



BRITISH COLUMBIA
The Best Place on Earth

Health InsuranceBC

Medical Services Plan
Box 9480 Stn Prov Govt
Victoria BC V8W 9E7
Attn: Provider Programs

Fax: (250) 405-3592

COVERAGE RESEARCH

Return to (name and address):	DATE MM DD YYYY
	TELEPHONE NO. ()
	BILLING NO.

Fax No. ()

PATIENT'S NAME			DATE OF BIRTH			SEX	NAME OF SPOUSE, PARENT OR GUARDIAN	EXP. CODE	ADDRESS	DATE OF SERVICE			M.S.P. USE ONLY PLEASE REFER TO EXPLANATION OF CODES BELOW
Surname	Given	Init.	MM	DD	YYYY		PERSONAL HEALTH NO.			MM	DD	YYYY	
												
												
												
												
												
												
												
												
												

- EXPLANATION OF CODES:
- | | | |
|---|---|---|
| 1. ADJUSTMENT PENDING | 7. CARD REPORTED LOST /STOLEN (PLEASE CHECK PATIENT'S IDENTIFICATION) | 13. PLEASE HAVE PATIENT CONTACT MSP |
| 2. NOT ACTIVE ON THE DATE OF SERVICE | 8. WRITING ILLEGIBLE, PLEASE CLARIFY | 14. COVERAGE REINSTATED. RESUBMIT CLAIM WITH SUBMISSION CODE "C" AND ADD "REINSTATE COVERAGE" IN NOTE FIELD |
| 3. UNABLE TO LOCATE | 9. THIS PATIENT IS NOT ELIGIBLE FOR B.C. COVERAGE ON YOUR DATE OF SERVICE | |
| 4. NUMBER CORRECT - RESUBMIT CLAIM | 10. BABY NOT REGISTERED YET | |
| 5. INSUFFICIENT INFORMATION | 11. CURRENT COVERAGE | |
| 6. PLEASE CONTACT B.C. CORRECTIONS BRANCH | 12. FUTURE COVERAGE | |