s)	Payment Number(s)	Cancellation Date(s)

PART B: PRACTITIONER AND PAYEE AUTHORIZATION			
<p>As an Assignment of Payment is a legal agreement by which an attending physician designates payment for his/her services to another party, authorization is required to officially terminate the attachment.</p> <p>All information on this form must be authorized by the assigning practitioner.</p> <p><i>I confirm the changes stated here are current and accurate and in compliance with Section 43(1)(g) of the Medical and Health Care Services Regulation, whereby the Medical Services Commission (MSC) requires notification of any changes to a diagnostic facility's medical staff or supervisory personnel, as previously represented to the MSC in an application or otherwise.</i></p>			
PRACTITIONER		PAYEE	
Signature of the Practitioner		Signature of the Authorized Payee Representative	
		Print Name Authorized Payee Representative	
Date Signed      YYYY      MM      DD		Date Signed      YYYY      MM      DD	
		Title of Authorized Payee Representative	
Date Signed		Name of Organization	

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 processing your Cancellation of 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