

## **Diagnostic Outpatient Electromyography Application Letter of Support**

Effective May 17, 2017, the Medical Services Commission of British Columbia has revised its policy on applications for privately-owned outpatient Electromyography (EMG) facilities.

The revised policy is as follows:

### **Policies and Guidelines of the Medical Services Commission's Advisory Committee on Diagnostic Facilities – Policy 2.4.3 Assessment Criteria: Service-Specific Criteria**

Electromyography (EMG)

(a) If an individual is seeking a privately-owned *Certificate of Approval* to be operated within a publicly-owned diagnostic facility, the application must include an appropriate letter of support from the representative, or authorized delegate, of the owner of the publicly-owned diagnostic facility, and

(b) the service is to be provided to a beneficiary on an outpatient basis.

**The individual applying for a privately-owned *Certificate of Approval*, to be physically located within a health authority owned facility, is responsible for providing a letter of support for the proposed arrangement, signed by the health authority Chief Executive Officer, or recognized delegate.**

The letter of support acknowledges that, if approved, the applicant may use health authority staff and equipment while providing services to patients, and that the applicant would be entitled to bill the Medical Services Plan for both the professional and technical fees. The Advisory Committee on Diagnostic Facilities will only accept an application for privately-owned outpatient Electromyography when it is submitted with a completed letter of support.

**Please use the following application letter of support template, and submit this letter with your facility application.**

Stakeholders may direct any questions or comments to: Diagnostic Services, Laboratory Diagnostic and Blood Services Branch, Ministry of Health at [DFadmin@gov.bc.ca](mailto:DFadmin@gov.bc.ca)

Date \_\_\_\_\_ :

As the representative, or authorized delegate of the owner of the publicly-owned diagnostic facility named below (e.g., health authority Chief Executive Officer or delegate) I acknowledge and support the following application for a privately-owned outpatient Electromyography (EMG) *Certificate of Approval* to be located within the following publicly-owned diagnostic facility:

Facility name:

Location Address line 1:

Location Address Line 2:

In addition, I acknowledge that:

- the individual seeking a privately-owned *Certificate of Approval* is authorized to provide the services described in the application, at the above named facility,
- the publicly-owned diagnostic facility/health authority is aware that the private physician-owner may use the health authority/diagnostic facility's equipment, technicians, and/or administrative staff as part of their services to their EMG patients, and
- a privately-owned facility *Certificate of Approval* allows the applicant to bill the Medical Services Plan for both the professional and technical fees (regardless of whether the health authority resources have been used to deliver the service).

I, (name) \_\_\_\_\_, the representative, or authorized delegate, of the owner of the *Certificate of Approval* for (name of publicly-owned diagnostic facility) \_\_\_\_\_, acknowledge the above information and support (name of physician applying) \_\_\_\_\_'s application for a *Certificate of Approval* for Electromyography (EMG).

**Title of signatory**

\_\_\_\_\_

**Representative or authorized delegate signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Physician Applicant Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_