BRITISH COLUMBIA

Ministry of Health Services
Medical Services Plan (MSP)

APPLICATION FOR TELEPLAN SERVICE

FOR MSP USE ONLY

USER ID: _____
DATA CENTRE NO.: _____
DEFAULT PASSWORD: _____
DATE PROCESSED: _____
TSO: _____

MAILING ADDRESS:
PLEASE PRINT YOUR NAME AND ADDRESS
CLEARLY INCLUDING POSTAL CODE

NAME

ADDRESS

CITY | POSTAL CODE | PHONE NO.

ORGANIZATION NAME (if different from above) | CONTACT PERSON

TYPE OF FACILITY

HOSPITAL ☐ | PRACTITIONER ☐ | SERVICE BUREAU ■ | APPROVED LABORATORY ☐ | VENDOR ☐ | CLINIC ☐

TELEPLAN CLAIM SUBMISSION INFORMATION

DATA CENTRE INFORMATION

NEW DATA CENTRE	OR	JOINING EXISTING DATA CENTRE	OR	JOINING SERVICE BUREAU
NAME: N/A		NAME: www.mediclaim.ca		NAME: N/A
CONTACT: N/A		DATA CENTRE NO.: T0132		DATA CENTRE NO.: N/A

SYSTEM

HARDWARE

MAKE/MODEL OF COMPUTER: N/A

MAKE/MODEL OF MODEM: N/A INT ☐ EXT ☐ SPEED: N/A

BILLING/BUSINESS SOFTWARE (must be MSP tested and approved)

SOFTWARE NAME: MEDICLAIM.CA

VENDOR: Phoenix Medical Systems Ltd. SUPPLIER: Phoenix Medical Systems Ltd.

I MAKE APPLICATION TO UTILIZE THE TELEPLAN CLAIMS SUBMISSION SERVICE WITH THE FULL UNDERSTANDING OF, AND AGREEMENT WITH, THE REGULATIONS TO THE **MEDICAL SERVICE ACT.**

APPLICANT'S SIGNATURE | DATE | MSP PAYEE NUMBER

NOTE : AN APPLICATION FORM IS REQUIRED FOR EVERY PAYEE NUMBER