



All Sections with an asterisk must be completed on the attached version of this form if applicable

Personal Health Number (PHN) of Patient \*

Enter the Personal Health Number of the person who received treatment

NOTICE: This form needs to be completed in full an incomplete form will be returned and will thus delay the processing of your claim

BETWEEN

Assignor (Adult Patient, or Parent/Guardian of Patient)\*

AND

Assignee (Insurance Company) \* Enter the name "RBC Insurance Company of Canada" MSP Account Number 900

AND

HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF BRITISH COLUMBIA AS REPRESENTED BY THE MINISTER OF HEALTH SERVICES, hereinafter referred to as the Minister.

WHEREAS the Assignor is a person eligible for insured services and/or benefits under the Province of British Columbia's Medicare Protection Act and/or Hospital Insurance Act, and as such may receive payment for certain of those services or benefits from the Minister.

And WHEREAS the Assignor is bound by an obligation under a contract or agreement with the Assignee to remit to the Assignee all payments received for such insured services and/or benefits from the Minister.

THEREFORE, in consideration of the obligation to the Assignee, the Assignor hereby assigns to the Assignee all sums of money that shall be owing to the Assignor by the Minister in relation to the insured services and/or benefits referred to above. The Minister is hereby authorized to pay all such sums directly to the Assignee at the address noted above, or at any address the Assignee may from time to time designate, with payment of any such sum to be a complete discharge of the Minister from any indebtedness in the amount to the Assignor, his heirs, executors, or administrators.

By signing this form, you will be assigning your MSP and hospital insurance benefit to the insurance company (Assignee) named above.

Enter the date you departed from and returned to British Columbia

Payment assignment is effective from:\*

(YYYY / MM / DD)

to\*

(YYYY / MM / DD)

Please sign and date the form - if the patient is a minor then the form needs to be signed by the parent/legal guardian. If the patient is unable to sign the form due to medical reasons then it needs to be signed by the person who has been assigned as his/her Power of Attorney.

Signature of Assignor (Patient or Parent/Guardian of Patient)\*

(YYYY / MM / DD)

Date Signed (YYYY / MM / DD)\*