



APPLICATION FOR MSP BILLING NUMBER (DENTAL)

To be completed by new applicants who do not have a valid MSP billing number; are registered with the College of Dental Surgeons of British Columbia 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/Second), Date of Birth, Citizenship, Mailing Address (Business/Home), Phone/Fax/Email numbers, and City/Postal Code.

2. EDUCATION AND CERTIFICATION

Form section 2: Education and Certification. Includes 'Graduated From' section with date of entry and graduation, and 'Check Applicable Specialty(s)' section with checkboxes for Endodontist, General Practitioner Dentist, Oral & Maxillofacial Surgeon, Oral Medicine, Orthodontist, Pediatric Dentist, Periodontist, and Prosthodontist, each with an effective date field.

3. REGISTRATION: COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA

Form section 3: Registration. Includes fields for Date of Registration, College Registration #, License type (Full or Temporary), Effective Date, and Cancellation Date.

4. PAYMENT

Form section 4: Payment. Includes 'Important' notice about opting in/out of the Medical Services Plan, checkboxes for 'Opt In' and 'Opt Out', and a link to the Direct Bank Payment application form.

5. DECLARATION AND SIGNATURE

Form section 5: Declaration and Signature. Includes a declaration text about MSP and audit, and signature/Date Signed fields.

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.

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