

TYPE OF PRACTICE: SOLO  CLINIC

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PRACTITIONER NAME \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

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CONTACT PERSON \_\_\_\_\_ PHONE NO. \_\_\_\_\_

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**FOR MSP USE ONLY**

USER ID: \_\_\_\_\_

DATA CENTRE NO.: \_\_\_\_\_

DEFAULT PASSWORD: \_\_\_\_\_

DATE PROCESSED: \_\_\_\_\_

TSO: \_\_\_\_\_

\_\_\_\_\_  
YOUR CURRENT MSP PAYMENT NUMBER

**TELEPLAN CLAIM SUBMISSION INFORMATION**

**DATA CENTRE INFORMATION**

NEW DATA CENTRE	JOINING EXISTING DATA CENTRE	RE-ACTIVATE PREVIOUS DATA CENTRE
NAME: _____	NAME: _____	NAME: _____
CONTACT: _____	DATA CENTRE NO.: _____	DATA CENTRE NO.: _____

**SYSTEM**

MAKE/MODEL OF COMPUTER: \_\_\_\_\_

INT

MAKE/MODEL OF MODEM: \_\_\_\_\_  EXT SPEED: \_\_\_\_\_

SOFTWARE NAME: (must be MSP tested and approved) \_\_\_\_\_

VENDOR: \_\_\_\_\_ SUPPLIER: \_\_\_\_\_

**TERMS AND CONDITIONS**

- NOTE:**
- All claim information such as: Refusal/Messages/Electronic Remittance will be returned to the practitioner.
  - It is the practitioner's responsibility to provide patients with payment/refusal information.
  - Patient's signature on your clinical records or separate form is mandatory for each service provided.
  - CHEQUES WILL BE FORWARDED TO THE ADDRESS SUBMITTED ON THE CLAIM RECORD.
  - Submission of claims must be under your personal payment number.
  - An application form is required for every payee number.

**I HAVE READ AND UNDERSTAND THE REGULATIONS AND REQUIREMENTS FOR CLAIMS SUBMISSION.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

The information collected on this form is collected under the authority of the Medicare Protection Act. The information you provide will be used to process your application for electronic billing, planning and record keeping. All information provided will be used in a manner that complies with the terms of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact Practitioner Services at Vancouver 604 456-6950, Rest of BC 1 866 456-6950.