BRITISH COLUMBIA | Health InsuranceBC

APPLICATION FOR MSP BILLING NUMBER (MIDWIVES)

This form must be completed before a number can be issued.

1. PERSONAL INFORMATION

	SURNAME	GIVEN NAME (FIRST)	GIVEN NAME (SECOND)
LEGAL NAME			

DATE OF BIRTH	MM	DD	YYYY	GENDER	CITIZENSHIP
				☐ F ☐ M	

If non-Canadian, indicate your status in Canada and enclose a copy of your Work Permit and/or Landed Immigrant status papers.

BUSINESS MAILING ADDRESS	CITY	POSTAL CODE

PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

HOME ADDRESS (NUMBER AND STREET)	CITY	POSTAL CODE

PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

2. REGISTRATION

NAME OF COLLEGE	DATE OF REGISTRATION (MM / DD / YYYY)	REGISTRATION #

3. PAYMENT

To apply for Direct Bank Payment from MSP BC, please attach a blank sample cheque.

4. SIGNATURE

Signature _____ *Date* _____

Personal information on this form is collected under the authority of the *Medicare Protection Act* and will be used to process your application for a Medical Services Plan Billing number and for record keeping. This information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act* and may be disclosed only as provided by that Act. If you have any questions about the collection of this information, contact Health Insurance BC at the address or telephone numbers below.

Mailing Address: Provider Programs, PO Box 9480 Stn Prov Govt, Victoria BC V8W 9E7
Tel: (Lower Mainland) 604 456-6950, (Rest of BC) 1 866 456-6950 FAX: 250 405-3592 Web: **www.hibc.gov.bc.ca**

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PRINT RESET