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## BENEFITS ASSIGNMENT FORM (MSP)

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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

Patient Pays: \$37

Total: \$60

I authorize the Medical Services Plan to pay Lantzville Wellness Centre 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 Lantzville Wellness Centre Practitioner, to be applied against any outstanding money I owe for services provide.

Signature of Patient: \_\_\_\_\_ (Parent or guardian if under 19 years of age)

Date: \_\_\_\_\_

Therapist Name and MSP Practitioner Number: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_