BRITISH COLUMBIA | Ministry of Health

doctors of bc

Locums for Rural BC

RURAL SPECIALIST LOCUM PROGRAM

ASSIGNMENT OF PAYMENT

HOSPITAL-BASED LOCUM SERVICES ONLY – PLEASE COMPLETE IN FULL

LOCUM FULL NAME (FIRST, LAST)	YOUR MSP PRACTITIONER NO.	DO YOU HAVE AN ADDITIONAL PAYMENT NUMBER FOR RSLP? ◯ YES ◯ NO	YOUR CURRENT RSLP PAYMENT NUMBER

ADDRESS	CITY	PROVINCE	POSTAL CODE

PHONE NUMBER (INCLUDE AREA CODE)	EMAIL ADDRESS	WEB/TELEPLAN (IF APPLICABLE): data centre number (when joining existing site)

DATES OF LOCUM ASSIGNMENT FROM (EFFECTIVE DATE - MM/DD/YYYY):	TO (CANCEL DATE - MM/DD/YYYY):	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 applicable daily rate (averaged over the length of the assignment).
- Top up adjustments will be calculated and paid 90 days after the end of the locum assignment.
- I will receive the on-call payments from the health authority / host physicians.

OFFICE-BASED LOCUM ASSIGNMENT ONLY – PLEASE COMPLETE IN FULL

I, _____ , _____ ,
Locum Physician's Full Name *Locum Physician's MSP Practitioner Number*

hereby assign to _____ , _____ , _____ ,
Host Physician's Full Name *Host Physician's 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, _____ , and the Host
Locum Physician's Practitioner Number

Physician's Payment Number _____ .
Host Physician's MSP Payment Number

The Commission is hereby authorized to pay all such sums directly to _____
Host Physician's 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,

_____ , and my practitioner number, _____ ,
Host Physician's MSP Payment Number *Locum Physician's MSP Practitioner Number*

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

TERMS AND CONDITIONS (SIGN BELOW)

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:

- I will receive the greater of 60 percent of paid claims or applicable daily rate (averaged over the length of the assignment) paid semi-monthly.
- Adjustments will be calculated and paid 90 days after the end of the locum assignment.
- I will receive the on-call payments from the health authority / host physician.

_____
Signature of Locum Physician

_____
Date

HLTH 2866 2025/02/13

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

Please login to your LRBC account to complete all financial forms:
https://www.locumsruralbc.ca/
If you require assistance, phone 1 877 357-4757

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.

Save Print Clear Form