



PRACTITIONER REQUEST FOR APPROVAL OF OVER-AGE CLAIMS

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A B C D PLEASE USE CAPITAL LETTERS ONLY

This form is to be used only for over-age claims (over 90 days) which are categorized as Submission Code A.

For more information on Submission Codes visit: http://www.health.gov.bc.ca/msp/infoprac/physnews/july_2009_submission_claims.pdf

All claims billed are subject to standard processing and adjudication rules and regulations as specified below.

Pursuant to section 27(3) of the *Medicare Protection Act*, section 33 of the Medical and Health Care Services Regulation prescribes 90 days as the period of time within which a claim for payment must be submitted to the Medical Services Commission. Pursuant to section 27(5) of the *Medicare Protection Act*, the Commission may, in its discretion, pay claims submitted outside of the prescribed period.

1 PRACTITIONER INFORMATION

PRACTITIONER LEGAL LAST NAME			PRACTITIONER LEGAL FIRST NAME			PRACTITIONER LEGAL SECOND NAME				
PRACTITIONER NUMBER			PAYEE NUMBER		DATA CENTRE NUMBER		CONTACT PHONE NUMBER		FAX NUMBER	

2 CLAIMS INFORMATION

DATE OF SERVICE (MM / DD / YYYY)	OR, DATE RANGES:	FROM (MM / DD / YYYY)	TO (MM / DD / YYYY)
APPROXIMATE NUMBER OF CLAIMS	APPROXIMATE DOLLAR VALUE OF CLAIMS	FEE ITEM(S) INVOLVED	

PLEASE PROVIDE DETAILED EXPLANATION FOR LATE SUBMISSION OF CLAIM(S)

Note: Administrative issues such as staffing problems, clerical errors, lost or forgotten claims, system or service bureau problems do not qualify for exemption.

For verification purposes, please provide the following Claims Information for up to five individuals.

	PERSONAL HEALTH NUMBER	DATE OF SERVICE (MM / DD / YYYY)	FEE ITEM
1			
2			
3			
4			
5			

3 SIGNATURE

SIGNATURE OF PRACTITIONER OR AUTHORIZED REPRESENTATIVE	DATE SIGNED (MM / DD / YYYY)
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Personal information on this form is collected under the authority of the *Medicare Protection Act* and will be used to determine if the procedure(s) performed is a benefit of the Medical Services Plan and to determine the amount payable in accordance with the Act, regulations and appropriate payment schedule. This information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act* and may be disclosed only as provided by that Act. If you have any questions about the collection of this information, contact Health Insurance BC at the address or telephone numbers below.

