



ON-CALL LOCUM SERVICES ONLY

YOUR MSP PRACTITIONER NO. FULL NAME EMAIL ADDRESS DO YOU HAVE AN ADDITIONAL PAYMENT NO. FOR RSLP? YOUR CURRENT RSLP PAYMENT NO. TELEPHONE NO. FAX NO. MAILING ADDRESS AND POSTAL CODE WEB/TELEPLAN (IF APPLICABLE): data centre no. (when joining existing site) DATES OF LOCUM ASSIGNMENT FROM (EFFECTIVE DATE): TO (CANCEL DATE): NAME OF COMMUNITY WHERE LOCUM IS BEING PROVIDED

TERMS AND CONDITIONS (SIGN BELOW)

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 additional payment number designated to me.
Be the responsible physician for this additional payment number and will only use for the purpose of on call RSLP locum assignments.

I UNDERSTAND:

- I will receive 100 percent of paid claims over and above the \$1,000 per day (averaged over the length of the assignment).
Top up adjustments will be calculated and paid quarterly.
I will receive the on-call payments from the health authority / host physicians.

OFFICE-BASED LOCUM ASSIGNMENT ONLY

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 practitioner number, Locum Physician's Practitioner Number, from Effective Date to Cancel Date.

TERMS AND CONDITIONS (SIGN BELOW)

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:

- I will receive the greater of 60 percent of paid claims or \$1,000 per day (averaged over the length of the assignment) 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.

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.

Signature of Locum Physician

Date

FOR OFFICE USE ONLY