<table>
<thead>
<tr>
<th>PATIENT'S NAME</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>NAME OF SPOUSE, PARENT OR GUARDIAN</th>
<th>EXP. CODE</th>
<th>ADDRESS</th>
<th>DATE OF SERVICE</th>
<th>M.S.P. USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td>Given</td>
<td>Init.</td>
<td>MM DD YYYY</td>
<td>PERSONAL HEALTH NO.</td>
<td></td>
<td>MM DD YYYY</td>
<td>PLEASE REFER TO EXPLANATION OF CODES BELOW</td>
</tr>
</tbody>
</table>

**EXPLANATION OF CODES:**
1. ADJUSTMENT PENDING
2. NOT ACTIVE ON THE DATE OF SERVICE
3. UNABLE TO LOCATE
4. NUMBER CORRECT - RESUBMIT CLAIM
5. INSUFFICIENT INFORMATION
6. PLEASE CONTACT B.C. CORRECTIONS BRANCH
7. CARD REPORTED LOST / STOLEN (PLEASE CHECK PATIENT'S IDENTIFICATION)
8. WRITING ILLEGIBLE, PLEASE CLARIFY
9. THIS PATIENT IS NOT ELIGIBLE FOR B.C. COVERAGE ON YOUR DATE OF SERVICE
10. BABY NOT REGISTERED YET
11. CURRENT COVERAGE
12. FUTURE COVERAGE
13. PLEASE HAVE PATIENT CONTACT MSP
14. COVERAGE REINSTATED, RESUBMIT CLAIM WITH SUBMISSION CODE "C" AND ADD "REINSTATE COVERAGE" IN NOTE FIELD

**TO MAINTAIN A SUPPLY FOR YOUR USE, WE REQUEST THAT YOU KEEP ONE OF THESE FORMS FOR PHOTOCOPYING PURPOSES**