

Specialist Locum Physician Expense Form

NORTHERN SPECIALIST LOCUM PROGRAMS

Community/Hospital: _____ Assignment: _____
start date end date

Physician name: _____ CPSO No.: _____ OHIP Billing No.: _____

Mailing address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

EXPENSES	Date (s)	Amount (\$)		Comments
Mileage (\$0.41/km for use with personal vehicle only) km to assignment		km	\$	
km from assignment		km	\$	
km during assignment		km	\$	
Car rental (Maximum rental rate of \$50/day, before-taxes. SUV rental will be approved for assignments occurring October 1 to April 30 only)			\$	
Taxi Please ensure taxi receipts are dated and contain all vendor information			\$	
Parking			\$	
Gas (rental car only)			\$	
Fare (airfare/bus/train) Please include all pages of detailed receipt, plus boarding pass. Please provide reason for any claimed flight change fees			\$	
Accommodations (Up to a maximum of \$150 per night before taxes)			\$	
Other Please provide description in comments section			\$	
TOTAL EXPENSES			\$	

All original receipts provided (non-original receipts result in processing delays) - Please photocopy your completed expense form and receipts for your records. Please note HFO MRA reserves the right to follow up with vendors for further expense details if necessary.

FEES: See page 2 for claiming fees. Complete one row per day listing all travel and work days. Date, start-time, end-time and total hours must be indicated. You may complete multiple rows for the same calendar day if claiming both travel and work on the same day. Sessional fees cannot be claimed on days where fee-for-service was billed to OHIP. A maximum of 1 honourarium and 3 sessionals (travel and work combined) can be claimed on each day. See page 3 for claiming guideline and rates.

FEES: 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. Refer to table below for calculating sessional rates.

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	\$536.47	\$1,072.94	\$1,609.41	\$1,377.00

*For additional details (includ. partial on-call) see page 3.

Please complete the below chart with all travel/work details including required start and end times (even if not claiming fees).

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)	
	<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)	
	<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
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GRAND TOTAL* (expenses, fees, honourarium)	\$ _____	<i>*For locum assignments exceeding 10 days, please complete your claim using a second page</i>
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Northern Specialist Locum Programs expense claims must be submitted within six 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 that I am claiming sessional fees, I did not bill OHIP for Fee for Service, that I worked the above claimed hours, and that the claimed expenses were incurred by me for the above stated period. 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.

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GENERAL INSTRUCTIONS

Prior to completing the Expense Form, please refer to program guidelines and/or your approval letter for specific eligibility information. For program guidelines and forms, visit our web site by choosing the Northern Specialist Locum Programs link at www.healthforceontario.ca/locums. Submit one claim per approved assignment. All claims must include a Specialist Locum Physician Expense Form, completed in full, signed and dated, including travel/work hours for each assignment day (even if not claiming fees) and original receipts in order to be processed. Please note, funds will be deposited up to 4-6 weeks from the date a complete expense claim (original receipts & complete Specialist Locum Physician Expense Form) 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 Form (with 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
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TRAVEL AND ACCOMMODATION EXPENSES (Urgent and Respite Locum Tenens Programs)

Original itemized receipts in the name of the locum physician including proof of payment, date of service, and vendor information must be submitted with a completed (signed & dated) Specialist Locum Physician Expense Form. Non-allowable expenses include: meals, CMPA insurance, costs to obtain a Certificate of Registration to practice medicine in Ontario, personal long-distance telephone calls, relocation costs and expenses related to children or family travel.

Travel expenses including travel sessionals/honorarium will be applicable to the following modes of transportation: 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 a personal vehicle is 41¢/km.

Car Rental: A maximum rate of \$50/day (before taxes) for the duration of the locum assignment is eligible for reimbursement. Full size car, SUV and minivan rentals are eligible for reimbursement during winter months (between October 1 and April 30 only).

Flight: Economy class airfare (e.g. Air Canada: Tango and Flex only, Porter: Firm and Flexible only) within Ontario from home base to locum community is eligible for reimbursement. A maximum of \$1,500 (incl. taxes) for out-of-province economy class return flights is eligible for reimbursement. Boarding passes must accompany all claims. For flight changes, a detailed explanation and all itineraries and boarding passes (both original and revised) must accompany the claim.

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

Gasoline: Gasoline is eligible for reimbursement for a car rental only. Mileage should be claimed for use of personal vehicle. Detailed receipts including date purchased, vendor information and breakdown of charges are required for reimbursement.

Accommodation: Maximum of \$150/night (before taxes) with receipt for single occupancy standard room accommodations in a publically available, registered business (e.g. hotel, motel, registered B&B) will be reimbursed. Please contact NSLP prior to the start of locum assignment in the event that other types of accommodation are required to verify eligibility for reimbursement.

Please visit our web site to access the "Parameters Clarification Document" for further information/clarification on our claiming guidelines.

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

Locum physicians are expected to bill fee-for-service to OHIP on days where billings exceed the sessional rate. 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.

Honourarium: Locum physicians are eligible for a \$300.00 honourarium for each approved travel or work day. Only 1 honourarium may be claimed for each day and cannot be prorated.

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 per assignment at the following rates:

\$459.00 per 3-4 hours | \$918.00 per 6-8 hours | \$1,377.00 per 9-12 hours

Work Sessionals:

CLINICAL ASSIGNMENTS	ON-CALL ASSIGNMENTS	PARTIAL ON-CALL
1 sessional = 3-4 clinical hours at \$536.47 2 sessionals = 6-8 clinical hours at \$1,072.94 3 sessionals = 9-12 clinical hours at \$1,609.41	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