



ASSIGNMENT OF PAYMENT DUE TO PRACTITIONER UNDER THE MEDICAL SERVICES PLAN

- Weekend Coverage
5 Days or Over Locum Coverage

RURAL GP LOCUM PROGRAM
2-1, 1515 Blanshard Street, Victoria BC V8W 3C8
Phone: 250 952-1104, Fax: 952-3486

I, Locum Physician's Name, Locum Physician's Practitioner Number,

hereby assign to Host Physician's Name, Host Physician's Payment Number, City,

40 percent of all fee-for-service billings paid by the Medical Services Commission under the Terms and Conditions of the Locum Agreement bearing my personal practitioner number, Locum Physician's Practitioner Number, and the Host

Physician's Payment Number Host Physician's Payment Number.

The Commission is hereby authorized to pay all such sums directly to Host Physician's Payment Number

at any address the Host Physician 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 me, my heirs, executors, or administrators.

THIS AGREEMENT is to remain in full force and effect for all claims submitted with the Host Physician's Payment Number,

Host Physician's Payment Number, and my Personal Practitioner Number, Locum Physician's Practitioner Number,

from Effective Date to Cancel Date.

TERMS AND CONDITIONS

I AGREE TO:

- Notify Rural Practice Programs in writing, immediately upon becoming unavailable to provide locum services.
Submit all fee-for-service claims to MSP using the host physician's payment number.

I UNDERSTAND:

- Under the 5 Days or Over component, I will receive the greater of 60% of paid claims or \$750.00 per day (averaged over the length of the assignment based on a 7 hour day) paid semi-monthly by direct bank deposit.
Under the Weekend Coverage component, I will receive the greater of 60% of paid claims or \$2,000 for 18:00 Friday to 08:00 Monday coverage paid semi-monthly by direct bank deposit.
Adjustments will be calculated and paid quarterly.
I will receive the on-call payments from the Health Authority/Host physician.

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS.

Signature of Locum Physician

Date

The information collected on this form is collected under the authority of the Medicare Protection Act. All information provided will be used in a manner that complies with the terms of the Freedom of Information, Protection of Privacy Act and the Medicare Protection Act. If you have any questions about the collection and use of this information, please contact Rural Practice Programs at 250 952-1104.