



DIAGNOSTIC FACILITY SERVICES
ASSIGNMENT OF PAYMENT &
MEDICAL DIRECTOR AUTHORIZATION

Before completing this form, refer to the Assignment of Payment Completion Checklist (www.gov.bc.ca/assignmentofpayment) to ensure all required information is included in your submission. Only complete and authorized Assignment of Payment forms will be accepted for processing.

All information on this form must be authorized by the assigning practitioner (the "Assignor"). As this is a legal document, if there are any changes to this submission after it has been received by Diagnostic Facilities Administration, a new Assignment of Payment form must be completed and authorized by the Assignor.

To submit an Assignment of Payment form, scan the completed form and upload at: www.gov.bc.ca/assignmentofpaymentupload

PART A: PRACTITIONER, PAYMENT AND FACILITY NUMBERS

Name of Practitioner (the "Assignor")
MSP Practitioner Number
Name of Diagnostic Facility(s) (the "Assignee")
Payment Number(s)
Facility Number(s)

PART B: MODALITY

Please check only the services for which you are assigning payment. Services with (*) require additional credentialing. For those with public facility privileges, credentialing must be processed through the affiliated health authority. For those working SOLELY in privately-owned facilities, credentialing is processed through the College of Physicians and Surgeons of BC. IMPORTANT: Services indicated here MUST match the approval of the facility(s) listed above for the Assignment of Payment to be processed.

Public Health Authority
Privately Owned
Electrocardiography
Electromyography *
Electroencephalography *
Nuclear Medicine *
Polysomnography *
Pulmonary Function *
Radiology
Bone Densitometry
CT Colonography *
Cardiac CT/CT
Coronary Angiography *
Ultrasound
Doppler Studies
Nuchal Translucency *
Transthoracic Echocardiography *
Transesophageal Echocardiography *

PART C: EFFECTIVE DATE OF SERVICE

Payment may be assigned for a minimum of one (1) day to a maximum of two (2) years. The effective date of service is the start date indicated below. The maximum allowable time to submit claims to the Medical Services Plan is 90 days following the effective date of service.

This Assignment of Payment form must be fully processed within 90 days of stated effective date of service in order to receive payment from the Medical Services Plan. Please allow a minimum of 30 days in order for this Assignment of Payment to be fully processed.

If this Assignment of Payment ends before the final date shown here, Diagnostic Facilities Administration must be notified. Complete and submit a Cancellation of Assignment of Payment form, found at: www.gov.bc.ca/assignmentofpayment.

This Assignment of Payment is effective for the following time period:
OR, the following specific dates:
FROM: YYYY MM DD TO: YYYY MM DD

Please check one: Locum New Full Time Staff Member New Service Renewal

PART D: MEDICAL DIRECTOR / DELEGATED SIGNING AUTHORITY

This form must be authorized by the facility medical executive responsible for the modality(s) indicated in Part B, confirming the aforementioned Practitioner is joining the above facility(s) and department(s) to provide coverage as specified in Part C. This authority may be delegated, but the facility medical executive remains responsible for the information authorized. The delegated signing authority must identify the medical executive on whose behalf they are authorizing the information.

Where applicable, an organization's Regional Medical Director, with oversight for the modality indicated in Part B, may also authorize the content of this form.

Facility Medical Director or Delegated Signing Authority

Print Name Title Signature of Medical Director / Delegated Signing Authority
Facility / Department
If Delegate, Signing on Behalf of (name of Medical Director) Date Signed YYYY MM DD

Regional Medical Director (if applicable)

Print Name Title Signature of Regional Medical Director
Facility / Department Date Signed YYYY MM DD

PART E: PRACTITIONER AND PAYEE AUTHORIZATION

I, the Practitioner (the "Assignor") named above, hereby assign to the Diagnostic Facility (the "Assignee") named above, all payments owing to me by the Medical Services Commission (MSC) of British Columbia for the performance and billing of the restricted outpatient services indicated in Part B. This Assignment of Payment (AOP) applies to all claims submitted, in the format approved by the MSC bearing my Practitioner Number and the above notes Payment Number(s) and Facility Number(s).

I authorize the MSC to direct the Medical Services Plan payments to any address specified by the diagnostic facility from time to time.

I confirm that I have read and understand the Preamble to the MSC Payment Schedule. I understand that I must comply with the Medicare Protection Act, the Medical and Health Care Services Regulation and all requirements of the MSC Payment Schedule.

I understand that payment by the MSC to the diagnostic facility under this AOP discharges the MSC of any indebtedness for those same accounts to me, and releases the MSC of any indebtedness to me, my executors, my administrators or other assignees for the amounts paid.

ASSIGNOR (PRACTITIONER)		PAYEE	
Signature of the Assignor (Practitioner)		Signature of the Payee	
Email Address of Practitioner	Date Signed (YYYY / MM / DD)	Print Name of Payee	Date Signed (YYYY / MM / DD)

PART F: CONFIRMATION OF APPROVAL

The Medical Director indicated in Part D of this form will be provided an email notification of the Ministry of Health's Approval of a Practitioner's Assignment of Payment in the following cases:

- (1) for the initial attachment of a practitioner to a facility; and
- (2) when a practitioner assigns payment for a new service.

If others should be copied on such an approval, please provide their name, title and email address below.

For confirmation of processing, and billing status of an Assignment of Payment, contact Health Insurance BC toll-free at 1-866-456-6950.

Name	Title	Email

IMPORTANT NOTICE TO PRACTITIONERS AND PAYEES

Excerpt from Preamble C.9, Medical Services Commission Payment Schedule

An "Assignment of Payment" is a legal agreement by which an attending practitioner designates payment for his/her services to another party. In this circumstance, the designated party may use the attending practitioner's practitioner number in combination with its own payment number when submitting claims to the Medical Services Plan (MSP).

For full text of Preamble C9, Medical Services Commission Payment Schedule, see page 11 at <http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/1-preamble.pdf>.

To limit liability:

- In the case of practitioners providing limited or locum coverage, the time period indicated on the form must be the same as the time period assigned for the limited or locum coverage.
- Practitioners who have made a two (2) year Assignment of Payment to a diagnostic facility must advise the Diagnostic Facilities Administration if he/she ceases to be associated with the diagnostic facility before the assignment expires.

DEFINITION OF TERMS

Definitions for all Assignment of Payment terms (i.e. Practitioner/Assignor; Payee; Effective Date) can be found in the Assignment of Payment User Guide at www.gov.bc.ca/assignmentofpayment.

FREEDOM OF INFORMATION / PROTECTION OF PRIVACY

Your personal information is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of administration of the *Medicare Protection Act*, as it relates to the processing of your Practitioner's Assignment of Payment form and for record keeping. If you have any questions about the collection of your personal information, please contact Diagnostic Facilities Administration at: DFAdmin@gov.bc.ca

FOR OFFICE USE ONLY – DFA AUTHORIZATION

Print Name	Date YYYY MM DD	Authorized Signature
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