



1. PERSONAL INFORMATION

Form section 1: Personal Information. Includes fields for Surname, Given Name (First and Second), Date of Birth (MM/DD/YYYY), Sex (M/F/Other), Citizenship, Business Mailing Address, City, Postal Code, Phone Number, Fax Number, and Email Address. Also includes Home Address, City, Postal Code, Phone Number, Fax Number, and Email Address.

2. REGISTRATION

Form section 2: Registration. Includes fields for Name of College, Date of Registration (MM/DD/YYYY), and Registration #.

3. PAYMENT

To apply for Direct Bank Payment from MSP BC, please complete the Application for Direct Bank Payment (HLTH 2832), https://www2.gov.bc.ca/assets/gov/health/forms/2832fil.pdf

4. DECLARATION AND SIGNATURE

Form section 4: Declaration and Signature. Includes a declaration text 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. 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).

Mailing Address: Provider Programs, PO Box 9480 Stn Prov Govt, Victoria BC V8W 9E7
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