



The Operator Payment Administration (OPA) form is used to link a practitioner number to an approved outpatient laboratory facility (a payee), to facilitate Fee-for-Service (FFS) payments, and must be completed by both the facility operator and the designated Laboratory Medicine physician.

PART A1: PRIMARY LABORATORY MEDICINE PHYSICIAN DETAILS (TO BE COMPLETED BY DESIGNATED PHYSICIAN)

Part A1 is to be completed by the designated Laboratory Medicine physician whose practitioner number will be used to submit FFS claims from a facility. By completing Part A1, the physician agrees to the use of his/her practitioner number by the facility operator to submit outpatient laboratory FFS claims for services rendered in the facility(s) named in Part B.

Table with 3 columns: Physician (Assignor) Name, MSP Practitioner Number, Physician's Specialty; Position / Title, Date Signed, Physician's Signature

PART A2: SECONDARY LABORATORY MEDICINE PHYSICIAN DETAILS (TO BE COMPLETED BY DESIGNATED PHYSICIAN)

Part A2 is to be completed by the designated Laboratory Medicine physician whose practitioner number will be used to submit FFS claims from a facility. By completing Part A2, the physician agrees to the use of his/her practitioner number by the facility operator to submit outpatient laboratory FFS claims for services rendered in the facility(s) named in Part B.

Table with 3 columns: Physician (Assignor) Name, MSP Practitioner Number, Physician's Specialty; Position / Title, Date Signed, Physician's Signature

PART B: OPERATOR / FACILITY AND APPROVED LABORATORY FACILITY DETAILS (TO BE COMPLETED BY OPERATOR)

Part B is to be completed by the Operator of the approved laboratory facility(s). Note: Must not be the same as the designated physician(s) in Part A

Table with 3 columns: Operator / Facility (Assignee), Representative of Operator / Facility, Representative's Position or Title; OPA Start Date, OPA End Date, Date Signed, Representative's Signature

Table with 3 columns: Name of Facility, Payment Number, Facility Number

To submit an OPA form for processing, scan and upload the completed form through the secure upload tool https://labfacilities.phsa.ca/secureupload/faces/SecureUploadForm.jsf. If you need further information please refer to the user guide found at http://www.bccs.org/clinical-services/bcaplm/health-professionals/operator-payment-administration.

The Operator Payment Administration (OPA) form must be signed by a physician (the assignor) designated by the operator, and approved by an authorized representative of the operator (the assignee).

The operator must ensure that the selected physician is a Laboratory Medicine physician. The operator is responsible for the accuracy and appropriateness of the claims made under the assigned practitioner's number.

The information on the form will be in effect for up to four (4) years, unless otherwise stated in Part B, but may be updated as required by the operator to reflect current information. The purpose of the OPA form is strictly to facilitate payment, and is distinct from any clinical functions or medical responsibilities.

All information submitted will be reviewed and approved by Health Insurance BC (HIBC). Processing may take up to 30 days. Once the OPA form is approved and processing is complete, a confirmation email will be sent to the individual who submitted the OPA form.

Contact HIBC toll-free at 1-866-456-6950 or email HIBC.AOP@gov.bc.ca with any questions about your OPA form submission.

This information is collected by the Ministry of Health under section 26(1) of the Laboratory Services Act and will be used to administer the Laboratory Services Act, as it relates to the processing of the Operator Payment Administration form and for record keeping. Should you have any questions about the collection of this personal information, please contact Health Insurance BC at: HIBC.AOP@gov.bc.ca.