

Locum Physician Expense Claim

NORTHERN SPECIALIST LOCUM PROGRAMS

PHYSICIAN INFORMATION:

Locum Hospital: _____ Specialty: _____

Work Start Date: _____ Work End Date: _____

Travel Dates: (to locum assignment) _____ (from locum assignment) _____

Physician Name: _____

CPSO No: _____ OHIP Billing No: _____

Home/Base Practice Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____ Telephone Number: _____

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.

I confirm the following:

- I have received payment from NSLP in the past year and my banking information has not changed. **(Note: if you have not received payment within the past year, you are required to complete and re-submit the Confirmation of Banking form prior to submitting an expense claim).**
- This is my first assignment or; I have recently submitted updated banking information.

INSTRUCTIONS:

Expenses: Locum physicians must review parameters and guidelines prior to submitting the expense claim. Expenses submitted that do not meet NSLP requirements will not be reimbursed by the program and will be the responsibility of the locum physician.

Fee eligibility: Locum physicians are expected to bill fee-for-service to OHIP on days where billings exceed the sessional rates. Claiming both types of payment for the same assignment day is prohibited. A maximum of 3 sessionals can be claimed per day for travel and work combined.

Claiming fees: Complete one row per claim type (i.e. travel and work on the same date should be listed separately). **The date, claim type, start-time and end-time must be completed for any fees claimed (including honorarium).** Incomplete claims will result in processing delays. Detailed instructions for completing the fees section of the claim form can be found on our website.

EXPENSES:

| Mileage in Kilometres (km) <i>(\$0.41/km for personally owned vehicle)</i> | Date(s) | Amount (\$) | | Comments |
|--|----------------|--------------------|----|-----------------|
| To assignment | | km | \$ | |
| From assignment | | km | \$ | |
| During assignment | | km | \$ | |

| Expenses | Amount (\$) | Comments |
|--|--------------------|-----------------|
| Car rental <i>(Maximum \$50/day before taxes. Higher rates for SUV between October 1 and April 30 only)</i> | \$ | |
| Taxi <i>(Detailed receipt incl. date of service, vendor info, breakdown of charges and total amount paid required)</i> | \$ | |
| Parking <i>(Detailed receipt incl. date of service, vendor info, breakdown of charges and total amount paid required)</i> | \$ | |
| Gas <i>(Rental car only: detailed receipt incl. date of service, vendor info, breakdown of charges and total amount paid required)</i> | \$ | |
| Fare <i>(Economy class only: boarding passes required, details for any flight change fees required)</i> | \$ | |
| Accommodations <i>(Maximum \$150/night before taxes. Publically available, registered business info required)</i> | \$ | |
| Other <i>(Please provide description in comments. Baggage fees should be included in fare section.)</i> | \$ | |
| TOTAL EXPENSES | \$ | |

- All original receipts provided (non-original receipts will result in processing delays). Physicians are required to photocopy completed expense claim and receipt for their records. HFO MRA reserves the right to follow-up with vendors for clarification if necessary.

| HONOURARIUM | TRAVEL SESSIONAL RATES | | | CLINIC SESSIONAL RATES | | | ON-CALL RATES* |
|---|--------------------------|---------------------------|----------------------------|--------------------------|---------------------------|----------------------------|--------------------------|
| Max. 1 per approved work/ travel day | 3-4 hrs (1 sessional) | 6-8 hrs (2 sessionals) | 9-12 hrs (3 sessionals) | 3-4 hrs (1 sessional) | 6-8 hrs (2 sessionals) | 9-12 hrs (3 sessionals) | 24 hrs (3 sessionals) |
| \$300.00 | \$459.00 | \$918.00 | \$1,377.00 | \$553.92 | \$1,107.84 | \$1,661.76 | \$1,377.00 |

* For additional details including partial on-call, see page 4

| DATE | CLAIM TYPE | START TIME | END TIME | TOTAL HOURS | SESSIONAL AMOUNT CLAIMED | HONOURARIUM | COMMENTS |
|------|--|------------|----------|-------------|---|-------------------------------------|----------|
| | <input type="checkbox"/> Travel <input type="checkbox"/> Clinic <input type="checkbox"/> On-call | | | | \$ _____ OR <input type="checkbox"/> Claimed FFS | <input type="checkbox"/> (\$300.00) | |
| | <input type="checkbox"/> Travel <input type="checkbox"/> Clinic <input type="checkbox"/> On-call | | | | \$ _____ OR <input type="checkbox"/> Claimed FFS | <input type="checkbox"/> (\$300.00) | |
| | <input type="checkbox"/> Travel <input type="checkbox"/> Clinic <input type="checkbox"/> On-call | | | | \$ _____ OR <input type="checkbox"/> Claimed FFS | <input type="checkbox"/> (\$300.00) | |
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| | <input type="checkbox"/> Travel <input type="checkbox"/> Clinic <input type="checkbox"/> On-call | | | | \$ _____ OR <input type="checkbox"/> Claimed FFS | <input type="checkbox"/> (\$300.00) | |
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| | <input type="checkbox"/> Travel <input type="checkbox"/> Clinic <input type="checkbox"/> On-call | | | | \$ _____ OR <input type="checkbox"/> Claimed FFS | <input type="checkbox"/> (\$300.00) | |
| | <input type="checkbox"/> Travel <input type="checkbox"/> Clinic <input type="checkbox"/> On-call | | | | \$ _____ OR <input type="checkbox"/> Claimed FFS | <input type="checkbox"/> (\$300.00) | |
| | <input type="checkbox"/> Travel <input type="checkbox"/> Clinic <input type="checkbox"/> On-call | | | | \$ _____ OR <input type="checkbox"/> Claimed FFS | <input type="checkbox"/> (\$300.00) | |

