

Assignment of Medical Services Plan Benefits To Soft-Opted Out Practitioners

Dear Patient:

This form allows the named practitioner to receive your MSP reimbursement directly for services that are MSP benefits. MSP will cover a portion of 10 visits per calendar year if your family income is below \$30,000 (This is a total of 10 visits including physiotherapy & chiropractor visits). Your practitioner, by law, must advise you of his/her full fee and what portion will be reimbursed by MSP. By agreement, your practitioner may not charge you the portion reimbursable by MSP.

	MSP Portion	Patient Cost	Total
Physiotherapy Treatment	\$23.00	\$30.00	\$53.00

** (The total fee collected for your treatment does not represent the amount paid to the physiotherapist. A portion of this fee goes toward the cost of running the clinic.)

I, _____ patient/beneficiary authorize the Medical Services Plan to pay Oceanside Physiotherapy & Work Conditioning Centre (Jason Martin, Alannah Howard, Chris Matthew, Joan Cleveland, Jane Waite, Hans Pascheit, Eric Moon & locums) Practitioner, directly for all reimbursements for benefits payable to me under the Medical and Health Care Services Regulation for care provided to me by this Practitioner.

I make this assignment in full knowledge of the amount that I will be personally responsible for and the amount that is reimbursable by the Medical Services Plan, which will be directed to Oceanside Physiotherapy & Work Conditioning Centre (Jason Martin, Alannah Howard, Chris Matthew, Joan Cleveland, Jane Waite, Hans Pascheit, Eric Moon & locums) Practitioner, to be applied against any outstanding monies I owe for services provide.

MSP Practitioner #

- Jason Martin: 46346
- Alannah Howard: 46314
- Joan Cleveland: 41354
- Chris Matthew: 46807
- Jane Waite: 42029
- Hans Pascheit: 55597
- Eric Moon: 55650

Signature of Patient _____

Parent or guardian if under 19 years of age.

Date: _____