

Locum Physician Expense Claim Form

Claimant Information

Physician Name: _____

CPSO No.: _____ OHIP Billing No.: _____

Mailing address: _____ City: _____ Prov.: _____ Postal Code: _____

Telephone: _____ Email: _____

Locum Assignment Details *(Please submit 1 expense claim per locum assignment)*

Assignment Number: _____ Community: _____ Rural Physician: _____

Assignment Start Date: _____ Assignment End Date: _____

Daily Stipend

Daily stipend is claimed based on the rural physician's payment model and for the number of days stipulated in the locum contract

Rural Physician Payment Model	# of Days Worked	Stipend/Day	Total	Comments
Fee for Service/ Family Health Group		\$581.10	\$	
Family Health Network/ Family Health Organization		\$677.95	\$	
Rural Northern Physician Group Agreement		\$774.80	\$	
Daily Stipend Total			\$	

Stipend Premium

Stipend premium is claimed based on the community's RIO2008 score. Communities with a RIO2008 score <60 do not qualify for stipend premium. To check a community's RIO2008 score visit: <https://www.oma.org/PublicApp/nlp/NLPWF003.aspx>

Community RIO2008 Score	# of Days Worked	Stipend Premium/Day	Total	Comments
RIO2008 60 to 74		\$50	\$	
RIO2008 ≥75		\$100	\$	
Stipend Premium Total			\$	

TOTAL STIPENDS: \$

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HealthForceOntario

Rural Family Medicine Locum Program
Ontario Physician Locum Programs



Expenses *Please review the claiming guidelines on page 3*

Expense Type	Date(s)	Amount (\$)		Comments
Mileage (\$0.44/km for use with personal vehicle only) Mileage (kilometers) from starting point to assignment		<input type="text"/>	km = \$ <input type="text"/>	
Mileage (kilometers) from assignment to destination point		<input type="text"/>	km = \$ <input type="text"/>	
Mileage (kilometers) accumulated during assignment (<i>if applicable</i>)		<input type="text"/>	km = \$ <input type="text"/>	
Car rental <i>Economy class vehicle or maximum rental rate of \$50/day, before taxes. SUV rentals eligible from Oct. 1 to Apr. 30</i>		\$		
Taxi <i>(Please ensure taxi receipts are dated and include vendor information)</i>		\$		
Parking		\$		
Gas (<i>rental car only</i>)		\$		
Fare (<i>airfare/bus/train</i>) <i>Please include all pages of detailed receipt. Please provide reason for any claimed flight change fees.</i>		\$		
Accommodations <i>Max. \$120/night (before taxes) for commercial accommodation</i>		\$		
Other (<i>please provide description in comments section</i>):		\$		
Total Expenses		\$		

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

Travel Stipend

Please enter your travel time, up to a maximum of 2 days of travel stipend (1 trip each to/from locum assignment)

Travel stipend is only claimed for travel requiring more than 2 hours on days that are not included in the locum contract (daily stipend paid).

Date Travelled	Departure Time (e.g. time left office or residence)	Arrival Time (e.g. time arrived in locum community)	Travel Time		Comments
			Assignment ≤ 3 days	Assignment ≥ 4 days	
			<input type="radio"/> < 2 hrs (\$0) <input type="radio"/> ≥ 2 hrs (\$300)	<input type="radio"/> 2-4 hrs (\$300) <input type="radio"/> > 4 hrs (\$500)	
			<input type="radio"/> < 2 hrs (\$0) <input type="radio"/> ≥ 2 hrs (\$300)	<input type="radio"/> 2-4 hrs (\$300) <input type="radio"/> > 4 hrs (\$500)	
Total Travel Stipend			\$		

TOTAL CLAIM (stipend, expenses, travel stipend)	\$ <input style="width: 150px;" type="text"/>
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Rural Family Medicine Locum Program 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.

Signature: _____

Date: _____

This program is administered by the HealthForceOntario Marketing and Recruitment Agency with funding provided by the Government of Ontario.

**HealthForceOntario Marketing and Recruitment Agency
Rural Family Medicine Locum Program**

163 Queen St. East, 2nd Floor, Toronto, ON M5A 1S1
Fax: 1-866-535-2694
Email: locum@healthforceontario.ca

Tel.: 416-862-2200 ext. 3
North America: 1-800-596-4046 ext. 3
www.HealthForceOntario.ca

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.

