



APPLICATION FOR MSP BILLING NUMBER (PHYSICIANS)

To be completed by new applicants who do not have a valid MSP billing number, are registered with the BC College of Physicians and Surgeons and wish to obtain a Medical Services Plan billing number.

1. PERSONAL INFORMATION

Form section 1: Personal Information. Includes fields for Surname, Given Name (First and Second), Date of Birth, Citizenship, Business Mailing Address, Home Address, Phone/Fax Numbers, and Email Address.

2. EDUCATION AND CERTIFICATION

Form section 2: Education and Certification. Includes fields for Medical School, Royal College Specialty, Royal College Sub-Specialty, Non Royal College Specialty, and Non Royal College Sub-Specialty, along with corresponding dates of graduation and certification.

3. REGISTRATION: COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

Form section 3: Registration. Includes fields for Date of Registration, College ID # (CPSID), Restrictions (if any), License type (Full, Temporary, Education), Effective Date, and Cancellation Date.

4. PAYMENT

Form section 4: Payment. Includes a section to indicate the type of payment being sought (Hospital or Agency Funded, APB Salaried or Sessional, Fee for Service, or Other) and instructions for Direct Bank Payment.

5. DECLARATION AND SIGNATURE

Form section 5: Declaration and Signature. Includes a declaration statement and fields for Signature and Date Signed.

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.