

MEDICAL SERVICES PLAN (MSP) LFP PAYMENT MODEL - WITHDRAWAL

HLTH 2981 2024/06/17

To withdraw from the LFP Payment Model, a physician must provide written notice to the Ministry of Health by completing this form. All information on this form must be completed by the practitioner.

Submit the completed form to: • Mailing Address: LFP Payment Schedule, PO Box 9649 Stn Prov Govt, Victoria, BC V8W 9P4

• Fax: 250-952-1417

To facilitate accurate Panel Payments, please also complete the Doctors of BC "Practice Change Declaration Form" at https://www.doctorsofbc.ca/lfp/practice-change-declaration

PART A: PRACTITIONER INFORMATION (REQUI	RED		
Last Name of Practitioner First Name of Practitioner			MSP Practitioner Number
Contact Email (required for confirmation of withdrawal)	Contact Phone Nui	nber	Contact Fax Number (optional)
PART B: WITHDRAWAL			
Note: A physician cannot withdraw from Clinic-based Services (Billed 98002) and remain enrolled in another LFP Setting. Withdrawal from 98002 requires withdrawal from 98000 and/or 98005.			ancellation Date (YYYY / MM / DD)
Complete Withdrawal from LFP Payment Model			
☐ Longitudinal Family Physician (Enrolment Code 98000) ——▶			
☐ Locum Physician (Locum Enrolment Code 98005) ——➤			
Withdrawal From a Setting			
Long-term Care & Palliative Care Facility Services (Setting Registration Code 98003) ——>			
☐ Inpatient Services (Setting Registration Code 98004) ——▶			
☐ Pregnancy & Newborn Services (Setting Registration Code 98006) ——▶			
PART C: REASON FOR WITHDRAWAL			
On not/no longer meet the Eligibility Criteria No longer providing care		providing care in t	he specified setting
– please indicate reason in the comments sed	Other – please explain in		h Columbia
Enrolled in error			Comments section
Prefer to work under a different payment mo	del		
Comments			
PART D: DECLARATION AND PRACTITIONER SIG	GNATURE (REQUIRED)		
I understand that:		Signature of Practition	oner
i. This is a legal document and I represent that t provided on this document is true to the best			
ii. A physician who withdraws from the LFP Payr			
re-enrol for a period of 12 months unless app Medical Services Commission. This does not a a facility-based setting only.		Date Signed (YYYY/I	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).