Rural Family Medicine Locum Program (RFMLP) Claiming Guidelines for Locum Physicians

Locum Remuneration:

The expense form and original receipts (if applicable) **in the locum physician's name** should be submitted to HFO MRA within 30 days after completion of the assignment. Rural Family Medicine Locum Program 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. Enter expenses, explanation and identification data as indicated. Submit one expense form for each authorized assignment. For multiple assignments with shared travel and accommodation expenses, one expense form may be submitted, identifying all expenses, but separate forms must be submitted to claim daily stipend. Original receipts must be submitted for all applicable claims; ensure that you retain a copy of the receipts as originals will not be returned. Please note that all submitted expense claims will be verified, thus a note of explanation should be included if the claim does not meet these guidelines. While payments are issued on a weekly basis, RFMLP requires up to four weeks to process expense claims. Missing or incomplete documentation may delay the payment process. A deposit slip outlining details of the payment will be sent to the locum physician once the payment is fully processed and deposit confirmed.

For first-time claimants, please include a blank voided cheque for the bank account in which your deposits are to be made. Banking information will remain in effect until HFO MRA is advised that there is a change and a blank voided cheque for the new account is provided. You are encouraged not to close the old account until at least one deposit has been made into the new account.

Expenses:

STIPEND: Rural and Northern Physician Group	\$774.80/day
Family Health Network and Family Health Organization	\$677.95/day
Fee for Service and Family Health Group	\$581.10/day

PREMIUMS ON STIPEND

RIO2008_Basic score less than 60	none
RIO2008_Basic score greater than or equal to 60 and less than 75	\$50/day
RIO2008_Basic score greater than or equal to 75	\$100/day

TRAVEL STIPEND Travel stipend is claimed on days which are not part of the assignment. A maximum of one round-trip (1 day travel each, to and from the assignment) may be claimed:

Less than 2 hours of travel per trip (one-way)	none
2 to 4 hours of travel per trip (one-way)	\$300
Greater than 4 hours of travel per trip (one-way)	\$500 for a placement 4 days or longer <u>or</u> \$300 for less than 4 days

PERSONAL VEHICLE: Most direct route to and from the assignment will be reimbursed at a rate of \$0.44 per km in Ontario (mileage rate includes fuel and maintenance costs of the vehicle). Travel associated with the provision of medical services in the community during the assignment will be reimbursed at the same rate.

AIRFARE/BUS/TRAIN: Economy class travel in Ontario to and from the assignment will be fully reimbursed. Travel insurance is not eligible for reimbursement. Original receipts must accompany the claim; please include all pages of airline tickets. Travel to/from out-of-province will be prorated from the nearest point of entry to Ontario.

RENTAL CAR: The cost of an economy rental car, or a maximum rental rate of \$50/day (before taxes), for the duration of the assignment will be reimbursed. Where the rental period extends beyond the assignment dates and/or where a non-economy class type has been rented, the reimbursement may be adjusted accordingly. During winter conditions (October 1 to April 30) the cost of a four wheel drive vehicle will be allowed. Fuel purchases made within the duration of the assignment may be claimed when a rental car is used. Original receipts must accompany the claim.

TAXI/PARKING: Charges for taxis and parking associated with the assignment will be reimbursed. Original receipt(s) with travel date(s) and vendor information must accompany the claim.

USE OF NON-COMMERCIAL TRANSPORTATION: Travel expenses including travel stipend are applicable to the following modes of transportation: personal vehicle, rental car, bus, train, commercial airlines and common carriers. Excluded modes of transportation include, but are not limited to, non-commercial, privately owned, personal chartered or leased aircraft and recreational vehicles (snowmobile, boat, bicycle, etc).

ACCOMMODATION: Single occupancy accommodation up to \$120 per night (before applicable taxes) in a hotel/motel/B&B/commercial rental property for the duration of the assignment will be reimbursed. The original receipt confirming payment, in the locum physician's name, identifying the vendor's name and address, date of payment, duration of stay (including specific dates), amount paid and method of payment must accompany the expense claim. Other miscellaneous charges will not be reimbursed. When required, accommodation for one night before and one night after the assignment will be allowed. Gratuitous lodging: private stays with family, friends or colleagues are encouraged; \$30 per night will be reimbursed and no receipt is required.

Submitting Claims & Questions

Please ensure that you print your name and contact information and sign the claim prior to sending the Expense Form with original receipts (if applicable) to: Operations Coordinator, Rural Family Medicine Locum Program, 163 Queen St. East, 2nd Floor, Toronto, Ontario, M5A 1S1.

Questions should be directed to the Operations Coordinator at 1-800-596-4046 extension 3 or locum@healthforceontario.ca or via fax at 1-866-535-2694.

General information is also available online via www.HealthForceOntario.ca/locums