



AUTHORIZATION FOR PAYMENT FROM MEDICAL SERVICES PLAN TO OPTED-OUT PRACTITIONERS

This form allows Dr. Bryan Friedmann to receive your Medical Services Plan (MSP) reimbursement directly for services that are MSP benefits. It is only valid if it is signed and dated (including the year) by both the patient and Dr. Bryan Friedmann.

PATIENT INFORMATION AND AUTHORIZATION (PLEASE USE CAPITAL LETTERS)

Form with fields for Patient Last Name, Patient First Name, Patient Personal Health Number (PHN), Patient Authorization text, Patient Signature, and Date Signed.

PRACTITIONER INFORMATION AND DECLARATION (PLEASE USE CAPITAL LETTERS)

Form with fields for Practitioner Name (Dr. Bryan Friedmann), MSP Practitioner Number (564), MSP Payment Number (88080), Practitioner Declaration text, Practitioner Signature, and Date Signed (Effective 01/01/2020-31/12/2020).

The information contained in this form is collected for the purposes of recordkeeping, claims administration and payment, and to otherwise administer and enforce the Medicare Protection Act.

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