

## **AGREEMENT**

## **BETWEEN**

## MEDICAL SERVICES PLAN, MINISTRY OF HEALTH

		And			
	(Name	of opted out practition	er – please print)		
beneficia Plan (MS practitior beneficia	s the <i>Medicare Protection</i> aries receiving benefits the SP) be paid directly by the paid the thing beto ary, enables the MSP to beneficiary.	rom a practitioner wh he Medical Services ween MSP and opted	no has opted out o Commission for se d out practitioners,	of the Medical Ser rvices rendered by by agreement wit	vices y that h the
The term	of this agreement is eff	ectiveYear	/// Month	 Day	
	for this agreement to by requirements:			•	of the
1.	All patients of this practitioner's practice must sign an assignment of payment agreement. Assignment of Payment agreements are to be made available to MSP upon request.				
2.	All claims, on behalf of this practitioner's patients, must be submitted to MSP in electronic format, either directly or through a service bureau.				
3.	All patients will be advised prior to rendering an insured service of my total fee and what portion will be reimbursed directly to me by MSP.				
4	No patient will be charged for the amount reimbursable by MSP.				
5.	The practitioner assumes all administrative responsibilities on behalf of the patient for submitting claims to MSP.				
Either pa	arty may terminate this a	greement within 60 da	ays if written notice	is provided.	
Practitioner Signature		Practitioner #	Payment #	Date	
MSP Representative		Date	······		

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