



NAME OF HOST PHYSICIAN		PAYEE NUMBER	PRACTITIONER NUMBER
NAME OF COMMUNITY WHERE LOCUM IS REQUESTED			
CHOICE	FROM (EFFECTIVE DATE)	TO (CANCEL DATE)	
1			
2			
3			

PLEASE PROVIDE THE FOLLOWING DETAILS OF YOUR OFFICE PRACTICE

- WEEKEND COVERAGE (18:00 FRIDAY - 08:00 MONDAY OR 08:00 TUESDAY IF STAT HOLIDAY)
- 5 DAYS OR OVER COVERAGE (TO A MAXIMUM OF 28 DAYS)

REASON FOR LOCUM COVERAGE (I.E., VACATION)	
PROVIDE ON CALL EVENINGS	DATES (BE SPECIFIC)
<input type="checkbox"/> YES <input type="checkbox"/> NO	
PROVIDE ON CALL WEEKENDS	DATES (BE SPECIFIC)
<input type="checkbox"/> YES <input type="checkbox"/> NO	
REGULAR SCHEDULED OFFICE HOURS	
DAYS:	HOURS
ARE ADMITTING & TREATMENT PRIVILEGES NECESSARY?	NAME FACILITY / FACILITIES
<input type="checkbox"/> YES <input type="checkbox"/> NO	
WHAT SKILLS ARE NECESSARY FOR THIS POSITION? (I.E., OBSTETRICS, ANAESTHESIA)	
DO YOU PROVIDE SERVICES OUTSIDE YOUR COMMUNITY? IF YES, PLEASE PROVIDE DETAILS.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

TERMS AND CONDITIONS

I AGREE TO:

- Submit claims within two weeks of the end date of the locum assignment.
- Provide the locum with a detailed reconciliation of claims submitted.
- If necessary, establish hospital privileges on behalf of the locum physician.
- Accept 40% of paid claims.
- Ensure that the locum receives the on-call payments from the Health Authority.
- That I cannot bill Medical Services Plan while the locum is providing service on my behalf.
- Provide the locum with detailed information on the care and treatment of hospital patients or those patients requiring special treatment.
- Provide reasonable accommodation, which shall include clean and private quarters, reasonably furnished, cooking facilities, TV and private phone.
- Provide a vehicle, if the locum does not have transportation.

HOST PHYSICIAN'S SIGNATURE

DATE

PHONE NUMBER

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.

DO YOU NEED A LOCUM?

Are you a General Practitioner/Family Practitioner eligible for the Rural Retention Premium (RRP) living and practising in a community with seven or fewer physicians?

Do you need a reliable, qualified locum so you can take time off for a vacation, a short break, continuing medical education? The Rural GP Locum Program can help!

INTERESTED...NEED MORE INFORMATION?

Rural Practice Programs
Physician Compensation
2-1, 1515 Blanshard Street
Victoria, BC V8W 3C8
Phone: (250) 952-1104 or Fax your completed Request form (attached) to (250) 952-3486.

See below for the Claims Submission and Payment Process Information.

ADVANTAGES OF USING THE PROGRAM

- There is no fee for using the Program.
- You keep 40% of the MSP paid claims to cover your overhead.
- No payment hassles – we pay the locum and cover the travel costs.
- Our locums have rural training experience.

CRITERIA FOR USING THE PROGRAM

- You must be a general practitioner/family practitioner licensed to practice medicine in British Columbia.
- Be a member in good standing with the Canadian Medical Protective Association or carry alternative medical malpractice insurance.
- You must be resident and practising on a full-time basis, in a RRP community with seven or fewer physicians. Physicians in larger RRP communities may be considered depending on available funds.

HOW OFTEN CAN I USE THE PROGRAM?

- Each rural physician meeting the criteria can request up to 28 days of locum services per year. Under the 5 Days or Over Coverage, each request must be for a minimum of five days. Under the Weekend Coverage Program, each request must be from Friday at 18:00 to Monday at 08:00 or at Tuesday at 08:00 when a statutory holiday is part of the weekend.

CLAIMS SUBMISSION AND PAYMENT PROCESS

- An assignment form must be completed by the locum (please do not submit a regular assignment form), and faxed to 250 952-3486, attention Rural Practice Programs.
- Claims must be submitted using the Host Physician payment number and the Locum Physician practitioner number.
- The Host Physician is expected to submit claims within two weeks of the end date of the locum assignment and refused claims within two weeks of the refusal date.
- The Host Physician must provide the locum with a detailed reconciliation of claims submitted.
- The Host Physician receives 40 percent of paid claims and payment will be made by MSP on the regular payment dates.
- Payment to the locum is made by the Rural GP Locum Program.
- Reimbursement of those services not covered by Medical Services Plan (i.e., private, ICBC, WCB and Reciprocal billings) should be paid directly to the locum by the Host Physician less the amount recovered for overhead prior to the locum leaving the locum assignment.
- Ensure that the locum receives the on-call premium from the Health Authority/Host Physician.