BRITISH COLUMBIA | Health InsuranceBC
The Best Place on Earth

# APPLICATION FOR TELEPLAN SERVICE

MAILING ADDRESS:
PLEASE PRINT YOUR NAME AND ADDRESS CLEARLY INCLUDING POSTAL CODE

NAME

ADDRESS

CITY | POSTAL CODE | PHONE NO.

ORGANIZATION NAME (if different from above) | CONTACT PERSON

**FOR MSP USE ONLY**

USER ID: _____
DATA CENTRE NO.: _____
DEFAULT PASSWORD: _____
DATE PROCESSED: _____
TSO: _____

## TYPE OF FACILITY

☐ HOSPITAL ☒ PRACTITIONER ☐ SERVICE BUREAU ☐ VENDOR ☐ CLINIC

## TELEPLAN CLAIM SUBMISSION INFORMATION

### DATA CENTRE INFORMATION

| NEW DATA CENTRE | OR | JOINING EXISTING DATA CENTRE | OR | JOINING SERVICE BUREAU |
|---|---|---|---|---|
| NAME: | | NAME: | | NAME: ClinicAid |
| CONTACT: | | DATA CENTRE NO.: | | DATA CENTRE NO.: T9181 |

### SYSTEM

**HARDWARE**

MAKE/MODEL OF COMPUTER: Hosted in Data Center. Intel I7-2600, 8GB RAM.

MAKE/MODEL OF MODEM: Hosted in Data Center ☐ INT ☐ EXT SPEED: _____

**BILLING/BUSINESS SOFTWARE (must be MSP tested and approved)**

SOFTWARE NAME: ClinicAid

VENDOR: Cloud Practice Inc SUPPLIER: Cloud Practice Inc

I MAKE APPLICATION TO UTILIZE THE TELEPLAN CLAIMS SUBMISSION SERVICE WITH THE FULL UNDERSTANDING OF, AND AGREEMENT WITH, THE REGULATIONS TO THE ***MEDICAL SERVICE ACT.***

*APPLICANT'S SIGNATURE* | *DATE* | *MSP PAYEE NUMBER*
**NOTE: AN APPLICATION FORM IS REQUIRED FOR EVERY PAYEE NUMBER**

Mailing Address: Provider Programs, PO Box 9480 Stn Prov Govt, Victoria BC V8W 9E7
Tel: (Lower Mainland) 604 456-6950, (Rest of BC) 1 866 456-6950, Fax: 250 405-3592 Web: **www.hibc.gov.bc.ca**

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PRINT RESET