This is a fill and print form

BRITISH COLUMBIA | Health InsuranceBC

PRACTITIONER REGISTRATION

NOTE: *This form must be completed before a number can be issued.*

PERSONAL DATA

NAME (FULL NAME, NO INITIALS)	DATE OF BIRTH (MM / DD / YYYY)	GENDER
		☐ M ☐ F

REGISTRATION DATE WITH ASSOCIATION (MM / DD / YYYY)	REGISTRATION NO.	LICENCE	GRADUATED FROM	YEAR
		☐ TEMPORARY ☐ FULL		

CITIZENSHIP

☐ CANADIAN

If non-Canadian, indicate your status in Canada and enclose a copy of your Canadian Immigration Employment Authorization form (IMM 11(02)) and/or Landed Immigrant status papers.

STATUS IN CANADA

TYPE OF PRACTITIONER

☐ NATUROPATH ☐ MASSAGE THERAPIST ☐ OPTOMETRIST ☐ PODIATRIST
☐ DENTAL SURGEON ☐ CHIROPRACTOR ☐ PHYSICAL THERAPIST ☐ OTHER (SPECIFY)

BILLING OPTION: IMPORTANT

DO YOU WISH TO BE **OPTED IN** OR **OPTED OUT** OF THE MEDICAL SERVICES PLAN?

☐ OPT IN *(BILL THE MEDICAL SERVICES PLAN)* ☐ OPT OUT *(BILL THE PATIENT)*

PAYEE FILE INFORMATION ☐ BUSINESS ☐ HOME

MAILING ADDRESS			
CITY	POSTAL CODE	PHONE NUMBER	FAX NUMBER

PRACTITIONER SIGNATURE	DATE (MM / DD / YYYY)

Medical Services Plan
Provider Programs
PO Box 9480 Stn Prov Govt
Victoria BC V8W 9E7
Telephone: 604 456-6950 (Vancouver)
Telephone: 1 866 456-6950 (toll-free, rest of BC)
Fax: 250 405-3592

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