

## Locum Physician Expense Claim

RURAL FAMILY MEDICINE LOCUM PROGRAM (RFMLP)

Physician Name:

CPSO Number:  OHIP Billing Number:

Home/Base Practice Address:

City:  Province:  Postal Code:

Email Address:  Telephone Number:

Community Name:

Rural Physician Name:

Start Date:  End Date:

Please note travel is eligible from a physician's home/base practice only; please ensure home/base address you are travelling from is listed. If travelling from an alternate address, details must be listed and proof of cost equivalent from home/base practice is required to be submitted.

### STIPEND CLAIMS:

Please refer to claim guidelines for additional details regarding daily stipend rates.

DAILY STIPEND			STIPEND PREMIUM		
Total No. of Clinic Days Worked	Payment Model (Stipend/Day)	Stipend Total	Community RIO Score (Stipend Premium/Day)	Stipend Premium Total	Comments
	RNPGA (\$927.10) FHN, FHO, FHT (\$811.21) FFS, FHG (\$695.32) Not eligible for stipend		Rio 0 to 59 (\$0) Rio 60 to 74 (\$57.94) Rio 75 to 100 (\$115.88) Not eligible for stipend		
<b>DAILY STIPEND &amp; PREMIUM TOTAL</b>					

TRAVEL STIPEND								
	Date	Start Time	End Time	Total Hours	Hours Travelled		Amount Claimed	Comments
					Less than 4 days worked	4 days or longer worked		
Inbound					< 2hrs (\$0) ≥ 2 hrs (\$347.67)	< 2hrs (\$0) 2-4 hrs (\$347.67) > 4 hrs (\$579.43)		
Outbound					< 2hrs (\$0) ≥ 2 hrs (\$347.67)	< 2hrs (\$0) 2-4 hrs (\$347.67) > 4 hrs (\$579.43)		
<b>TRAVEL STIPEND TOTAL</b>								

<b>TOTAL STIPEND</b>	
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**EXPENSES:**

<b>Mileage</b> in Kilometres (km) (\$0.44/km for personally owned vehicle)	<b>Date(s)</b>	<b>Km(s)</b>	<b>Amount(\$)</b>	<b>Comments</b>
To assignment		Km		
From assignment		Km		
During assignment		Km		

<b>Expenses</b>	<b>Amount(\$)</b>	<b>Comments</b>
<b>Car rental</b> (Maximum \$50/day before taxes. Higher rates for SUV between October 1 and April 30 only)		
<b>Taxi</b> (Detailed receipt incl. date of service, vendor info, breakdown of charges and total amount paid required)		
<b>Parking</b> (Detailed receipt incl. date of service, vendor info, breakdown of charges and total amount paid required)		
<b>Gas</b> (Rental car only: detailed receipt incl. date of service, vendor info, breakdown of charges and total amount paid required)		
<b>Fare</b> (Economy class only: boarding passes required, details for any flight change fees required)		
<b>Accommodations</b> (Maximum \$120/night before taxes. Publicly available, registered business info required)		
<b>Other</b> (Please provide description in comments. Baggage fees should be included in fare section.)		
<b>TOTAL EXPENSES</b>		
<b>TOTAL CLAIM</b>		

- All receipts provided. Physicians are required to photocopy completed expense claim and receipts for their records. Ontario Health (Health Force) reserves the right to follow-up with vendors for clarification if necessary.

By submitting this form to RFMLP, I hereby certify that the information provided is true, accurate and complete, and that the travel expenses were incurred by me for the above stated period. I have reviewed and understand the program parameters and am aware that expenses claimed outside of program parameters will be my responsibility. While using my personal owned vehicle as shown, the vehicle insurance permitted it's use for business purposes.

Please submit to [rfmlp@ontariohealth.ca](mailto:rfmlp@ontariohealth.ca)

### GENERAL INSTRUCTIONS

Prior to completing the Locum Physician Expense Claim, please refer to program guidelines listed on the claim form and our website for specific eligibility information ([www.healthforceontario.ca/locums](http://www.healthforceontario.ca/locums)). Submit one claim per approved assignment. All claims must include a Locum Physician Expense Claim (completed in full, signed and dated, including stipend days, travel hours and electronic receipts) in order to be processed. Claims should be submitted within 30 days after the date of service; claims submitted past 6 months of the date of service are not eligible for reimbursement. Please note payments will be processed within 4 to 6 weeks from the date a complete claim (Locum Physician Expense Claim form and original receipts) is received. Incomplete claims will result in payment delays. Deposit slips are sent to locum physicians once payments are complete and should be reviewed upon receipt.

### SUBMITTING CLAIMS

First time claimants: Please include a completed Rural and Northern Locum Program Confirmation of Banking Form (and void cheque) with your first claim.

Submit completed claims to: [rfmlp@ontariohealth.ca](mailto:rfmlp@ontariohealth.ca)

Claims submitted later than six months from the date of service will not be eligible for reimbursement. Expenses outside of the below requirements will not be eligible for reimbursement.

