



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 (REQUIRED)

Table with 3 columns: Last Name of Practitioner, First Name of Practitioner, MSP Practitioner Number, Contact Email, Contact Phone Number, 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. Cancellation Date (YYYY / MM / DD)

Complete Withdrawal from LFP Payment Model

Form with checkbox: Longitudinal Family Physician (Enrolment Code 98000) ->

Form with checkbox: Locum Physician (Locum Enrolment Code 98005) ->

Withdrawal From a Setting

Form with checkbox: Long-term Care & Palliative Care Facility Services (Setting Registration Code 98003) ->

Form with checkbox: Inpatient Services (Setting Registration Code 98004) ->

Form with checkbox: Pregnancy & Newborn Services (Setting Registration Code 98006) ->

PART C: REASON FOR WITHDRAWAL

Form with radio buttons for reasons: Do not/no longer meet the Eligibility Criteria, Enrolled in error, Prefer to work under a different payment model, No longer providing care in the specified setting, No longer practicing in British Columbia, Other - please explain in the Comments section

Comments section

PART D: DECLARATION AND PRACTITIONER SIGNATURE (REQUIRED)

Form with text: I understand that: i. This is a legal document... ii. A physician who withdraws... Signature of Practitioner, Date Signed (YYYY/MM/DD)