

## Heart & Hands Application / Consent for MSP Direct Billing

B.C. residents who qualify for premium assistance (with an annual income of \$30,000 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.

Legal Last name \_\_\_\_\_ Legal First name \_\_\_\_\_

Chosen Name \_\_\_\_\_ Pronouns \_\_\_\_\_

Phone number \_\_\_\_\_ Legal Sex (circle one) **M | F | X**

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ BC Care Card (10 digits) \_\_\_\_\_  
YYYY / MM / DD

**Main complaint 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. I am aware that these sessions are also used by Chiro, Physio, Massage and Naturopathic. **I will self regulate my use so as to not go over my allotted sessions.**

*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 \_\_\_\_\_

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

Session #	DATE of SESSION	Practitioner name	<i>Practitioner use only</i>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			