

Heart & Hands Application / Consent for MSP Direct Billing

B.C. residents who qualify for premium assistance (with an annual income of \$28,000 or less) Medical Services Plan (MSP) will cover **\$23 per visit to a maximum of 10 visits per calendar year**. The following information is required to assess eligibility for MSP direct billing. Please write legibly and complete this form in full.

Please complete ALL INFORMATION BELOW. Once we process your application form, we will contact you.

Last name _____ First name _____

Phone number _____ Email _____

Birth date (DD/MM/YYYY) ____ / ____ / _____

BC Care Card (10 digits) _____

Reason for seeking treatment (for diagnostic code) _____

I _____ (client) authorize the MSP to pay the practitioners of **Heart & Hands Health Collective** directly for all reimbursements for benefits payable to me under the Medical and Health Care Services Regulation for care provided to me by said establishment.

*This form allows the practitioners at **Heart & Hands Health Collective** to receive your MSP reimbursement directly for services that are MSP benefits. \$23 will be collected PER individual session up to 10 sessions (if available) for each calendar year. For additional information about your coverage, please contact MSP directly, <http://www.health.gov.bc.ca/msp/>*

Signature _____ Date _____

For office use only	
<input type="checkbox"/> Eligible for MSP billing + number of sessions _____ of 10	Diagnostic code _____

Session #	Date of session	Practitioner (circle one)	Practitioner use only
1		Christina / Amber / Madison / Sub	
2		Christina / Amber / Madison / Sub	
3		Christina / Amber / Madison / Sub	
4		Christina / Amber / Madison / Sub	
5		Christina / Amber / Madison / Sub	
6		Christina / Amber / Madison / Sub	
7		Christina / Amber / Madison / Sub	
8		Christina / Amber / Madison / Sub	
9		Christina / Amber / Madison / Sub	
10		Christina / Amber / Madison / Sub	

****Strike out when billed – FOR PRACTITIONERS ONLY****