BRITISH COLUMBIA | Health InsuranceBC
The Best Place on Earth

MEDICAL SERVICES PLAN
APPLICATION FOR TELEPLAN SERVICE
OPTED-OUT PRACTITIONERS

TYPE OF PRACTICE: SOLO ☐ CLINIC ☐

PRACTITIONER NAME

ADDRESS

CITY | POSTAL CODE | PHONE NO.

CONTACT PERSON | PHONE NO.

FOR MSP USE ONLY

USER ID: _____

DATA CENTRE NO.: _____

DEFAULT PASSWORD: _____

DATE PROCESSED: _____

TSO: _____

YOUR CURRENT MSP PAYMENT NUMBER

TELEPLAN CLAIM SUBMISSION INFORMATION

DATA CENTRE INFORMATION

NEW DATA CENTRE	JOINING EXISTING DATA CENTRE	RE-ACTIVATE PREVIOUS DATA CENTRE
NAME: _____	NAME: _____	NAME: _____
CONTACT: _____	DATA CENTRE NO.: _____	DATA CENTRE NO.: _____

SYSTEM

MAKE/MODEL OF COMPUTER: _____

MAKE/MODEL OF MODEM: _____ ☐ INT ☐ EXT SPEED: _____

SOFTWARE NAME: (must be MSP tested and approved) _____

VENDOR: _____ SUPPLIER: _____

TERMS AND CONDITIONS

NOTE:

- All claim information such as: Refusal/Messages/Electronic Remittance will be returned to the practitioner.
- It is the practitioner's responsibility to provide patients with payment/refusal information.
- Patient's signature on your clinical records or separate form is mandatory for each service provided.
- CHEQUES WILL BE FORWARDED TO THE ADDRESS SUBMITTED ON THE CLAIM RECORD.
- Submission of claims must be under your personal payment number.
- An application form is required for every payee number.

I HAVE READ AND UNDERSTAND THE REGULATIONS AND REQUIREMENTS FOR CLAIMS SUBMISSION.

APPLICANT'S SIGNATURE _____ DATE _____

Personal information on this form is collected under the authority of the *Medicare Protection Act* and will be used to process your application for electronic billing, planning and record keeping. This information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act* and may be disclosed only as provided by that Act. If you have any questions about the collection of this information, contact Health Insurance BC at the address or telephone numbers below.

Mailing Address: Provider Programs, PO Box 9480 Stn Prov Govt, Victoria BC V8W 9E7
Tel: (Lower Mainland) 604 456-6950, (Rest of BC) 1 866 456-6950, Fax: 250 405-3592 Web: **www.hibc.gov.bc.ca**

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