BRITISH COLUMBIA | Ministry of Health

APPLICATION FOR ADDITIONAL PAYMENT NUMBER

SECTION A: PERSONAL DATA

Your MSP Practitioner Number	Current Full Name or Group Name

Your Current MSP Payment Number(s)

Mailing Address and Postal Code of Current MSP Payment Number

SECTION B: REASON FOR REQUEST

1	☐ Opening New Office	Name/Address, City and Postal Code
2	☐ Establishing group or Common Payment Number	Organization/Group Name and Address
3	☐ Incorporating – attach copy of Medical Corporation Permit issued by the College of Physicians and Surgeons of BC	
4	☐ Diagnostic Facility Certificate of Approval - attach copy of approval letter	
5	☐ Other	Reason

SECTION C: PAYMENT

Indicate the Type of Payment Modality

☐ Fee for Service ☐ Alternative Payment Program Contract ☐ Contract through Health Authority

☐ Other - state reason:

Payment Number Responsibility

☐ I am the responsible practitioner for this additional payment number and agree that any debt associated with my practitioner number and payment number(s) listed above will be transferred to my new additional payment number. ***(Note: This request will not be processed unless the box is marked)***

To apply for direct bank payment from MSP BC, please fill in and attach HLTH 2832 (Application for Direct Bank Payment from Medical Services Plan (MSP) or Request for Change of Banking Information)

SECTION D: WEB/TELEPLAN (IF APPLICABLE)

Data Centre Number (when joining existing site)

SECTION E

Effective Date of Additional Payment No. MM DD YYYY	Responsible Practitioner's MSP Number	Telephone Number (include area code)	Fax Number (include area code)

Name of Responsible Practitioner (print or type)	Signature of Responsible Practitioner
EMAIL ADDRESS	

Mailing Address: Provider Programs, PO Box 9480 Stn Prov Govt, Victoria BC V8W 9E7
Tel: (Lower Mainland) 604 456-6950, (Rest of BC) 1 866 456-6950 Fax: 250 405-3592

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