BRITISH COLUMBIA | Health InsuranceBC

MEDICAL SERVICES PLAN (MSP)
LFP PAYMENT MODEL - WITHDRAWAL

HLTH 2981 2026/05/25

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

Last Name of Practitioner	First Name of Practitioner	MSP Practitioner Number

Contact Email (required for confirmation of withdrawal)	Contact Phone Number	Contact Fax Number (optional)

PART B: WITHDRAWAL

Note: A Longitudinal Family Physician cannot withdraw from Clinic-based Services (Billed 98002) and remain enrolled in another LFP Setting. Withdrawal from 98002 requires withdrawal from 98000.	**Cancellation 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	
☐ Clinic-based Services (Setting Registration Code 98002) **Locum only** →	
☐ 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

- ◯ Do not/no longer meet the Eligibility Criteria – please indicate reason in the comments section
- ◯ 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

PART D: DECLARATION AND PRACTITIONER SIGNATURE (REQUIRED)

I understand that:

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. A physician who withdraws from the LFP Payment Model may not re-enrol for a period of 12 months unless approved in writing by the Medical Services Commission. This does not apply to withdrawal from a facility-based setting only.

Signature of Practitioner

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).

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