

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

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

Rural Family Medicine Locum Program (RFMLP), Ontario Physician Locum Programs (OPLP), Claiming Guidelines for Locum Physicians

To receive funding, a locum physician will have received pre approval from HFO MRA, prior to commencing the assignment. The rural physician, locum physician and HFO MRA will sign a contract before the assignment starts. The signed contract will be faxed to HFO MRA minimally 2 weeks prior to commencement of locum coverage.

Expense forms and evaluations will be sent to HFO MRA within 30 days of completion of the assignment. Only **one assignment** per expense form is to be used. **Please note that all submitted expense forms will be verified and must include original receipts.** Missing information such as **original** receipts, the locum physician and/or rural physician evaluation forms or questionable claims will be followed up by the RFMLP team. Omissions or discrepancies may delay the payment process. Please ensure that all the mandatory forms, original receipts and information is provided to the RFMLP 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)
Blended Salary Model Family Health Team	\$600/day (maximum of 21 days per year)
Fee for Service and Family Health Group	\$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 \$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) will 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. 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.

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. The original receipt, in the locum physician's name, identifying accommodation's business name and address, phone number, length and type of accommodation 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. Claims are not covered when staying at a private residence.

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**.

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