

PRACTITIONER	REGISTR	ATION
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NOTE: This form must be completed before a Medical Services Plan number can be issued.

1. PERSONAL INFORMATION							
NAME (FULL NAME, NO INITIALS)		DATE OF BIRTH (MM / DD / YYYY)		GENDER	GENDER		
				М	F OTHER		
REGISTRATION DATE WITH COLLEGE (MM/DD/YYYY) REGISTRATION NO.	LICENCE	GRADUATED FROM		I	YEAR		
	TEMPORARY						
	FULL						
CITIZENSHIP		STATUS IN CANADA					
If non-Canadian, indicate your status in Canada and enclose a copy of your Work Permit and/or Landed Immigrant status papers.							
TYPE OF PRACTITIONER							
NATUROPATH MASSAGE THERAPIST (OPTOMETRIST	ACUPUNCT	URIST				
PODIATRIST CHIROPRACTOR F	PHYSICAL THERAPIST						
2. BILLING OPTION: IMPORTANT							
DO YOU WISH TO OPT IN OR OPT OUT OF THE MEDICAL SERVICES PLAN?							
OPT IN: Bill the Medical Services Plan for payment in full (Cannor	t charge private fee	to patient).					
OPT OUT: Bill the patient (Can charge private fee to patient). * Pa	tient* receives rein	nbursement for MSP p	ortion.				
3. PAYEE FILE INFORMATION							
BUSINESS HOME							
MAILING ADDRESS		CITY			POSTAL CODE		
EMAIL ADDRESS	PHO	NE NUMBER		FAX NUMBER			
4. DECLARATION AND SIGNATURE							
I understand that MSP is a public system based on trust, but also tha	t my claims are subi	iect to audit and	SIGNATURE				
financial recovery for claims contrary to the <i>Medicare Protection Act</i> (the "Act"). I undertake to							
false or misleading claims information, and acknowledge that doing							
may be an offence under the Criminal Code of Canada. Further, I agr							
the Act and related Payment Schedule regarding claims for payment, including that prio							
a claim I must create: (a) an adequate medical record, if I am a medical practitioner; or (b			DATE SIGNED				
clinical record if I am a health care practitioner							

Personal information is collected under the authority of the *Medicare Protection Act* and section 26 (a), (c) and (e) of the *Freedom of Information and Protection of Privacy Act* for the purposes of administration of the Medical Services Plan. If you have any questions about the collection and use of your personal information, please contact the Health Insurance BC Chief Privacy Office at Health Insurance BC, Chief Privacy Office, PO Box 9035 STN Prov Govt, Victoria BC V8W 9E3 or call 604-683-7151 (Vancouver) or 1-800-663-7100 (toll free).

Mailing Address: Provider Programs, PO Box 9480 Stn Prov Govt, Victoria BC V8W 9E7	
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