

FULL NAME OF HOST PHYSICIAN (FIRST, LAST)		MSP PAYEE NUMBER	MSP PRACTITIONER NUMBER
NAME OF COMMUNITY WHERE LOCUM IS REQUESTED		HOST PHYSICIAN EMAIL	
1	FROM (EFFECTIVE DATE)	TO (CANCEL DATE)	2
PLEASE PROVIDE THE FOLLOWING DETAILS OF YOUR OFFICE PRACTICE			
<input type="checkbox"/> WEEKEND COVERAGE (18:00 FRIDAY - 08:00 MONDAY OR 08:00 TUESDAY IF STAT HOLIDAY)		<input type="checkbox"/> 5 DAYS OR OVER COVERAGE	
HAS A LOCUM BEEN RECRUITED TO PROVIDE COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LOCUM FULL NAME (FIRST, LAST)	LOCUM EMAIL
TYPE OF PAYMENT <input type="checkbox"/> FEE FOR SERVICE <input type="checkbox"/> APP / HA CONTRACT <input type="checkbox"/> SALARIED OR SESSIONAL <input type="checkbox"/> OTHER (SPECIFY):			
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? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME FACILITY / FACILITIES	
		CHECK ONE: <input type="checkbox"/> HOSPITAL <input type="checkbox"/> D & T	
ENHANCED SKILL(S) THAT I PROVIDE AND IS/ARE REQUIRED BY THE LOCUM:			
<input type="checkbox"/> OBSTETRICS <input type="checkbox"/> ANAESTHESIA <input type="checkbox"/> SURGERY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OTHER (SPECIFY)			
DO YOU PROVIDE SERVICES OUTSIDE YOUR COMMUNITY THAT A LOCUM MAY BE REQUIRED TO PROVIDE? IF YES, PLEASE PROVIDE DETAILS. <input type="checkbox"/> YES <input type="checkbox"/> NO			

TERMS AND CONDITIONS

I AGREE TO:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Reimburse those services not covered by Medical Services Plan (i.e., private, ICBC, WCB and Reciprocal billings) directly to the locum less 40 percent recovered for overhead prior to the locum leaving the locum assignment. • 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 where FFS is billed. | <ul style="list-style-type: none"> • 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. • In C&D communities, assist with reasonable accommodation, which shall include clean and private quarters, reasonable furnished, cooking facilities, TV, private phone, and provide a vehicle if the locum does not have transportation. |
|---|---|

HOST PHYSICIAN'S SIGNATURE

DATE

PHONE NUMBER

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, 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, 2889 East 12th Avenue, Vancouver BC V5M 4T5.

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?

Locums for Rural BC
Health Match BC
Renfrew Centre
2889 East 12th Avenue
Vancouver BC V5M 4T5

Tel: 877 357-4757
Fax: 877 387-4757
Website: locumsruralbc.ca

Email: info@locumsruralbc.ca
email is for inquiries only - do NOT send applications via email

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 in British Columbia.
- You must be resident and practising on a full-time basis, in an eligible RSA community with seven or fewer physicians. Physicians in larger eligible RSA communities may be considered depending on available funds.

HOW OFTEN CAN I USE THE PROGRAM?

- Each rural physician meeting the criteria can request locum services up to the maximum eligible to their community type (see chart). 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.

RATES

COMMUNITY TYPE	ELIGIBLE DAYS OF COVERAGE	DAILY RATE	WEEKEND RATE
A	43	\$900	\$2,450
B	38	\$850	\$2,300
C	33	\$800	\$2,150
D	28	\$750	\$2,000

CLAIMS SUBMISSION AND PAYMENT PROCESS

- A Rural GP Locum Assignment of Payment form must be completed by the locum (please do not submit a regular assignment form), and faxed to 877 387-4757, attention Locums for Rural BC.
- 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 in a FFS community 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.
- Host Physician ensures that the locum receives the on-call premium from the Health Authority.