

**APPLICATION MUST BE COMPLETED IN FULL
FOR FURTHER ASSISTANCE, CALL (250) 952-2654**

I, _____,

hereby assign to _____

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 and my personal practitioner number, _____, and the assignee's

Payment Number _____.

The Commission is hereby authorized to pay all such sums directly to _____

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 heirs, executors, or administrators.

THIS AGREEMENT is to remain in full force and effect for all claims submitted with

Assignees Payment Number, _____, and my Personal Practitioner Number, _____,

from _____ to _____.

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 _____, 19 _____

*Signature of ASSIGNOR
(LOCUM)*

Signature of WITNESS

Signature of PAYEE

Provider Programs
1515 Blanshard Street
Victoria, B.C. V8W 3C8