### EXPENSES

Electronic receipts must meet the following requirements for reimbursement:

- Issued in the name of the locum physician (where applicable)
- Include an itemized breakdown of all charges and fees
- Include proof of payment, date of service, and vendor information
- Submitted with a completed (signed and dated) Locum Physician Expense Claim form

### STIPEND

Locum physicians are eligible to claim Daily Stipend plus an applicable Stipend Premium for each approved clinic day worked per the locum contract/approval.

#### Daily Stipend:

Rural and Northern Physician Group (RNPGA)	\$927.10/day
Family Health Network and Family Health Organizations (FHN, FHO)	\$811.21/day
Fee for Service and Family Health Group (FFS, FHG)	\$695.32/day

Not all participating communities have a stipend arrangement. Please check with your community.

#### Daily Stipend Premium

The Daily Stipend Premium may be claimed on clinic days based on the community's RIO2008\_Basic score (check a community's score at: <https://apps.oma.org/RIO/index.html>).

Less than 60	None
Score greater than or equal to 60 and less than 74	\$57.94/day
Greater than or equal to 75	\$115.88/day

#### Travel Stipend

A maximum of one round-trip (one day travel to and from via the most direct route to the locum assignment) may be claimed. Travel stipend may not be claimed on days which are part of the contracted clinic stipend work day.

Less than 2 hours of travel per trip (one-way)	None
2 to 4 hours of travel per trip (one-way)	\$347.67
Greater than 4 hours of travel per trip (one-way)	
• For an assignment 4 days or longer	\$579.43
• For an assignment less than 4 days	\$347.67

**Non-allowable expenses include:** meals, CMPA insurance, costs to obtain a Certificate of Registration to practise medicine in Ontario, travel insurance, lounge services, telephone calls, relocation costs and expenses related to children or family travel. Travel expenses will be applicable to the following modes of transportation only: personal vehicle, rental car, bus, train, commercial airlines. Excluded modes of transportation include, but are not limited to: non-commercial, privately owned chartered or leased aircraft and recreational vehicles (snowmobile, boat, bicycle, etc.)

**Mileage:** The kilometre rate for use of personal vehicle is \$0.44/km for travel via the most direct route to/from the assignment.

**Car Rental:** If car rentals exceeding the daily rate (\$50/day before taxes) are the only rentals available at the time of booking, please contact RFMLP in advance of your assignment. Drop fees, counter products, and fees with no explanation will not be eligible for reimbursement. Any charges for damages will not be covered by the program.

**Taxi/Parking:** Detailed electronic receipts indicating the date of service, vendor name/contact details, breakdown of charges and the total amount paid are required for reimbursement.

**Gas:** Fuel purchase is eligible for reimbursement for a car rental only.

**Airfare/Bus/Train:** Economy class airfare from a physician's home base to the locum community is eligible for reimbursement. Physicians who choose to fly in a higher class rate must provide a quote for the same flights detailing the economy cost equivalent. Examples of economy classes for major airline carriers are provided on our website. Physicians with a home base outside of Ontario are eligible to claim a maximum of \$1,500 (incl. taxes) for out-of-province economy class return flights. One-way out-of-province flights will be prorated to half the maximum amount (i.e. \$750). Change fees must be associated with work related changes for reimbursement and departure time must be at least 3 hours from original departure time.

**Accommodations:** Single occupancy standard room in publicly available registered business is eligible for reimbursement. If accommodations exceeding the daily rate (\$120/day before taxes) are the only rentals available at the time of booking or if non-standard accommodations are required, please contact RFMLP in advance of your assignment. Private stays with family, friends or colleagues are encouraged; \$30 per night will be reimbursed and no receipt is required.

**ACLS/ATLS/ICS:** Course certification fees are eligible for reimbursement if participating in at least one RFMLP approved locum assignment within 6 months of course date. A copy of the ACLS/ATLS/ICS certificate and electronic payment receipts must be submitted.

**Online booking:** Online travel service providers and third-party travel websites are not always able to provide itemized receipts that meet processing requirements for reimbursement (particularly in the case of online "bundles/packages"). In these cases, additional follow-up with the vendor will be required by the locum physician to obtain the required documentation. Physicians that are not able to obtain receipts that meet our processing requirements after using these means of booking will not be reimbursed.

**Exchange rates:** Physicians booking expenses in other currencies are eligible for reimbursement of the Canadian dollar equivalent. For reimbursement, documentation (i.e. credit card statement) indicating the amount paid in CAD is required for processing.

*Notice of Collection: Ontario Health collects your personal information under the authority of the Connecting Care Act, 2019, Section 6. All information collected on this form may be used as necessary by Ontario Health for the proper administration of the government-funded Recruitment and Retention Programs, including assessing your eligibility to participate in and receive payment from these programs. The information on this form may also be used by Ontario Health and/or the Ministry of Health for the proper financial administration of these programs, and for conducting research and evaluating program parameters. If you require further information about the collection by Ontario Health, please contact [rfmlp@ontariohealth.ca](mailto:rfmlp@ontariohealth.ca)*