



The Medical Services Plan's payment of surgery for the alteration of appearance is determined in accordance with the Payment Schedule of the Medical Services Commission.

1. PATIENT INFORMATION

Form with fields: NAME, PERSONAL HEALTH NUMBER, DATE OF BIRTH (DD/MM/YYYY)

2. MEDICAL INFORMATION

Form with fields: PROPOSED SURGICAL PROCEDURE, FEE ITEM, PREVIOUS SURGERY AND / OR TRAUMA DATE, DESCRIPTION OF MEDICAL CONDITION(S) OR ATTACH CONSULTATION REPORT. Includes instructions for blepharoplasty and gender reassignment surgery.

3. PRACTITIONER INFORMATION

Form with fields: NAME, PRACTITIONER NUMBER, PRACTITIONER SIGNATURE, DATE

4. MEDICAL SERVICES PLAN COMPLETES

Form with checkboxes: APPROVED WITH OPERATIVE REPORT, APPROVED UNDER FEE ITEM(S), NOT APPROVED, ADDITIONAL INFORMATION REQUIRED:; and fields: SIGNATURE, DATE

Personal information is collected under the authority of the Medicare Protection Act, the Hospital Insurance Act and section 26 (a), (c) and (e) of the Freedom of Information and Protection of Privacy Act for the purposes of administering provincial health care benefits.

Please note:

Surgery to alleviate significant physical symptoms or to restore or improve function to any area altered by disease, trauma or congenital deformity normally is a benefit under the Medical Services Plan. Surgery solely to alter or restore appearance is not a benefit of the Medical Services Plan except under the specific circumstances listed in the Preamble D.9 of the Payment Schedule of the Medical Services Commission.

When pre-authorization of payment has been granted

- ✧ Any pre-authorization granted is subject to the patient having coverage with the Medical Services Plan (MSP) at the time of the surgery. MSP coverage can be verified by calling the Claims Coverage Enquiry Unit at 604 456-6950 (Vancouver) or 1 866 456-6950 (rest of BC).
- ✧ Please provide a copy of this form to the hospital when booking this surgery. This form may also serve as authorization for coverage of hospital charges when the patient is admitted to an acute care hospital as an inpatient or daycare patient when MSP has granted pre-authorization of payment.
- ✧ Please note: any payment pre-authorization is limited to the fee item(s) indicated on this form. In the event that any additional surgical procedures are undertaken at the same time, without pre-authorization from MSP, the patient should be advised that he/she is responsible for payment of any hospital services related to such a procedure.

When pre-authorization of payment has not been granted

- ✧ The information provided does not indicate sufficient medical necessity to enable us to grant authorization for the proposed surgery as an insured benefit of MSP. If you would like to request a review of this decision, write to the address below, being sure to provide any additional details that you feel may be pertinent to this case.
- ✧ Please be sure to advise your patient that if they proceed with this surgery without pre-authorization from MSP, they will be responsible for all costs including any costs for hospital services.

Completed forms may be faxed to 250 405-3590

or mailed to Health Insurance BC at the address at the bottom of page 1.