



NOTE: This form must be completed before a Medical Services Plan number can be issued.

[Empty box for registration number]

1. PERSONAL INFORMATION

Form section 1: Personal Information. Fields include Name, Date of Birth, Gender, Registration Date, Licence type, Graduated From, Year, Citizenship, Status in Canada, and Type of Practitioner.

2. BILLING OPTION: IMPORTANT

Form section 2: Billing Option. Question: DO YOU WISH TO OPT IN OR OPT OUT OF THE MEDICAL SERVICES PLAN? Options: OPT IN, OPT OUT.

3. PAYEE FILE INFORMATION

Form section 3: Payee File Information. Fields include Business/Home status, Mailing Address, City, Postal Code, Email Address, Phone Number, and Fax Number.

4. DECLARATION AND SIGNATURE

Form section 4: Declaration and Signature. Includes a declaration text and fields for Signature and Date Signed.

Personal information is collected under the authority of the Medicare Protection Act and section 26 (a), (c) and (e) of the Freedom of Information and Protection of Privacy Act for the purposes of administration of the Medical Services Plan.

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