

I, _____, Locum Physician Name, _____, Locum Physician MSP Practitioner Number, _____

hereby assign to _____, Host Physician / Clinic Name, _____, Host Physician / Clinic MSP 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 MSP Practitioner Number, _____, and the Host

Physician's Payment Number _____, Host Physician / Clinic MSP Payment Number, _____

The Commission is hereby authorized to pay all such sums directly to _____, Host Physician / Clinic MSP 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 / Clinic MSP Payment Number, _____, and my Personal Practitioner Number, _____ Locum Physician MSP Practitioner Number, _____

from _____ Effective Date (MM/DD/YYYY) to _____ Cancel Date (MM/DD/YYYY)

TERMS AND CONDITIONS

I AGREE TO:

- Notify Locums for Rural BC 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 a guaranteed daily rate based on the community type (A, B, C or D) that I am providing services to (averaged over the length of the assignment) paid semi-monthly by direct bank deposit.
Under the Weekend Coverage component, I will receive the greater of 60% of paid claims or the weekend rate for 18:00 Friday to 08:00 Monday coverage paid semi-monthly by direct bank deposit.
Adjustments will be calculated and paid 90 days after the end date of the locum assignment.
Where applicable, I will receive the on-call MOCAP payments from the Health Authority/Host physician.

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS.

Signature of Locum Physician

Date

Locums for Rural BC administers the Rural Locum Programs on behalf of the Ministry of Health and Doctors of BC.

Please mail or fax applications to: Renfrew Centre, 300 - 2889 East 12th Avenue, Vancouver, BC V5M 4T5 Phone: 1 877 357-4757 Fax: 1 877 387-4757

The information on this form is collected under s.26(c) & (e) of the Freedom of Information and Protection of Privacy Act and will be used to place locum physicians as needed and to ensure continuous care for rural communities. The Ministry of Health is collecting this information for the purposes of administering and evaluating the program. If you have any questions about the collection and use of this information, please contact the Locum Program Officer at 1-877-357-4757, or by mail at Locums for Rural BC, Renfrew Centre, 300 - 2889 East 12th Avenue, Vancouver BC V5M 4T5.