

## MCP Assignment of Payment Agreement

Under the Newfoundland Medical Care Insurance Act, when payment for insured services rendered by a provider is assigned to another provider or institution, the Act requires that a formalized agreement exist between the parties concerned ([Physicians and Fees Regulations, paragraph 9](#)). Authorized signatures to this agreement will accomplish this requirement.

Under this agreement, the assignor (Locum or Associate, as appropriate) agrees to assign to the assignee (Principal Provider or Institution, as appropriate) monies paid by MCP where the Principal Provider or Institute's Provider or Institution number is specified as Payee on claims submitted to MCP for services rendered by the locum or associate, whether submitted by the assignor or assignee. For good consideration, both the assignee and the assignor shall be jointly and severally liable to MCP for any recoveries of monies due to MCP and related services performed by the assignor.

### This is to certify that:

A payment agreement exists between:

Dr. \_\_\_\_\_  
(Locum or Associate) (Provider Number)

and \_\_\_\_\_  
(Principal Provider or Institution) (Provider or Institution Number)

### and that both parties to the agreement agree that:

1. Payment by MCP for claims generated by the locum or associate, who must be identified on the claim, will be made to the principal provider or institution from the date of this agreement.
2. Authorized signatures for claims from the principal provider or institution are acknowledged as authorized by the locum or associate.
3. The principal provider or institution and the assignor accept joint responsibility for the accuracy and validity of all information entered on claims submitted to MCP under this agreement.
4. This agreement shall be cancelled by MCP upon receipt of written notice duly signed by either party to the agreement.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Locum or Associate)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Principal Provider or Institution)

Please email completed form to [ProviderRegistration@gov.nl.ca](mailto:ProviderRegistration@gov.nl.ca) or fax to 709-729-5238

### Privacy Notice

This information is being collected for the purpose of administering the Medical Care Plan (MCP) under the authority of Section 61(c) of the **Access to Information and Protection of Privacy Act, 2015**. If you have any questions relating to the collection of this personal information, please contact Medical Services Division at [ProviderRegistration@gov.nl.ca](mailto:ProviderRegistration@gov.nl.ca).