

AOP Form Guide
For all physicians other than the Lead Physician
Family (Established) Practice Group Contracts

Kindly note, sample infographic attached on page 2

1. The Locum name is the Physician name, and the Principle Practitioner Name is the group Name
2. There are 2 locations on the form that ask for the Locum Practitioner Number- those will both be the Physician MSP number
3. There are 3 locations on the form that ask for the Principle Practitioner Payment Number that will be the site payee number or the payee number you are wanting to assign your billings/encounter records to.
4. The effective date will be the day the practitioner starts the contract at the site, the cancel date will be the end date for the contract for physicians signing on to the contract. Note: The time period cannot exceed than 5 years.
5. For locums signing on to the payee for a limited time, it should be the end date of their locum term.
6. For the signatures- the Assignor (Locum) is the Physician, the Payee is the responsible practitioner for the site payment number
7. The witness needs to be a third party, not the locum or the payee.

APPLICATION MUST BE COMPLETED IN FULL

Physician (Your) Name

I, _____
Locum Name

hereby assign to _____
Principle Practitioner Name

Physician (Your) MSP number

any and all sums of money that shall on and after the date of the signing of this Assignment that is owing to me by the Medical Services Commission of British Columbia and billed by or for me in an approved claim format bearing my personal practitioner number, _____, and the assignee's Payment Number _____
Locum Practitioner Number Principle Practitioner Payment Number

Group Name

The Commission is hereby authorized to pay all such sums directly to Payment Number _____
Principle Practitioner Payment Number
 at any address the Assignee may from time to time designate, with payment of any such sum to be sufficient discharge to the Commission of and from any indebtedness in that amount to the Assignor, his/her heirs, executors, or administrators.

Site payee number

Site payee number

THIS AGREEMENT is to remain in full force and effect for all claims submitted with Assignee's Payment Number, _____, and my Personal Practitioner Number, _____
Principle Practitioner Payment Number Locum Practitioner Number

Physician (Your) MSP number

Contract start date

from _____ to _____
Effective Date (Month / Day / Year) Cancel Date (Month / Day / Year)

Contract end date

I will submit written notification to the Commission of the cancellation of this assignment should the cancellation precede the date specified above.

Dated this _____ day of _____, 20__.

Physician (Your) Name

Signature of ASSIGNOR (LOCUM)

Signature of WITNESS

Form has to have a witness signature or will not be accepted. witness needs to be a third party, not the locum or the payee.

Physician responsible for the site payment number

Signature of PAYEE

PRINT

RESET