

# Locum Physician Expense Form

(See reverse for claiming guidelines)

Assignment No.: \_\_\_\_\_

**Locum Physician Name:** \_\_\_\_\_ **CPSO No.:** \_\_\_\_\_  
**Pay to (name):** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_  
**Pay to (address):** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_  
**Postal Code:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

**Rural Family Physician Name:** \_\_\_\_\_ **Community:** \_\_\_\_\_  
**Start Date: (yy/mm/dd)** \_\_\_\_\_ **End Date: (yy/mm/dd)** \_\_\_\_\_ **Assignment Length:** \_\_\_\_\_ days

|   |  | Amount Claimed | Amount Paid | Discrepancy (Explain) |
|---|--|----------------|-------------|-----------------------|
| <b>Stipend</b>  | FFS & FHGs _____ Days @ \$600/day  | _____          | _____       |                       |
|   | BSM FHTs _____ Days @ \$600/day  | _____          | _____       |                       |
|   | FHNs & FHOs _____ Days @ \$700/day   | _____          | _____       |                       |
|   | RNPGAs _____ Days @ \$800/day  | _____          | _____       |                       |
| <b>Stipend Premiums</b>   | RIO < 60 none  | _____          | _____       |                       |
|   | RIO 60 to 75 \$50/day  | _____          | _____       |                       |
|   | RIO > 75 \$100/day   | _____          | _____       |                       |
| <b>Stipend Total</b>  |  |                |             |                       |
| <b>Travel</b>   | Distance to Assignment _____ kms   | _____          | _____       |                       |
|   | From Assignment _____ kms  | _____          | _____       |                       |
|   | During Assignment _____ kms  | _____          | _____       |                       |
|   | <b>TOTAL _____ kms @ \$0.44</b>  | _____          | _____       |                       |
|   | Car Rental.....  | _____          | _____       |                       |
|   | Taxi/Parking.....  | _____          | _____       |                       |
|   | Economy Fare to and from assignment:<br><input type="checkbox"/> airfare <input type="checkbox"/> bus <input type="checkbox"/> train<br><input type="checkbox"/> Other:..... | _____          | _____       |                       |
| <b>Travel Stipend</b>   | Between 2 & 4 hours travel/trip \$300/day  | _____          | _____       |                       |
|   | Greater than 4 hours travel/trip \$500/day placement ≥ 4 days<br>\$300/day placement < 4 days  | _____          | _____       |                       |
| <b>Accommodation (maximum up to \$120/night in a hotel/motel)</b> |  |                |             |                       |
| Total # of nights claimed _____                                   |  |                |             |                       |
| <b>Travel and Accommodation Total</b>                             |  |                |             |                       |
| <b>GRAND TOTAL</b>  |  |                |             |                       |

All original receipts provided — Please photocopy your completed expense form and original receipts for your records

Physician Comments: \_\_\_\_\_

Locum Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to receive the end of locum assignment package via:

Regular mail     Email \_\_\_\_\_

I prefer not to be notified and will access the applicable form(s) online.

**For Office Use Only:**

Expenses Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

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

163 Queen St. East    Tel.: 416-862-2200 ext. 3    North America: 1-800-596-4046 ext. 3  
 Toronto, ON M5A 1S1    Fax: 1-866-535-2694    Email: locum@healthforceontario.ca  
 www.HealthForceOntario.ca

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

# Ontario Physician Locum Programs, Rural Family Medicine Locum Program

## Claiming Guidelines for Locum Physicians

To receive funding a physician must have received pre approval from HFO MRA, prior to commencing the assignment. The rural physician, locum and HFO MRA will sign a contract before the assignment starts.

Expense forms and evaluations must be received within **30 days** of completion of the assignment. Expense forms must also be signed by the locum and accompanied by the original receipts for all expenses claimed.

Only **one assignment** per expense form is to be used. Please note that all submitted expense forms will be verified. Missing information such as **original** receipts, the locum and/or rural physician evaluation forms or questionable claims will be followed up with the Ontario Physician Locum Programs (OPLP) team and may delay the payment process. Please ensure that all the mandatory forms, original receipts and information be provided to the OPLP team for the timely processing and payment of expense claims.

### STIPEND

|   |   |
|---|---|
| Rural and Northern Physician Group                    | \$800/day (maximum of 37 days per year) |
| Family Health Network and Family Health Organizations | \$700/day (maximum of 21 days per year) |
| Fee for Service                                       | \$600/day (maximum of 21 days per year) |
| Blended Salary Model Family Health Team               | \$600/day (maximum of 21 days per year) |

### PREMIUMS ON STIPEND

|   |           |
|---|-----------|
| RIO less than 60                                  | none      |
| RIO greater than or equal to 60, and less than 75 | \$50/day  |
| RIO greater than or equal to 75                   | \$100/day |

### TRAVEL STIPEND (maximum of 2 days)

|   |  |
|---|--|
| Less than 2 hours of travel per trip    | none   |
| 2 to 4 hours of travel per trip         | \$300/day  |
| Greater than 4 hours of travel per trip | \$500 for a placement 4 days or longer<br>\$300 for less than 4 days |

Travel stipend cannot be claimed on days which are included as part of the assignment.

**TRAVEL: Personal Vehicle:** Most direct route to and from the assignment will be fully reimbursed at a rate of 0.44¢ per km in Ontario. Distance 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 to and from the assignment will be fully reimbursed in Ontario. Upgrades to either first or business class, and travel insurance are not eligible for reimbursement. Original receipts (or last page of the airline ticket) must accompany the claim.

**Rental Car:** The cost of an economy rental car, or another equivalent class type, for the duration of the assignment will be covered when required. Original receipts must be included. In instances where another class-type has been rented please provide an explanation on your expense form. Any unexplained discrepancies will be followed up with the locum physician.

Where the rental period extends beyond the assignment date(s) and /or when the rental price exceeds the allowable amount, the reimbursement may be adjusted accordingly.

**TAXI/PARKING:** Charges for taxis and parking at point of departure will be reimbursed. Original receipts must be provided.

**TRAVEL OUTSIDE OF ONTARIO:** When travelling from outside of Ontario to an assignment only costs associated with travel within Ontario will be reimbursed, and will be calculated from the nearest point of entry to the assignment location.

**ACCOMMODATION:** Single occupancy accommodation up to \$120 maximum/night during peak season in a hotel/motel for the duration of the assignment. Please negotiate the best rate possible. The original receipt, in the locum physicians' name must accompany the expense claim. Movies, mini-bar, telephone, meals and other miscellaneous charges will not be reimbursed. When required, accommodation for one night before and one night after the assignment will be allowed. We do not pay the costs when you stay in a physician's home.

**QUESTIONS:** Any questions regarding how to complete the expense form or how to obtain additional forms should be directed to the Operations Coordinator at **1-800-596-4046** extension 3 or **locum@healthforceontario.ca**. The HFO MRA fax number is **1-866-535-2694**.

Submit expense claims to: Operations Coordinator, Rural Family Medicine Locum Program  
163 Queen St. East, Toronto, Ontario M5A 1S1