



## Respite (with Honorarium) Locum Physician Expense Claim Form

NORTHERN SPECIALIST LOCUM PROGRAMS

### Physician Information:

Physician Name:

CPSO Number:

OHIP Billing Number:

Home/Base Practice Address:

City:

Province:

Postal Code:

Email Address:

Telephone Number:

Hospital/Community Name:

Specialty:

Work Start Date:

Work End Date:

Travel Date (to assignment):

Travel Date (from locum assignment):

*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 Information 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. Incomplete claims will result in processing delays.

**Honorarium:** The date, start-time and end-time must be completed for any honorarium claimed. A minimum of 3 hours work/travel is required for honorarium reimbursement and only 1 honorarium can be claimed per day.

## Expenses:

<b>Mileage in Kilometers (km)</b> <i>(\$0.41/km for personally owned vehicle)</i>	<b>Amount (\$)</b>		<b>Comments</b>
To assignment	km		
From assignment	km		
During assignment	km		

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

All receipts provided. Physicians are required to keep copies of completed expense claims and receipts for their records. Ontario Health (Health Force) reserves the right to follow-up with vendors for clarification if necessary.

**Notice of Collection:** Ontario Health collects your personal information under the authority of the *Connecting Care Act, 2019*, Section 6. All information collected on this form may be used as necessary by Ontario Health 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 Ontario Health and/or the Ministry of Health 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 Ontario Health, please contact: [nslp@ontariohealth.ca](mailto:nslp@ontariohealth.ca).

**Honorarium:**

DATE	CLAIM TYPE	START TIME	END TIME	TOTAL HOURS	HONORARIUM	COMMENTS
	<input type="checkbox"/> Travel <input type="checkbox"/> Clinic <input type="checkbox"/> On-Call				<input type="checkbox"/> (\$331.78)	
	<input type="checkbox"/> Travel <input type="checkbox"/> Clinic <input type="checkbox"/> On-Call				<input type="checkbox"/> (\$331.78)	
	<input type="checkbox"/> Travel <input type="checkbox"/> Clinic <input type="checkbox"/> On-Call				<input type="checkbox"/> (\$331.78)	
	<input type="checkbox"/> Travel <input type="checkbox"/> Clinic <input type="checkbox"/> On-Call				<input type="checkbox"/> (\$331.78)	
	<input type="checkbox"/> Travel <input type="checkbox"/> Clinic <input type="checkbox"/> On-Call				<input type="checkbox"/> (\$331.78)	
	<input type="checkbox"/> Travel <input type="checkbox"/> Clinic <input type="checkbox"/> On-Call				<input type="checkbox"/> (\$331.78)	
	<input type="checkbox"/> Travel <input type="checkbox"/> Clinic <input type="checkbox"/> On-Call				<input type="checkbox"/> (\$331.78)	
	<input type="checkbox"/> Travel <input type="checkbox"/> Clinic <input type="checkbox"/> On-Call				<input type="checkbox"/> (\$331.78)	
	<input type="checkbox"/> Travel <input type="checkbox"/> Clinic <input type="checkbox"/> On-Call				<input type="checkbox"/> (\$331.78)	
	<input type="checkbox"/> Travel <input type="checkbox"/> Clinic <input type="checkbox"/> On-Call				<input type="checkbox"/> (\$331.78)	
<b>TOTAL FEES (honorarium)</b>						
<b>GRAND TOTAL* (expenses, honorarium)</b>						<i>*For locum assignments exceeding 10 days, please complete your claim using an additional 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.

By submitting this form to Ontario Health (Health Force), I hereby certify that the information provided is true, accurate and complete, and that the travel expenses and honoraria were incurred by me for the above stated period. I certify that I worked the above claimed hours. I have reviewed and understand the program parameters and am aware that expenses and honoraria claimed outside of program parameters will be my responsibility. While using my personal owned vehicle as shown, the vehicle insurance permitted its use for business purposes.

Please submit to [nslp@ontariohealth.ca](mailto:nslp@ontariohealth.ca).

## 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](http://www.healthforceontario.ca/locums)). Submit one claim per approved assignment. All claims must include a Locum Physician Expense Claim (completed in full, including travel/work hours for each assignment day and electronic 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 electronic 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 signed Rural and Northern Confirmation of Banking form (and void cheque) with your claim. **Please submit expense claim forms and electronic receipts to [nslp@ontariohealth.ca](mailto:nslp@ontariohealth.ca).** Please note it can take up to 8 to 12 weeks for the Ministry of Health to set up banking information for direct deposit.

Claims submitted later than six months from the date of service will not be eligible for reimbursement. Expenses outside of the below requirements will not be eligible for reimbursement.

## FEES - HONORARIUM

**Honorarium:** Locum physicians are eligible for a \$331.78 honorarium for each approved work day or necessary travel day. Only 1 honorarium may be claimed for each day and cannot be prorated. For overnight travel, a minimum of 3 hours per calendar day is required to claim the honorarium.

## TRAVEL AND ACCOMODATION EXPENSES

Electronic 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 complete Locum Physician Expense Claim form.

Non-allowable expenses include: meals, CMPA insurance, costs to obtain a Certificate of Registration to practice medicine in Ontario, travel insurance, lounge services, telephone calls, relocation costs and expenses related to children or family travel. Travel expenses including travel honorarium 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:

**Mileage:** The kilometer rate for use of personal vehicle is \$0.41/km for travel via the most direct route to/from the assignment.

**Car Rental:** Maximum \$50/day before taxes. Higher rates for SUV between October 1 and April 30 only. 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.

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

**Gas:** Fuel purchase is eligible for reimbursement for a car rental only.

**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. 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 publicly available registered business is eligible for reimbursement, up to a maximum of \$150/night (before taxes). Private stays with family, friends, and colleagues are encouraged; \$30 per night 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.