**HEDU**

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| **SCHEDULE A** |

*Acknowledgements: Adapted from the Fraser Northwest Division of Family Practice Schedule A*

**Period to be Covered**

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| --- | --- |
| From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (day/mon/year) | To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (day/mon/year) |

**Work Location(s)**

e.g. for office(s), clinic(s), extended care/ nursing home facility(s), etc.

|  |  |
| --- | --- |
| 1. Office/ facility:

Address:  | 1. Office/ facility:

Address:  |

**Weekly Schedule**

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| --- | --- | --- |
| **Day** | **Hours** *(write in hours)* | **Location** *(circle appropriate location)* |
| Monday |  | Location 1 Location 2 |
| Tuesday |  | Location 1 Location 2 |
| Wednesday |  | Location 1 Location 2 |
| Thursday |  | Location 1 Location 2 |
| Friday |  | Location 1 Location 2 |
| Saturday |  | Location 1 Location 2 |
| Sunday |  | Location 1 Location 2 |

**Practice Requirements**

|  |  |  |
| --- | --- | --- |
|  | **On-call work required:** | 🗆 None🗆 Yes Details…. |
|  | **Hospital work (surgical assists, hospitalist shifts, ER shifts):** | 🗆 None🗆 Yes Details…. |
|  | **Obstetrical coverage:** | 🗆 None🗆 Yes Details…. |
|  | **Extended care/nursing home and/ or home visits:** | 🗆 None🗆 Yes Details…. |
|  | **Procedures done at clinics** | 🗆 None🗆 Yes Details…. |
|  | **Teaching obligations** | 🗆 None🗆 Yes Details…. |
|  | **Other practice requirements** (e.g. methadone practice, WIC shifts, aviation/marine medicals, teaching obligations, etc.) | 🗆 None🗆 Yes Details…. |

**Financial Terms**

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| --- | --- |
|  | Office-based billings split: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(70:30 split* ***recommended****)*Includes: * MSP, WorkSafeBC, ICBC
* Non-insured visits (cosmetic procedures, out-of-province patients)
* In-office procedures, lab/tray fees
* In-office phone calls
 |
|  | Form fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(90:10 split* ***recommended****)*Includes: 🗆 Sick notes 🗆 Other🗆 Medico-legal reports 🗆 CL19 reports |
|  | Out of office billings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(100% to Locum* ***recommended****)*e.g. extended care visits, home visits, ER billings, hospital billing, obstetrics, out of office billed hospital/ care facility phone calls  |
|  | GPSC fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(****Recommended*** *that this be discussed and agreed to between the Hiring physician & locum for locum terms of 6 months continuous duration or longer. In general the percentage split should be commensurate with length of locum contract)*e.g. chronic disease management, complex care, prevention fees, palliative care fees, mental health fees |
|  | Guaranteed minimums *(if agreed)*The following amounts will be paid if net billings are less than the specified minimums agreed to below: *(select* ***one of the 3*** *options below if a guaranteed minimum has been agreed to)*🗆 Per week $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🗆 Per day $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🗆 Per hour $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Note: Daily or hourly minimums will be calculated daily and not averaged over the term of the locum agreement. |
|  | Payments owed to the Locum physician will be paid by the Hiring physician every 2 or 4 weeks or within 2 weeks of the completion of this contract. Any outstanding payments will be subject to interest charges of 2% per month. Payments will be based on:🗆 billings submitted *(suggested for contracts of 1 month or less)* - or -🗆 billings actually paid *(suggested for contracts greater than 1 month)* |
|  | Any **retroactive** payments received by the Hiring physician for services performed by the Locumphysician will be subject to the terms agreed to & documented in this Schedule. Payments will be paid to the Locum physician within 30 days of receipt of payment from MSP. Any outstanding payments will be subject to interest charges of 2% per month. |

**Other Agreements & Notes**

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**Initials:** Hiring Physician: \_\_\_\_ Locum Physician: \_\_\_\_