



To be completed by applicants for facilities that do not have a valid MSP Facility Number.

All information on this form must be authorized by the responsible Practitioner for the facility (the "Administrator") to which the MSP Facility Number may be issued. If there are any changes to the information contained in this document after it has been submitted, the Administrator must submit an 'Application to Cancel or Change Details for Facilities with an MSP Facility Number' form.

You must complete all parts of this form.

PART A: ADMINISTRATOR			
Administrator Last Name		Administrator First Name	
MSP Practitioner Number		Facility or Practice Name	
Facility Effective Date (YYYY / MM / DD)		Contact Email (Optional)	
Contact Phone Number		Contact Fax Number (Optional)	
Facility Physical Address (Number and Street)		City	Postal Code
Facility Mailing Address (if different than facility physical address)		City	Postal Code
PART B: BUSINESS COST PREMIUM			
<p>The Business Cost Premium applies to Eligible Fees claimed by Eligible Physicians for services that are provided in a community-based office that has been issued an MSP Facility Number. MSP Facility Numbers are issued to qualifying facilities, based on the physical location of the facility.</p> <p>Eligible Physicians are those practitioners who are responsible to pay for some or all of the lease, rental, or ownership costs of the community-based office that has been issued an MSP Facility Number. Eligible Physicians must apply to be attached to the MSP Number for a facility to claim the Business Cost Premium on Eligible Fees for services provided at that facility.</p> <p><input type="checkbox"/> The applicant requests that the Business Cost Premium be applied to Eligible Fees paid to Eligible Physicians attached to this facility.</p> <p><input type="checkbox"/> The applicant requests that the Business Cost Premium not be applied to the facility referenced in this form.</p>			
PART C: DECLARATION AND ADMINISTRATOR SIGNATURE			
<p>I understand that:</p> <ul style="list-style-type: none"> i. this is a legal document and I represent that the information that I have provided on this document is true to the best of my knowledge; ii. MSP is a public system based on trust, but also that claims, including those portions relating to the Business Cost Premium, are subject to audit and financial recovery for claims made contrary to the <i>Medicare Protection Act</i> (the "Act"); iii. submitting false or misleading claims information is an offence under the Act and may be an offence under the Criminal Code of Canada; iv. the Business Cost Premium applies to Eligible Fees claimed by Eligible Physicians for services that are provided in a community-based office that has been issued an MSP Facility Number. Eligible Physicians are those who are responsible to pay for some or all of the lease, rental, or ownership costs of the community-based office that has been issued an MSP Facility Number. Eligible Physicians, including Administrators who wish to attach, must apply separately to be attached to the MSP Facility Number for this facility to claim the Business Cost Premium on Eligible Fees for services provided at this facility by submitting a Practitioner Attachment to MSP Facility for Business Cost Premium Form. v. (a) any MSP Facility Number issued to this facility is specific to this facility and to the physical address of this facility; (b) the MSP Facility Number issued to this facility will be used to calculate the applicable Business Cost Premium on Eligible Fees payable to Eligible Physicians providing services at this facility; and (c) Physicians who do not meet the criteria to be Eligible Physicians or who are not entitled to bill Eligible Fees for this facility are not to be attached to the MSP Facility Number assigned to this facility; and vi. If the facility set out in this document is provided with an MSP Facility Number, then I, as "Administrator" may be subsequently provided with information from the applications of practitioners requesting attachment to such MSP Facility Number for the purpose of confirming whether such attachments are valid and accord with the requirements set out in paragraphs iv. and v. above. 			
Signature of Administrator		Date Signed (YYYY / MM / DD)	

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).