| | | | |
|---|----------|----------|--------------------------|
| TOTAL FEES (travel, clinic, on-call) | \$ _____ | \$ _____ | TOTAL HONOURARIUM |
|---|----------|----------|--------------------------|

| | | |
|---|----------|--|
| GRAND TOTAL* (expenses, fees, honourarium) | \$ _____ | <i>*For locum assignments exceeding 10 days, please complete your claim using an additional second page.</i> |
|---|----------|--|

Northern Specialist Locum Programs expense claims must be submitted within 6 months of the date of service. Claims not submitted within this time frame will not be eligible for reimbursement.

I certify that on the days I am claiming fees, I did not bill OHIP for Fee-For-Service, that I worked the above claimed hours and that the expenses claimed 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 personally owned vehicle as shown, the vehicle insurance permitted its use for business purposes.

Claimant's Name: _____ **Signature:** _____ **Date:** _____

Notice of Collection: HealthForceOntario Marketing and Recruitment Agency collects your personal information under the authority of the Development Corporations Act, Ontario Regulation 249/07, section 3. All information collected on this form may be used as necessary by HealthForceOntario Marketing and Recruitment Agency 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 HealthForceOntario Marketing and Recruitment Agency and/or the Ministry of Health and Long-Term Care 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 HealthForceOntario Marketing and Recruitment Agency, please contact: the Information Coordinator at HealthForceOntario Marketing and Recruitment Agency at 163 Queen Street East, Toronto, ON, M5A 1S1, or 416-862-2200 / 1-800-463-1270. If you require further information about the collection by the Ministry, please contact: the Director of the Health Sector Labour Market Policy Branch, Health Human Resources Strategy Division, Ministry of Health and Long-Term Care at 56 Wellesley Street West, 12th Floor, Toronto, ON, M5S 2S3, or 416-212-0873.

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). Submit one claim per approved assignment. All claims must include a Locum Physician Expense Claim (completed in full, signed and dated, including travel/work hours for each assignment day and original 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 Application to Northern Specialist Locum Programs and Confirmation of Banking forms (and void cheque) with your claim.

Submit claims to:

| | |
|--|--|
| Operations Coordinator Northern Specialist Locum Programs | HealthForceOntario Marketing and Recruitment Agency 163 Queen St. East, Toronto, ON M5A 1S1 |
|--|--|

FEES - HONOURARIUM AND SESSIONALS (Urgent Locum Tenens Program Only)

Honourarium: Locum physicians are eligible for a \$300 honourarium for each approved work day or necessary travel day. Only 1 honourarium may be claimed for each day and cannot be prorated. The honorarium may also be claimed up to 4 days of necessary travel. For overnight travel, a minimum of 3 hours per calendar day is required to claim the honorarium.

Travel Time: Locum physicians are eligible for reimbursement of necessary travel time via the most direct route to the locum assignment, up to a maximum of 4 days of necessary travel per assignment at the following rates: \$459 per 3-4 hours | \$918 per 6-8 hours | \$1,377 per 9-12 hours.

| CLINICAL ASSIGNMENTS | ON-CALL ASSIGNMENTS | PARTIAL ON-CALL |
|---|---|---|
| 1 sessional = 3-4 clinical hours at \$553.92 2 sessionals = 6-8 clinical hours at \$1,107.84 3 sessionals = 9-12 clinical hours at \$1,661.76 | Locum physicians must be on-call for a full 24 hours and must be present in the locum community to be eligible for a sessional payment (\$1,377.00) | Partial on-call work may only be claimed on assignment arrival and departure days at the following rates: 1 sessional = at least 8 hours of on-call coverage at \$459.00 2 sessionals = at least 16 hours of on-call coverage at \$918.00 |

TRAVEL AND ACCOMMODATION EXPENSES (Urgent and Respite Locum Tenens Programs)

Original 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.

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 including travel sessionals/honourarium 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, chartered or leased aircraft and recreational vehicles (snowmobile, boat, bicycle, etc.).

The basic parameters surrounding each expense category are listed on page 2 of the claim form with each expense type. More detailed parameters not included on page 2 are listed below:

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 NSLP 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.

Airfare: 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.

Accommodation: Single occupancy standard room in publically available registered business is eligible for reimbursement. If accommodations exceeding the daily rate (\$150/day before taxes) are the only rentals available at the time of booking or if non-standard accommodations are required, please contact NSLP in advance of your assignment. Private stays with friends and family are encouraged; \$30 per night gratuitous lodging will be reimbursed and no receipt is required.

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.

Physician records: Physicians are responsible for submitting original receipts along with the Locum Physician Expense Claim form for reimbursement. The program strongly encourages physicians to keep records (i.e. photocopies or photos) of all receipts as they may be required for follow-up.